Module Introduction

Welcome to Psychology Fundamentals of Counselling: Counselling Outcome, Issues, Trends and Professional Ethics Module. This module will require that you prepare yourself as you go out to practice as a counselling psychologist with real clients. As you may be aware, counselling is a special kind of relationship and a helping process. Counselling is thus different from friendly conversation and use of counselling skills. This is because the use of counselling skills does not necessarily make one a counsellor; instead, the use of counselling skills enhances communication and other interpersonal skills. Counselling skills will be used by people of all professions including teachers, nurses and doctors, lawyers, managers and receptionists. The counsellor in the counselling relationship creates an enabling environment to enable the client explore their situation and circumstances. In the end, the client is able to make appropriate and useful decisions, and subsequently make further adjustment in their life. The outcome of counselling is therefore important to the client. For the counsellor, it is also a hallmark of competence.

Clients seeking therapy will present various issues that affect them. The issues are diverse just as clients have varied background. No counselling session is exactly the same! Therefore, the counsellor must be well trained to offer assistance. The emphasis of counselling as a process requires that the procedure be conducted in a professional way. For that reason, the counsellor must assist the client establish definite goals to evaluate the process and the outcome. This Module is designed to provide realistic information by discussing the various issues in counselling psychology with reference to the outcome of therapy, examine the present and future trends in counselling and augment professional ethical considerations. It also discusses the various ways in which to conduct counselling and the psychological implications of various developments in our contemporary world.

The knowledge and skills you will derive from this Module will enable you to understand and appreciate counselling psychology as a profession that bestows value to human life. Such an understanding should eventually help you to offer invaluable professional support and services to all clients in need.
Module Aims
This module brings to life the status quo of counselling psychology practice particularly in Kenya today appreciating the milestones so far achieved, highlighting loopholes and challenges in practice and at the same time suggesting a workable chart forward that will inculcate professionalism. It presents both enlightening and enriching insights into the practice of counselling psychology and is written to assist all those who engage in counselling psychological services including students, trainers, researchers and supervisors to investigate professional practice in an interpretative way. The module will specifically attempt to meet the outlined objectives.

Objectives
By the end of the lectures, you should be able to:

- Define and explain the various terms and concepts that are used in counselling;
- Explain the counselling process;
- Adopt use of professional principles in counselling;
- Assist a client in therapy; and,
- Interpret professional standards to the practice of counselling psychology by adhering to a code of ethics in professional practice.

Counsellors must be ethically aware and reflective in practice. This requires adherence to a set of rules. A code of ethics to provide guidelines in:

(a) Counselling practice;
(b) Counselling research; and,
(c) The use of counselling skills and the management of these services by an individual and within an organisation/s.

The following lessons emphasize on ethical awareness and reflective practice in counselling. Counselling professional practice must be conducted with high standards of ethical values. In that case, practitioners must translate their services into quality counselling psychological
services. Counselling practice require the practitioner to resolve various issues in professional practice with special reference to legal and professional standards.

**Study Skills and Module Orientation**

This module is divided into eight lectures. Each lecture has several topics contained therein. You will find several activities in every lecture. The in-text questions are meant to stimulate your thinking and may not require written responses unless you so wish. So, wherever you come across in-text questions, you are expected to pause and take a bit of time to reflect on them, or on the related personal experiences before proceeding on with your studies.

It is important that you will have read other Modules that will have provided the basis for an understanding of counselling psychology, for example, History and Systems of Psychology, Human Growth and Development, Skills and Techniques in Counselling, Personality, Theories of Counselling, Cross Cultural Counselling (Multicultural Counselling), Psychology of the Family and Therapeutic Approaches. You are encouraged to identify and be in touch with at least two colleagues who are taking the same course for consultation and discussions. It is highly recommended too that you provide counselling services to a variety of clients. In this way, you will get real life experiences and fast hand information that will enrich your study and enable you to apply the ideas developed in the module.

The following journals and others are good sources for your literature review:

- British Journal of Guidance and Counselling
- Counselling and Psychotherapy Journal
- Counselling Psychology Quarterly
- European Journal of Psychotherapy and Counselling
- International Journal for the Advancement of Counselling
- International Journal of Applied Psychology
- Journal of Consulting and Clinical Psychology
- Journal of Counselling & Development
- Journal of Counselling Psychology
- Journal of Family Psychology
✓ Journal of Family Therapy
✓ Journal of Marital and Family Therapy
✓ Journal of Marriage and Family
✓ Journal of Multicultural Counselling and Development
✓ Kenyan Journal of Guidance, Counselling and Psychology
✓ Psychotherapy
✓ The Counselling Psychologist
✓ Therapy Today

Enjoy your reading.
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LECTURE ONE
EFFECTIVENESS OF COUNSELLING

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1.1. Introduction
1.2. Definition of Counselling
1.3. Therapeutic Intervention: Why Counselling and Benefits of Therapy
1.3.1. Red Flags: Indications of Need for Help
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1.1. Introduction
People and societies have always tried to explain and regulate acceptable behaviour. Most societies in the world including in Africa had various forms of social services that were provided for children and young people so as to enable them grow into responsible and productive members of their community. These social services were inbuilt in ordinary living. Social relations often constituted group therapy.

The young and old people were continuously inducted into the cultural values, beliefs, customs and future roles according to their gender. They were socialized into the community through history, oral narratives, proverbs and riddles, songs and dances and also various skills to shape their future behaviour and character. The extended family provided other support services. The family was also a source of information and help, and, assisted in psychological counselling. Children in traditional African society were guided and counselled by elder relatives, parents, uncles and aunts in the informal context and during initiation ceremonies. Initiation ceremonies were also a form of peer counselling. The initiation ceremonies were also used to induct the
initiates into their new roles as adults, future parents and as members of the community. Sexual health education, living values and life skills were an important component of growing up.

Historically, medically and in religion, there have been three broad approaches to abnormal behaviour: the religious or supernatural, the medical (biological) and the psychological. Human societies had, and still have derived several ‘solutions’ to the common medical, psychological and psychosomatic problems of life. These include medicine, religion, traditional healers and rituals. This is to offer compassion, sympathy and empathy including in distress. Some of these resolutions take the form of elaborate rituals for bringing about healing. Counselling is part of human tradition though as a profession by way of a formal counselling contract with the client has a formal context. In traditional societies, formal counselling might appear to be a foreign ideology yet there were several guidance and counselling programmes in informal settings.

<table>
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<td>Societies worldwide imparted values and norms to members, through guidance and counselling. It is important to find out how members of the society you are working with were guided and counselled, including their perception of psychopathology.</td>
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There is a long history of attempts to understand and control behaviour that is deemed to be aberrant, deviant or unusual. The word abnormal is therefore used more with reference to unusual, immoral and / or inappropriate behaviour. Psychopathology is a similar term to abnormal psychology but implies an underlying pathology (illness), and as such it is a term more commonly used in psychiatry. Health is therefore important and implies physical and psychological well-being. Mental health influences a very wide range of outcomes for both individuals and communities. A person who is healthy has a better lifestyle; better physical health and improved recovery from illness. People who are healthy are able to interact with others in daily living, achieve higher educational attainment, attain higher career achievement, have greater productivity and have better relationships with adults including children and adults.

There has been, and still is, cultural variation in the approach taken to redeem a patient or client with mental disorder. The field of clinical psychology too identifies different causes for diverse conditions. It can be argued that there is a significant divide between psychological and
biological explanations. This may also reflect a philosophy that represents different approaches to mental disorder by medical (modern) and traditional societies. For example, clinical psychology seeks to assess, understand and treat psychological conditions in clinical practice. Counselling aims at client good mental health. Subsequently, counselling does not necessarily imply a problem or mental illness. Instead, the outcomes of counselling are associated with the presence of positive mental health, and appropriate wellbeing. The client aims at living a more fulfilling life, emotional and social wellbeing, social cohesion and engagement and improved quality of life.

1.2. Definition of Counselling

Counselling is a process in which the counsellor attempts to understand and helps to clarify those issues and feelings in a client that impede growth, maturation, and general well-being. It is not giving of advice or fixing a problem. Indeed, advice giving is highly discouraged in counselling. Unlike friends and other acquaintances who will offer advice, the counsellor concentrates on empathetic but objective listening as the client talk about their feelings and concerns. That way, the counsellor assists the client to express and analyse their own inner situation.

The ordinary meaning attached to counselling is that of consultation, discussion, exchange of ideas and advice. One of the best definitions of counselling is by McGuiness (1998:22-23) who defines counselling as follows:

*Counselling is a helping process that uses safety engendered by a special kind of relationship to help individuals to get access to a greater part of their personal resources, as a means of responding to the challenges of their life. It uses specific skills and techniques in that relationship to help people become more competent, more contented and more creative. It does not deal primarily with the mentally ill but with normal individuals facing all the difficulties involved in domestic, work-oriented and social life. It is about helping people to grow in emotional fitness and health.*

This definition captures the three basic principles of counselling as a process and a more formalised (purposeful) relationship:

(1) That counselling is a process whose aim is to help or assist the client;
(2) It involves a relationship (trust and confidentiality); and,
(3) It entails the use of certain techniques and/or skills (includes theory).
It also emphasizes on the safety of the counselling relationship. The phrase ‘not deal primarily with the mentally ill but with normal individuals facing all the difficulties …’ captures the phenomenon that counselling deals with all kinds of people facing all types of difficulties or issues in life.

The specific goals of counselling therefore are:

a) To help the individual access a greater part of their personal resources. (This is the means of enabling them regain their [lost] energy and get back on track);

b) To enable or help the individual to live more competently and/or with contentment; and,

c) To improve mental health and reduce psychological disturbance.

In effect, counselling enables or helps the individual to live a fuller, satisfying life. Counselling, therefore, should lead to a meaningful positive change and to a better life. Counselling is a process through which the helper assists the client to overcome his/her situational difficulty to bring about positive and desirable change. It aims at helping people come to terms with their situation (difficulties, missed and desired opportunities etc.) and identify ways and means of coping more effectively and resourcefully.

Take Note
Counselling is a process, and the counsellor has to have certain skills and expertise to attend to it with precision and professional competence. The goal of counselling is to enable the client experience renewals of energy within the self to enable him/her go on with their lives. Counselling aims at identifying emotional problems early and to prevent more seriously disturbance developing.

Counselling involves talk, that is, between the counsellor and the client. During the process, the counsellor needs to pay careful attention on the client and how the talk is meaningful to him or her. This is because talk in counselling invites reflection and a sense of inquiry. The client attaches value to this talk. This in turn prompts the client to exchange information with the counsellor. Indeed, talk is the primary means of influencing each other in the counselling relationship. That influence results not from the exchange of information between the counsellor and the client, but rather from the human relationship.
1.3. Therapeutic Intervention: Why Counselling and Benefits of Therapy

We all experience situational difficulty at various stages of our lives and in a variety of ways. Some of these situations are empowering, while others are emotionally overwhelming. The counselling model holds that the process of self-discovery enables the client to resolve their own issues or situation. The word ‘issue’ or ‘presenting problem’ are used instead of problem. This is because the word issue implies problem or difficulty but an issue is resolved rather than a problem that might imply seeking a solution. A presenting problem is the initial symptom for which a person seeks help from a therapist, doctor, psychiatrist, or other provider. In counselling, a client is not seeking for a solution to a problem but rather to enhance their personal growth, self-esteem and wellbeing.

An issue may be considered problematic for the following reasons:

a. Disturbance. It frustrates the attainment of desired goals;
b. Interference. Interferes with the ability to positively communicate with others;
c. Distressing. Obstructs or hinders activities of daily living; and,
d. Wellness. It is detrimental to health and wellbeing.

Counselling can help a person understand yourself better and help overcome any issues you're facing. This includes the way you think, which will ultimately help you develop a clearer understanding of your problems. The counselling process relies on open communication, trust and confidentiality. The client must trust the counsellor for a successful counselling relationship. In addition, the counselling process is based on the life and values of the client and not the values or assumptions of the counsellor. In that case, the counsellor must suspend judgment about the client’s actions and feelings.

1.3.1. Red Flags: Indications of Need for Help

Symptoms of psychological disturbance will vary with different individual clients and in different cultures. Whether or not the organisation such as school, college, university, prison or company undertakes to train staff as counsellors, there is need to provide staff with instruction about important red flags in behaviour that may indicate a serious emotional problem.
Some of the most noticeable signs of emotional and psychological disturbance include the following:

- **Emotional cues.** These include anxiety, (unnecessary) tension, stress, sudden unexplained sadness, rebelliousness or disregard of accepted social rules and norms.
- **Repetitive or extreme acting out.** This includes emergence of weird habits such as lying, cheating, stealing, destructive or threatening behaviour and cruelty or insensitivity to colleagues, peers or family members.
- **Decreased performance.** Inexplicable and often sudden deterioration in academic / work performance accompanied by a disinterest to improve or apologise.
- **Withdrawal and loneliness.** Social withdrawal, loneliness or exclusiveness. This includes an unusually apathy, pressured mental and physical activity.
- **Suicidal tendencies.** These include an idea to end own life, threat to self and others, gestures, or attempts at violence, self-injurious behaviour.
- **Physiological dysfunction.** These include weight change, disturbed sleep, digestion problems, skin disturbances, and persistent physical complaints without medical confirmation.
- **General misconduct.** Sudden disinterest in work / academics or in aspects that were previously of much interest. This may be accompanied by alcohol, tobacco or drug abuse, accident proneness and disordered eating patterns.

**Take Note**
These signs do not necessarily indicate a person needs help. This is because personalities are different. In addition, there are mood changes from time to time.

It is important to seek assistance when in need and not because one has a problem.

**1.3.2. Benefits of Counselling**
Counselling assist deal with a range of issues in everyday living.
A wide range of people can benefit from psychological counselling. This includes a person with a distressing issue, when, and if in difficulty. Also, other persons may seek to improve overall wellbeing.

Persons who may require counselling include:

- People who have been bereaved, for example, death including abreaction.
- Recovering from trauma (post traumatic stress syndrome) due to accident, major disaster, major medical illness, physical / sexual abuse including rape.
- Diagnosis of terminal / serious illness (palliative care)
- People coping with anxiety associated with major transitions in life. For example, adolescence to adulthood, changes in occupation including retirement / deployment / redundancy or change in relationship including marriage, separation and divorce
- Stress management (including acute stress disorder)
- Problems associated with alcohol and drug abuse
- Interpersonal and relationship issues
- Sexual issues including infertility
- Family issues / Marital issues
- HIV and AIDS
- People who are psychologically disturbed with less severe (minor) psychiatric issues
- Decision making on various issues (this may include adaptation, adjustment disorder).

Various issues affect various people including children, adolescents, people in mid-life and the old. There will be bridges between the generations though most of these issues are intergenerational. It is therefore helpful to consider the benefits of counselling. Counselling can help reflect and make sense of difficult life events as well as find a way to move forward.

In text Question

Are there people who may not benefit from counselling and why?

Counselling is a helping process. Some people may benefit from the process, while other may fail to derive any benefit from therapy.
Persons who may not benefit from counselling services include:

- People who do not want counselling. This is because it requires the active involvement of the client.
- People who consistently attribute their issues / problems to other people.
- People who have no insight into their condition due to a personality disorder, or severe psychiatric disorder
- People with a diagnosed major psychiatric condition.
- People upon whom psychological counselling is imposed as a condition, for example, child, spouse, student or employee.

You will be approached by several clients who will seek assistance. It is important that you be prepared to help them as appropriate.

1.4. Therapy and Therapeutic in Counselling

There is a distinction between the terms, therapy and therapeutic. Therapy entails a relationship established between a client and a counsellor for a specific purpose. The purpose for therapy is guided by professionalism. Professionalism entails knowledge that consists of information base and a set of ethical principles. There are various forms of therapy such as one-on-one counselling, group counselling and self-administered forms of therapy. This may include self-analysis and/or self-hypnosis.

Therapeutic or healing is an experience. Several instances in life are themselves therapeutic. For example, some people in distress may feel relieved through prayer, listening to music or talking to a friend. People experience various therapeutic experiences with a helper (counsellor or therapist), friend, colleague, spouse, relative or even a professional (doctor, social worker). However, not all these experiences qualify as professional therapy.

Take Note

There are several terms and concepts in counselling and psychology. They include mental health, therapy, clinical psychology, psychotherapy and psychiatry. Professionals will be trained in a specific field of specialisation.
The terms ‘counselling’, ‘counselling psychology’, ‘therapy’, ‘psychotherapy’ and psychological therapies’ encompass a range of talking therapies and will be used interchangeably by different scholars.

Counselling (therapy) has its own personal and social rewards though like other professions, it is mixed with success, challenges and pitfalls. To offer therapy to a client in what may be regarded as regular or average issues such as career, team building, life challenges or improved interpersonal relationship may appear like standard procedure. Other issues that may be regarded as urgent situations such as anxiety disorders, depression, suicide attempts, self-injurious behaviour, addiction problems, anti-social behaviour, life crisis including emotional distress, trauma and hurts. Some of these situations may have certain symptoms while it is possible that some have no prior warning.

1.5. Mandated Therapy

Counselling psychology has potential for personal, psychological, academic and career benefits of the reflective problem-coping. Support includes academic and career advice, pastoral and religious support, personal, psychological and financial support. Counselling also provides a range of problem-focused social support services to help clients who are experiencing personal difficulties. Counselling may be voluntary or compulsory. Mandatory therapy may consist of formal treatment as well as other rehabilitative interventions designed to address a problem such as drinking and drugs and their harmful consequences.

In text Question
Should a person be forced to undergo therapy? If so, why and when?

Mandated therapy includes court mandated treatment and mandated personal therapy as follows:

(i) Court mandated treatment. An offender convicted of alcohol or other drug–related crime may be compelled to participate in treatment for their substance abuse problems or face legal consequences. This has been used as sanctioning for driving under the influence (DUI) and thus a primary path of entry into alcoholism treatment for many people with problem drinking.
(ii) **Student and employees.** Students and employees may be required to participate in therapy before readmission in school or resuming employment.

(iii) **Personal therapy during counselling psychology training.** This requires to undergo therapy of a minimum duration as a component of training course and as part of continuous professional development.

(iv) **Spouse and parental mandated therapy.** A spouse can impose therapy as a condition for enhanced continued relationship. A parent or parents may be forced to undergo mandatory therapy in order to retain custody of a child. This may become imperative where there are cases of mistreatment of a child including violence. In the same way, a surrogate parent may be obligated to undergo therapy as a condition to adopt a child or children, especially if there is suspect of misbehaviour.

Persons requiring therapy are evaluated in terms of their present health and future risk for any personal problems or circumstances that may need to be addressed during intervention and treatment. This can be done through screening or assessment for appropriate referral. The quality of information provided by either a screening or an assessment is an important part of the intervention and treatment process. The term screening describes a less extensive evaluation performed early in the process. Screening results often are used to make decisions about the type of intervention. Assessment is typically used to refer to a more extensive evaluation. This can be conducted before or upon entry into intervention and treatment. Assessment results are also used to guide on the length or intense of treatment. Counselling psychologists and others offering these services must be aware to offer standard valid and reliable screening and assessment. This is to inform referral and treatment decisions critical to ensuring successful outcomes for clients.

There are several issues that require to be sorted in mandatory treatment. For instance, the person requires screening for assessment. Then there is the referral, including the effectiveness of therapeutic treatment. This is because of the need to evaluate the effectiveness of therapy, and in this case mandated treatment. Clients are diverse and in essence, the success of treatment depends to some extent on the client and the issue. A client may resist treatment when their participation is coerced. Yet there are various types of treatment such as motivational
enhancement therapy, supervised probation and educational programmes that may work with certain clients though not others.

Mandatory therapy has to contend with the offender perceptions of the likelihood and severity of sanctions imposed as a condition. These include jail time or house arrest, expulsion, termination of employment or even divorce and separation for a couple. These are critical determinants of whether the client, including offenders will comply with the treatment mandate. In that case, the interventions may vary in intensity, frequency, and duration. For example, a student or employee may be required to attend up to several sessions. Counselling session will range from relatively brief one or two session interventions, to multi component programmes implemented over the course of weeks or months, out-patient and in-patient care with lengthy aftercare.

**Lecture Summary**
Counselling is for everyone in everyday circumstances. Practitioners need to emphasize to clients the need to seek assistance: (a) when necessary; and, (b) in order to live a more fulfilling life rather than therapy as compulsion. This is because oftentimes, people may be overwhelmed by a situation. This could inevitably lead to inability to deal with the situation. Lack of ability includes ignorance of when and where to seek help, denial, over reaction, over use of defence mechanisms or at worst burnout and depression.

**Activity**
1. Define the terms: ‘Counselling’ ‘Counselling Process’ and ‘Counselling Outcome.’
2. Explain the extent to which counselling is voluntary or mandatory.
3. Explain some of the signs of emotional and psychological symptoms that may indicate a person may require assistance.
4. Describe the benefits of therapy.

**References**


LECTURE TWO
THE CLIENT, THE COUNSELLOR AND
THE COUNSELLING PROCESS

Lecture Outline
2.1.   The Client
2.1.1.  Name of the Client
2.1.2.  Significance of Family History
2.1.3.  Informed Consent
2.2.   Understanding the Client
2.3.   The Counsellor
2.3.1.  Characteristics of a Good Counsellor
2.3.2.  Client - Counsellor Relationship
2.4.   Potential Misunderstandings: Clarifying the Counsellor’s Role
Lecture Summary
References

2.1.   The Client
It is important to study the personal characteristics of the client. But in addition, other essentials come into play such as medical and legal issues, family and overall personality. Some clients are open, articulate and specific with the information they give. Others are closed, vague and will sieve the information in reply to the questions posed by the counsellor.

Take Note
Counselling is a healing process. It is the client who seeks help when in situational difficulty.
Naturally, all clients will be careful with what they will tell the counsellor, especially in the initial stages of therapy. In the same way, the counsellor will be wary of what they discuss with the client though a few quite brave clients are well prepared to discuss almost everything.

2.1.1. Name of Client
It is important to know a client’s name since this is the most and dearest name to any person. A name identifies a person as unique and it is specific; it singles you out among others. You become someone. This lifts your morale. Besides, it is highly inappropriate if not rude to fail to know your client’s name. For clients, this is highly discourteous since they had come specifically to see you and are looking forward to your welcome.

It is also possible that a client will have a personal file number or code. Numbers when used to denote human beings are often used in files, prison and detention camps. Some of the reasons for use of numbers are to denote a section or department or as secret language. A significance reason in use of numbers is to hide the identity of the person. Other counsellors may try to remember a client by their appointment time, such as Friday 11-12 or by other means such as the person who referred them: ‘the one sent by or Agnes, Mungai or Wango.’

For a counsellor, failing to know a client by name implies you are unable to identify them too. In that case, you appear detached from their issue and would appear to point lack of empathy. It is equally wrong for a counsellor to label a client by their diagnosis or nature of the problem like sexual disorder, divorced couple, victim of rape, academic failure, career issue, depression or neurotic. A counsellor must demonstrate empathy with the client.

2.1.2. Significance of Family History
Some physiological and psychological ailments may be hereditary such as cancer, diabetes, drinking and depression.

Take Note
Both hereditary and social factors influence our personality and behaviour.
There are many aspects that affect our personality and behaviour. These include gender, individuality, education, culture, family history, marital status, career and social economic status. Even where we reside may influence our behavioural patterns.

2.1.3. Informed Consent

Clients need information about the counselling process to be able to make informed choices. The counsellor should educate the client about their rights and responsibilities. Counsellor provides informed consent as follows:

- Therapeutic Procedures
- Risks/Benefits and Alternatives
- Right to withdraw from treatment
- Costs of treatment
- Supervision
- Privileged communication
- Limits of Confidentiality

During contracting the counsellor assists the client to understand the process and benefits of therapy.

2.2. Understanding the Client

Clients’ seeks help in counselling for a variety of reasons. The client is in a symbiotic relationship with their surrounding (biological, psychological and social see Figure 2.1 below). A graphic representation of the client’s adoptive approach focuses on assessing for competence (the skills that enable the client to function effectively), and the clients unique experience. This is because in certain instances, the mutual need between the individual and the surroundings may be obstructed and / or challenged, and this often obscures their view.

In text Question

How can you facilitate your client gain understanding of their issue/s?
The therapist (practitioner) must be guided by the following to enable enhance understanding in the client:

(a) Professional competence (knowledge (therapeutic approach), skills and techniques);
(b) Relevant information (client’s history); and,
(c) An understanding of the client’s (unique) circumstances. This informs the development of intervention strategies.

**Take Note**

In order to effectively assist the client, the counsellor must be trained (and with time gain experience) in various theoretical approaches.

A persons’ overall functioning may enable identify areas that delineate the healthy well-being between the person and their social network. Practitioners should also explore the client’s context and social support networks. This includes culture and ethnicity that are an integral part of one’s identity. It is important to explore the extent which various factors affect a person with a mental illness (psychological disturbance) with respect for these and other considerations. Finally, the practitioner (therapist) must remember to take into account their own attitudes, beliefs and biases.

The symbiotic relationship of the client and their surrounding is represented as follows:

**Figure 2.1: Interaction between Client and Environment**
The individual is in close interaction between the biological aspects (genetic makeup, physical and physiological characteristics), psychological (personality, state of mind, behavioural characteristics) and the social setting (society, family, work, living, coping mechanisms). It is important that the counsellor understand the relationship between each of this aspects with the other (Biological – Psychological; Biological – Social; Psychological – Biological; Psychological – Social; Social – Biological; Social – Psychological). Ultimately, the intersection between the three aspects forms the basis for assessment of the individual’s ability to adopt and in turn cope with life challenges. This is the foundation of helping.

2.3. The Counsellor
A counsellor is a facilitator. As a facilitator, a counsellor must demonstrate both cooperation and consultation with the client and others in a position to assist the client. The power bestowed on the client must therefore be exercised reasonably for the good of the client in a professional way. This requires careful interpretation, construction and translation of the professional role.

2.3.1. Characteristics of a Good Counsellor
The counsellor must demonstrate certain cardinal values and moral standards. These values articulate a coherence of values, aims and behaviour to live a fulfilling life. A professional must have a code of ethics. Ethics is not just about discipline; it is also about higher order of virtues, morality and conscience.

Take Note factors that affect Counsellor and Client

<table>
<thead>
<tr>
<th>R</th>
<th>Religious and spiritual identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Economic / class Experiences and identity</td>
</tr>
<tr>
<td>S</td>
<td>Sexual / gender identity</td>
</tr>
<tr>
<td>P</td>
<td>Level of Psychological maturity / development</td>
</tr>
<tr>
<td>E</td>
<td>Ethnic / racial / cultural identity</td>
</tr>
<tr>
<td>C</td>
<td>Chronological age, status and challenges</td>
</tr>
<tr>
<td>T</td>
<td>Past Traumatic experiences and other threats to one’s well-being</td>
</tr>
<tr>
<td>F</td>
<td>Family history and identity</td>
</tr>
<tr>
<td>U</td>
<td>Unique physical and emotional characteristics</td>
</tr>
<tr>
<td>L</td>
<td>Location of space (proxemics) and preferred / appropriate language use</td>
</tr>
</tbody>
</table>
Counselling practice is based on a code of ethics, national and professional values and moral standards that guide the practitioner. These are as follows:

(a) The moral character of the person;
(b) The ethical values embedded in the vision, articulation of the profession. This includes what the counsellor embraces, interactions and choices they make; and,
(c) The morality processes in the profession. This is often governed by a code of conduct.

2.3.2. **Client - Counsellor Relationship**

The objective of introducing counselling as a helping process does not differ essentially from the earlier tradition, and in broader times, represents the continuation of offering help and assistance to persons in situational difficulty rather than problems. The client – counsellor relationship must be sensitive, caring and non-judgmental.

The four characteristic of an ideal therapeutic relationship are PACT as follows:

i. **Proximity.** The counsellor should be fastened closely to the clients’ issue. In that case, the counsellor must be objective, relevant and ‘present’ with the client. This connection should also maintain the physical and emotional distance.

ii. **Association.** The counsellor and the counsellee must relate well. Rapport is important in therapy. This should create an atmosphere of mutual trust and confidence. A positive attitude is important.

iii. **Communication.** The client should feel free to say what s/he likes. This enables the client express self to the counsellor. In addition, the counsellor must possess the prerequisite skills to augment the process.

iv. **Therapeutic.** It is the client who came for help and needs assistance. Therefore, the relationship should be client-centred. The counsellor should only act to assist the client and with the consent of the counsellee. Information obtained from the client is crucial to enhance the therapeutic relationship. The counsellor must be empathic.

Counselling is an intimate relationship; it is a process that requires skills and techniques, it offers concepts (theory) and methods of working with others (counsellor or therapist) to enrich the individual (counsellor or client) address a range of experiences and in furthering the personal and
social development. Counselling is therefore rooted firmly in a particular quality of relationship that also takes in the values of the client as well as principles of counselling as seen in Figure 2.2. below:

**Figure 2.2:** Counselling Orientation: Mediating Factors between Client and Counsellor

There are numerous factors operating at each phase and as the two way arrows imply, it is not a linear process but rather one in which events at one phase can feed back and alter decisions made at previous stages. There are also areas of conflict, for example, in values and the focus during the counselling relationship may be slightly different.

**In text Question**

Identify potential areas of conflict between client and counsellor during counselling

There are potential areas of conflict between a client and a counsellor during counselling:

- Transference and counter-transference
- Belief systems (culture, convictions) e.g. religion / spiritualism
- Roles and responsibilities of each (client and counsellor)
- Language and other aspects of communication (e.g. words and meaning, gestures, questions, questioning and use of other skills and techniques)
- Confidentiality
- Dual relationship
- Other aspects such as advising and directing the client

The counselling relationship is on helping a person rather than solving a problem and the creation of a genuine developmental insight into the life of the person is stressed.

2.4. Potential Misunderstandings: Clarifying the Counsellor’s Role
Counsellors will deal with a range of sensitive issues. They include suicide, substance abuse, sexual activity, work-related stress and parent-child relationships. The manner in which these issues are handled can have profound effects on the well-being of clients, be they students, patients, employees, prisoners in the context of the school, work, hospital or rehabilitation centre. In addition, it will also affect relationships with spouse, child, family, friends, colleagues, supervisor and other acquaintances. This in turn influences the organisational culture.

It is important that the organisation or institution (school, prison, hospital and others) delineates on the role of the counsellor in the organisation. This is because counsellors often suffer from role ambiguity that leads to lack of clarity about their appropriate role in the institution. This further creates a role conflict with others such as the administration, supervisors and other members of staff. Counsellors may also be pressurised to perform tasks they perceive as inappropriate to their roles including extraneous responsibilities and expectations such as sitting in discipline, staff appraisal and recruitment meetings.

The counsellor should effectively be assigned clear roles and responsibilities based on their expectations and the counselling programme. This allows the following:

a. *Job description*. Roles and responsibilities allow the counselling programme to have tasks and priorities and hence a job description.

b. *Mutual understanding*. Duties and responsibilities are assigned and this promotes mutual understanding
c. Monitoring and evaluation and appraisal. Assignment of duties serves as the contribution to overall goals as well as the basis for discussions of the counselling programme. It also shows the counsellor’s time is best spent and the basis to evaluate and assess the counselling programme.

Areas of support and assistance are identified as well as others that need to be established and / or strengthened.

**Table 2.1: Approaches to Counselling by Organisation and Counsellor**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Administration</th>
<th>Counsellor / Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of counselling programme</td>
<td>Consider the <em>impact</em> of the actions of person (employee, student, prisoner, patient) on entire organisation / institution</td>
<td>Focus more on the <em>growth and development</em> of individual client</td>
</tr>
<tr>
<td>Behaviour and personality</td>
<td>Concerned with the <em>effects</em> of behaviour upon the organisation / institution</td>
<td>Explore the behaviour's <em>causes</em></td>
</tr>
<tr>
<td>Problem solving and resolving issues</td>
<td>Seeks to <em>solve problems</em> as quickly as possible and to enforce consequences which affirm organisation / institution</td>
<td>Attempt to improve long-term client <em>self-management</em> to enable them resolve their issue/s</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Frustrated by the confidentiality of client private conversations with counsellors, especially when they are convinced the <em>information</em> is useful for the well-being of the organisation / institution</td>
<td>Counselling is by nature confidential and counsellors are bound by <em>confidentiality</em> that limits the information expected to be available for problem solving</td>
</tr>
<tr>
<td>Organisational goals, vision and mission vis-à-vis goals of counselling</td>
<td>They are often convinced that <em>goal setting with clear objectives and tasks, team building and skills-building</em> should and would achieve goals and these should structure the framework of counselling</td>
<td>Often spend considerable time assisting client with personal growth <em>issues</em> which affect growth and work as well</td>
</tr>
</tbody>
</table>

*Adopted from Kaplan (1995) and Wango (In Press).*

Counselling work activities are as follows:

a) *Individual counselling*, in which the counsellor works privately with an individual client usually on problem solving, decision making, and discovering personal meaning related to learning and development
b) *Group counselling*, in which the counsellor works with a small group of people on personal or other tasks and issues. (academic, goal setting, work)

c) *Group guidance*, in which the counsellor works with larger groups or classes on common issues or life skills.

d) *Consultation*, in which the counsellor assists a client such as supervisors, managers, teachers, parents, spouse, families and other adults become more effective at working with a client such as student, employee, patient, prisoner or person undergoing rehabilitation.

e) *Coordination*, in which the counsellor manages services – parent, family, organisation or community meetings, for example – that indirectly address the counselling needs of students, prisoners, patients, workers, commercial sex workers, persons abusing drugs and others.

These tasks should are consistent with the guidelines set forth by the organisation or institution such as HIV and AIDs voluntary counselling and testing, anti-retroviral therapy, prisons, schools, hospital, work procedures and regulations and other established procedures.

It is essential that counsellors focus their efforts on reaching all clients rather than just a few individuals. This can be done through group activities. Additionally, individual counselling through time-consuming in individual sessions too must be emphasized. Counsellors must be careful not to direct all their attention to the group and less to individual counselling.

The counsellor in charge of the counselling programme bears ultimate responsibility for their own competence and that of persons under their supervision, as well as the effectiveness of the programme. When counselling is performed improperly, the counsellor may bear legal liability as well. To fulfil their responsibilities, counsellors be professionally trained, competent and must understand the counselling programme, procedures and work. This is to ensure that the programme benefits the client while operating within the ethical and legal guidelines. They must also consult with others about the handling of cases which present particular difficulties or which touch upon the organisation’s interests in avoiding liability and maintaining amicable relationships with members of the same and other professions.
Lecture Summary
Counselling is an interaction between a client and a professional that leads to a change from a less adaptive to a more stable condition. The effectiveness of counselling depends largely on the ability of the client to harness their potential and address their issue or issues with certainty. The session principally is meant for the client. The counsellor is therefore a facilitator who offers therapy and assists in the healing process.

Activity
1. Discuss the extent to which various persons can assist a client in therapy (acquaintances, friends, colleagues, peer counsellors, informal helpers and professionals).
2. Explain the level of training and qualification you would consider appropriate for a counsellor offering therapy to a client.
3. (a) Explain why a client and a counsellor may fail to understand each other, thus making therapy not easy.
   (b) Suggest how counsellor can ease tension resulting from various misunderstandings with client in order to facilitate healing.

References


LECTURE THREE
THE PROCESS AND OUTCOME OF COUNSELLING

Lecture Outline
3.1. The Counselling Process
3.2. The Counselling Contract
3.3. Language of Therapy
3.4. Counselling Room
3.5. Client – Counsellor: Therapeutic Alliance
  3.5.1. Role of Client
  3.5.2. Role of Counsellor
3.6. Transference and Counter-Transference
3.7. Counselling Children
  3.7.1. Goals of working with Children
  3.7.2. The Counsellor Working with Children
  3.7.3. Transference and Counter – Transference in Children
3.8. Termination of Therapy
3.9. Evaluating the Counselling Process and Outcome
  Lecture Summary
  References

3.1. The Counselling Process
It takes great courage to address personal concerns. In the course of counselling, the client can learn new things about self and perhaps about others. It is therefore encouraging to seek professional assistance.

In text Question
Describe the various stages in the counselling process.
Many people ask what happens in counselling. If you and/or the client have not been to counselling before, it is good to be prepared and to be acquainted with what to expect.

**Figure 3.1. Steps in the Counselling Process**

1. Receiving Client and Relationship Building

2. Problem Assessment: History taking and exploration, Relationship Building

3. Goal Setting: Understanding and outlining of goals

4. Counselling Interventions: Action plan and way forward

5. Assessment and evaluation, termination / referral

The following are useful hints about counselling:

1. Counselling is a process. In that case, it takes time, and may take some time.

2. The client and the counsellor sit in private and engage in talk and discussion over an aspect they both have agreed on to address.
3. The counsellor does not offer any solution or answers to the problem/s; instead, the counsellor assists the client to develop insight to enable them deal with their issues and concern/s.

4. In some cases, just a single session may be sufficient for certain needs. But more usually, the client and the counsellor continue to meet for several weeks or even months.

5. Each session typically lasts between 40 minutes and one hour. In certain instances, the counsellor and client agree to extend the session.

6. The client and the counsellor plan together how often they will meet, when (time and place) and for how long they will be meeting.

7. Counselling consist of the first and subsequent sessions.

8. The first session is the initial stage or first session. During this session, the client will discuss about counselling sessions. The client will discuss practical matters such as how long sessions last, the frequency, counselling policy, fees and the number of sessions that they may have to attend before doing a review of progress. They will also discuss confidentiality of information and any questions the client may want to be answered.

9. If there is time remaining of the first session, the client may take time to talk about what they would like to address in subsequent counselling sessions.

10. The number of sessions required may depend on the issue at hand. As the sessions progress, other issues may come up, or the issue that was presented may be resolved.

11. During the sessions, the counsellor walks with the client in their journey of insight and understanding. S/he will also attempt to ensure that the client has insight into the presenting issue, history of the issue, people involved and intervention strategies that could work.

12. It is important that the client make a decision on what they would like to work on first, and the goal they aim to achieve in counselling.

13. Towards the end, the therapist will draw attention that the sessions are coming to an end. In addition, the counsellor will alert the client on the issues they have talked or discussed over the sessions. The client will also talk about the skills they have learned, the changes and goals they have accomplished and any other concerns they may have about the counselling relationship.
14. At the end of therapy, the counsellor will inform the client that the sessions are over. S/he will thank you for coming and inform the client that in case there is need in future, they can seek for further assistance.

The counselling process is a planned structured dialogue between a client and a counsellor. The counsellor uses skills and techniques developed through professional competences. Together, they develop ways to deal with, and resolve the issue that brought the client to therapy.

**Figure 3.2. Counselling and the Counselling Process**

<table>
<thead>
<tr>
<th>Initiation</th>
<th>Process</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting (goal setting)</td>
<td>Exploration</td>
<td></td>
</tr>
<tr>
<td>- Understanding the world of the client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Exploring alternatives / intervention strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identifying persuasions / verify accomplishments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Client understanding of issue / circumstances / problem situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Effectively using counselling skills and techniques to assist client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Creating rapport</td>
<td></td>
<td></td>
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<tr>
<td>- Offer core</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History taking of the client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World of client (Client re-entry back into their world)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Essential action points</td>
<td></td>
<td></td>
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<tr>
<td>- Further exploration</td>
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<tr>
<td>- Termination / Referral</td>
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</tbody>
</table>

Psychological counselling is very helpful as it is designed to provide a safe environment in which difficult thoughts and feeling can be gently explored. Further, this involves the use of counselling skills.

**Take Note**

The counselling procedure involves the use of various skills in therapy.

Therapy involves the establishment of an effective therapeutic focus and procedure. In addition, the counsellor makes use of several counselling skills. Wango and Mungai (2007:107) emphasize the use of counselling skills in therapy:
**Counselling skills facilitate expression, awareness and understanding. The purpose of using skills is to enable the client to recognize and explore their feelings, thoughts and behaviour in greater depth.**

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**In text Question**

Identify the various skills you would adopt during counselling and the stages where they are most applicable.

---

Counselling skills may be classified into four categories and these are summarised in the table below:

**Table 3.1.: Summary of Counselling Skills**

| 1. Core conditions              | - Empathy                  |
|                                | - Genuineness              |
|                                | - Unconditional positive regard |
| 2. Attending skills            | - Structuring              |
|                                | - Listening                |
|                                | - Silence                  |
|                                | - Observation              |
| 3. Facilitating or responding skills | - Minimal prompts         |
|                                | - Paraphrasing             |
|                                | - Reflection of feeling    |
|                                | - Questioning              |
| 4. Challenging (confrontation) skills | - Summarising             |
|                                | - Focusing                 |
|                                | - Clarification            |
|                                | - Concreteness             |
|                                | - Confrontation            |
|                                | - Self-disclosure          |
|                                | - Disengagement / termination |

Counselling is a practical activity. In that case, counselling skills are hopefully acquired during training and with experience, and made use of to assist the client. It is significant that the counsellor offers the core conditions in counselling to create a conducive atmosphere for healing to take place. In addition, the attending skills are important especially in the initial stages to bring about understanding, facilitating skills to enable exploration while the challenging skills are key in the action stage. There is therefore no limit to the skills that a counsellor uses at a particular
session, nor is there a time limit. Ultimately, whatever skill/s are used, the counsellor remains humane; that is respectful, accepting and warm as s/he attends to the client all the time.

3.2. The Counselling Contract
This is a mutual agreement negotiated between the client and the counsellor prior to commencement of counselling. The agreement articulates the responsibilities of the counsellor towards the client, and also the client's responsibilities in the counselling relationship.

<table>
<thead>
<tr>
<th>Take Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the aspects that should be highlighted in the Counselling Contract.</td>
</tr>
</tbody>
</table>

Counselling contract including various aspects of counselling as follows:

(a) Confidentiality. Privacy of information shared in counselling is a very important aspect of the counselling relationship. Everything discussed in the counselling session is kept in strictest confidence. The counsellor does not disclose the name or anything that would enable the client to be identified. It is important that the client inform you if they are receiving treatment for emotional difficulties. If there is convincing evidence that the client intend to harm self and / or others, it is important to inform the client that you will need to break confidentiality by informing a significant other, such as the police in serious cases. Again, this would only take place with your prior knowledge.

(b) Note taking and record keeping. Inform the client that you will make brief notes after the session/s. The notes or records will be securely stored. If you will make any audio recording of any session/s such as for the purpose of research, monitoring your work, teaching or any other reason/s, inform the client and that this would only occur with their prior knowledge and permission. Again, assure the client the data (including any recordings) will be securely stored and handled in line with professional ethics (names will not be indicated, records will be used for purpose of research and destroyed after use).

(c) Sessions. Counselling sessions/ usually last for around 45 - 50 minutes. Client and counsellor usually meet once a week, at the same time and day each week, though this is
also negotiable. The whole session time belongs to client, whether they choose to attend or not, and counsellor is present for the entire time of the session. If client arrive part way through the allotted time, counsellor attends to client for the remainder of the time. Counsellor does not offer the time to anyone else, even if they are away (on holiday and/or urgent matter). If the client circumstances change and the session time is no longer suitable, the counsellor will do their best to accommodate this and offer client an alternative time.

(d) **Payments.** Counsellor and client agree on the payment. This could be per session. Payments may vary among professionals (child [800 - 2,000], student [1,000 - 2,000], individual [1,500 - 3,000], couple [3,000 - 6,000], family [5,000 - 10,000], supervision [3,000 - 5,000]).

(e) **Cancellation and Holidays.** Cancellation of an appointment with less than 24 hours’ notice, failure to show for an appointment or lateness usually incurs the full fee. Appointments missed because the client is unwell and have given 24 hours’ notice, or because client is on holiday or other urgent matters are not charged for.

(f) **Counsellor availability to client.** Counsellor is available for the client with the exception of holidays and occasional times when one might attend a training workshop or a conference. Counsellor will give client as much notice as possible if s/he is unable to attend a session. In the event where the counsellor need to miss session/s because of illness, they give client as much notice as possible, and will (try to) offer an alternative time / session/s.

(g) **Duration of counselling.** This is negotiated between client and counsellor. The client and counsellor might agree to work together for a few weeks and then review situation. It is essential to note that it is the client who decides whether or not to continue.

(h) **Termination and ending.** Sometimes the client may feel that the counselling is not helpful. In these circumstances it is best if client can come and discuss the difficulties rather than abruptly ending the counselling sessions. Counsellor can request client to give one week's notice before terminating therapy so that there is a chance to discuss the decision, but there should be no pressure on continuing with counselling. This can be discussed within a session.
(i) **Professionalism and complaints.** Harming or damaging client is tantamount to professional negligence. Client may consider whether to terminate counselling in the event of misconduct.

Counselling is a profession and contracting should be formalized (see Counselling intake Form Appendix III, and the Counselling Contract that includes contract notes, Appendix IV).

### 3.3. Language of Therapy

Clients and counsellors use language to communicate. When a client uses words in plain language or symbolic language such as similes and metaphors, they contain the structural essence of their experience. The counsellor then has to work with the client's problem directly. The client may change their language from plain language to use of imagery and vice versa. It is possible that as language changes and/or evolves, the client's perception of the issue tends to change depending on therapy. In effect, the client may for instance learn to create new experience through the evolution of their language, metaphors and symbols.

**Table 3.2. Language and Counselling: Use and Choice of Phrases**

<table>
<thead>
<tr>
<th>Client says (Phrase)</th>
<th>Proposed you use</th>
<th>You can challenge or qualify your client using the phrase</th>
</tr>
</thead>
<tbody>
<tr>
<td>People scare me / s/he scares me a lot</td>
<td>(c), (g)</td>
<td>a) What should happen if you did / what should happen if you didn’t?</td>
</tr>
<tr>
<td>S/he makes me feel so angry!</td>
<td>(c), (g), (i)</td>
<td>b) Has there ever been a time when you didn’t? what was different?</td>
</tr>
<tr>
<td>That was the worse time of all</td>
<td>(l), (k)</td>
<td>c) In what way/s</td>
</tr>
<tr>
<td>I handled that meeting badly</td>
<td>(c), (g), (h)</td>
<td>d) Who won’t</td>
</tr>
<tr>
<td>S/he is better than I am</td>
<td>(c), (g), (p)</td>
<td>e) Always….all the time… every minute of every day?</td>
</tr>
<tr>
<td>I must go to work</td>
<td>(a)</td>
<td>f) How does it mean that?</td>
</tr>
<tr>
<td>S/he just makes me feel bad</td>
<td>(c), (i)</td>
<td>g) Why do you feel that?</td>
</tr>
<tr>
<td>I can’t ask him/her out</td>
<td>(r), (t), (u)</td>
<td>h) Where is your evidence for that?</td>
</tr>
<tr>
<td>They are, s/he is out to get me</td>
<td>(c), (i), (r)</td>
<td>i) How does this seem to happen?</td>
</tr>
<tr>
<td>That is not important</td>
<td>(g), (k)</td>
<td>j) Who is?</td>
</tr>
<tr>
<td>Client says (Phrase)</td>
<td>Proposed you use</td>
<td>You can challenge or qualify your client using the phrase</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>They, s/he won’t listen to me</td>
<td>(d), (h)</td>
<td>k) Compared with what?</td>
</tr>
<tr>
<td>S/he hurt me deeply</td>
<td>(g), (o)</td>
<td>l) Worse than what?</td>
</tr>
<tr>
<td>I can’t fly</td>
<td>(a), (u)</td>
<td>m) What stops you changing it?</td>
</tr>
<tr>
<td>I feel angry</td>
<td>(e)</td>
<td>n) Can you think of any other reason/s for someone to do this?</td>
</tr>
<tr>
<td>I can’t say no</td>
<td>(q), (t)</td>
<td>o) How specifically?</td>
</tr>
<tr>
<td>S/he’s always yelling at me, s/he hate me</td>
<td>(f)</td>
<td>p) Better at / than what?</td>
</tr>
<tr>
<td>S/he forgot my birthday; s/he obviously doesn’t really love me</td>
<td>(f), (n)</td>
<td>Q) Never, ever? Why is this so?</td>
</tr>
<tr>
<td>I never seem to do anything right</td>
<td>(g), (h)</td>
<td>r) Who specifically? / Who says?</td>
</tr>
<tr>
<td>You can’t trust people</td>
<td>(q), (t), (u)</td>
<td>s) How would s/he know that?</td>
</tr>
<tr>
<td>I always feel anxious</td>
<td>(b), (v)</td>
<td>t) Can you think of any time when you can / did?</td>
</tr>
<tr>
<td>I regret my decision</td>
<td>(m)</td>
<td>u) What stops you?</td>
</tr>
<tr>
<td>If s/he knew how much I liked him/her, s/he wouldn’t do that</td>
<td>(g), (h), (s)</td>
<td>v) About what? To whom?</td>
</tr>
<tr>
<td>S/he doesn’t like me</td>
<td>(g) (z)</td>
<td>z) What leads you to believe that?</td>
</tr>
</tbody>
</table>


3.4. Counselling Room

The counselling room provides an opportune moment with the client. The practitioner always sets up the room before client/s arrives so that it feels an attractive and welcoming place. The room should be the size of an office. The size of the room remains fixed but the practitioner can arranged the furniture to allow lay out the things needed. For example, the small table to place a personal bag, phone and serviette.

In text Question

Explain how an ideal counselling room should be set so that it is comfortable for both client and counsellor.

It is suggested that the actual counselling room be intimate with at least two soft chairs. Four extra chairs should be readily available to enable a variety of clientele such as a couple or family. The walls should be painted with relaxing paint. Pictures are not recommended on the walls. A window allows natural light and fresh air that are significant for relaxation. A wall watch allows therapist to tell the time without unnecessarily looking at the watch and appearing impatient.
Counselling chairs should preferably be comfortably simple without an armrest. A small table conveniently placed allows for placement of any items such as serviette to provide comfort.

3.5. **Client-Counsellor: Therapeutic Alliance**

The counsellor and client interact in a healthy relationship in counselling. The therapeutic alliance is a relational factor in counselling that includes four dimensions as follows:

1. *Help seeking.* The client (or someone concerned about them) should feel a need for help. Subsequently, the client must be willing to seek assistance and thus cooperate with the helper.

2. *Counsellor competence.* The counsellor must be competent and willing to assist the client.

3. *Goal setting.* The counsellor and client work out a goal. The goal arises out of a need for help in (1) above and hence it is client focused. Client can then identify related tasks in the course of therapy.

4. *Collaboration between client and counsellor.* Counselling is a consensus between counsellor and client. The person seeking help in (1) meets a helper (2) and the two bonds in a bid to resolve issue. This involves a purpose (3) and hence collaboration between client and counsellor. The three stage dimension helps grow the therapeutic relationship.

<table>
<thead>
<tr>
<th>Take Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both the client and counsellor must be aware of their roles and responsibility in counselling.</td>
</tr>
</tbody>
</table>

Both the client and counsellor have a role in the counselling process.

**3.5.1. Role of Client**

The client enhances the counselling process as follows:

- *Honest and Openness / self-expression.* The client’s initial responsibility is to be as open and honest as possible in discussing their concerns. Client should share their thoughts and feelings
openly with the counsellor. The more the client allows self to address all aspects of a troubling area, the more (anticipated) beneficial the counselling session/s will be.

- **Accomplishments.** In addition to openness, a client will also be expected (at a later point in counselling) to make efforts to begin to accomplish some adjustments in their behaviour and in their life in order to progress themselves in the direction of (positive) change that they desire.
- **Clarification.** Client should ask for clarification at any stage during the counselling process. It is helpful to discuss any fears, doubts, concerns or discomfort during counselling with the counsellor (therapist).
- **Tasks and assignments.** Client should complete set task/s (homework / assignment) to the best of their ability.
- **Discipline, commitment and cooperation.** Client should be disciplined and committed to the process to enable maintain set goals. This includes attending session/s regularly (as scheduled) in time, and especially in cases of mandatory therapy. No presents and /or gifts should be encouraged in the process to enhance professionalism.
- **Fees charges.** Client honours all payments as agreed with the counsellor.

### 3.5.2. Role of Counsellor

The counsellor facilitates healing. This is as follows:

- **Core conditions to facilitate healing.** One of counsellor’s main goals in practical counselling is to create conditions to facilitate healing
- **Setting goals (objectives) for counselling/therapy.** Counsellor helps (assists) client identify the kinds of (positive / helpful) changes they want to make and aids the client in generating methods to implement their desired changes. Client will need to make effort, a little bit at a time to accomplish their (the set) goals.
- **Confidentiality.** Counsellor is responsible for confidentiality including record keeping and safety precautions.
- **Active listening.** Counsellor will make every effort to listen carefully to what clients say to him/her. Counsellor will attempt to understand what client has been saying. In making this effort, the counsellor will be listening both for the content of what the client says, and for the meanings behind the content.
- **Effective communication (create rapport).** Counsellor will certainly try to communicate to
client what s/he has been able to understand of both the content of what the client has said and of the emotions behind that content. Counsellor helps client understand themselves better, and become more of who they (client) are. Counsellor allow past feelings to be re-experienced and re-evaluated, while allowing present life situations to be explored and considered. In the end, the counsellor assists / facilitates in (informed) decision making.

• Setting boundaries. Counsellor maintains healthy boundaries with the client. Although fully present for their client, a counsellor does not carry their client’s problems around with them.

• Professionalism. Counsellor sets standards for therapy. Standards of operation include rules and regulations based on a code of conduct. This includes an awareness of duel relationship, counsellor should not receive presents and/or gifts, fair charges proportionate to the services and resolving other ethical conflicts.

• Assessment and evaluation. Counsellor must continuously assess the process / client and at the end determine the extent to which therapy was useful to the client.

The must build a strong therapeutic alliance with the client. The success of therapy depends on the therapeutic alliance.

3.6. Transference and Counter-transference

The client counsellor relationship must be enhanced for the well-being of the client and in order to enable healing as outlined above. Transference and counter-transference are both phenomenon that may arise during the course of the therapeutic relationship. In essence, they manifest and may in turn affect the client-counsellor relationship. Understanding this phenomenon is important because the primary focus of counselling and therapy is to assist the client in the client-counsellor relationship.

Transference is the relocation of past feelings, conflicts, and attitudes in a client to present relationships, situations, and circumstances with the counsellor. The client assigns inappropriate meanings to the relationship with a counsellor. According to psychoanalytic theory, transference evolves from unresolved or unsatisfactory experiences in relationships with others (parents, friends, teachers or other important others). Most transference involves both positive and negative aspects. The negative may often heavily outweigh the positive in some situations.
Take Note
Counter transference is defined as redirection of a psychotherapist’s feelings toward a client. It is the therapist's emotional entanglement with a client. Unlike in transference where it is the client, counter-transference involves the counsellor (therapist) reactions, behaviours, thoughts, and feelings toward the client. Unresolved conflicts from the counsellor’s past evolve as counter-transference.

Interventions for counter-transference involve identification, observation, and feedback by the client and other professionals. Professionally, counsellors should guard against such particularly by identifying their own issues during supervision. This is to avoid the counselling relationship being terminated in the presence of counter-transference. It is important to recognize the effects of transference and counter-transference on the client. The phenomenon can affect the therapeutic environment if not managed professionally. Counselling training and an emphasis on professional ethics are aimed at safeguarding the client from these aspects to create a positive facilitating relationship. This is to ensure the quality of therapy and to preserve the integrity of therapeutic, client-counsellor relationship.

3.7. Counselling Children
Guidance and counselling of children is not the way that we counsel adults. Child therapy is highly specialised. It is also important to note that counsellors and other persons working with children such as teachers, social workers, speech therapist, religious leaders and even their assistants have a significant influence on the child. It is imperative that these professionals expand their understanding of children and gain competence through working closely with each other and a variety of professionals.

3.7.1. Goals for Counselling Children
There are four different levels at which counselling children can be set. All of the levels are important and must be kept in focus by the teacher-counsellor. These are:

1. Fundamental goals of counselling children. The elementary goals of counselling children are applicable to all children. They should enable the child to:
   a. Deal with painful emotional issues
   b. Feel good about self
c. Accept their limitations and strengths and deal with them

d. Change behaviours that are inappropriate and have negative consequences

e. Function comfortably within their environment

(2) Teacher or Parent goals. These are goals set by the teacher, parent or guardian. They are related to the teacher or parent agenda usually based on the child’s behaviour.

(3) Goals formulated by the counsellor. The counsellor may formulate goals as a consequence of their assessment about why the child behaves in a particular way. The counsellor aims to assist the child resolve certain issues. The counsellor uses their professional knowledge and expertise to assist the child or children.

(4) Child’s goals. Certain goals may emerge as a teacher, counsellor or teacher counsellor assists the child. Child’s goals are based on observation and session with the child. For example, the child may talk about a loss and hence the child may be in pain and thus require specific help to deal with the loss.

It is important to assist the child appropriately with the help that they require. The counsellor, social worker or teacher must aim to assist the child with their real needs.

3.7.2. The Counsellor Working with Children

The child-counsellor relationship is very immensely important in therapy. This is because assisting a child in need, including counselling children is highly dependent on the personality, personal qualities and professional training of the counsellor. The practitioner brings into the relationship their own unique personality. The counsellor will relate to a child in a similar way to a parent, guardian, teacher, an aunt or uncle, or relative.

The counsellor working with children must have desirable attributes. Effective qualities include the following:

1. Trustworthiness. The child needs to perceive the relationship with the counsellor as trustworthy and safe. Children are very quick to note someone they do not trust, and will be uncomfortable with them.
2. **Effective communication with child.** The counsellor must be in touch with the child. This is not physical touch but emotional attachment. We must enter into the child’s inner world and feel like them.

3. **Acceptance.** Children like to feel accepted especially by adults. The counsellor must learn to accept the child, without restraint. We must not judge or condemn the child, rebuke the child, speak rudely, or withdraw. Do not place too high expectations on the child such that they are overwhelmed. It is essential to be non-judgmental and receive the child as they are at their level.

4. **Emotional detachment.** A counsellor should not be emotionally attached to the child. Most counsellors think that being close, warm, friendly and trusting is appropriate to the child. But there is need to be careful since the child can be controlled by the relationship and behave in ways to attract approval.

Counsellors must learn to distinguish between things and behaviour that are acceptable, and others that are inappropriate. In addition, and as an adult, do not show emotional distress such as pain through crying to a child as this affects the child who feels helpless to assist you. Also, do not affirm or approve incorrect behaviour to please the child because we must discriminate between acceptable and non-acceptable behaviour.

3.7.3. **Transference and Counter-Transference in Children**

In child therapy, transference occurs when the child behaves toward the counsellor as though the counsellor when the child’s mother, the child’s father, or other significant adult in the child’s life. The behaviour occurs because the child projects his/her beliefs about a significant person on to the counsellor, believing that the counsellor is like that person. Transference can result in the child perceiving the counsellor either positively (positive transference) or negatively (negative transference).

Naturally, it is quite possible for the counsellor to inadvertently fall into playing the role in which the child sees her/him, and to respond as if s/he were a parent. If this happens we say that counter- transference is occurring. Counter- transference is likely to occur when the child triggers off the counsellor’s own unresolved issues or fantasies from the past.
Take Note
It is inevitable that transference and counter-transference will occur at times in the child- counsellor relationship, but provided this is recognized and dealt with appropriately then it is not a problem. It certainly would be a problem if transference or counter-transference was not dealt with. Therapy would be compromised if the child continued to treat the counsellors as a parent and the counsellors continued to behave as a parent.

Children will often transfer feelings or fantasies which they would like to direct at a parent, on to a counsellor. The counsellor may then inadvertently and unconsciously respond with counter-transference. For example, If a child has been rejected by a parent, that child may not feel able to face the painful truth and may instead project on the counsellor the negative characteristics which belong to the parent, and may believe that it is the counsellor who is rejecting him or her (transference occurs). Consequently, the child’s attitude to the counsellor may be negative, and the counsellor may unthinkingly respond as a rejecting parent (counter-transference occurs).

When we, as counsellors, suspect that transference is happening, we need to try to be as objective as possible. To achieve this objectivity we may need to discuss the case in question with our supervisor, so that we can deal with our own issues, projections and unconscious desires in connection with the child - counsellor relationship. Once we have owned our counter-transference we can deal with it, and with the transference problem by bringing this into the child’s awareness. For an appropriate child - counsellor relationship to be created and maintained, the counsellor needs to bring certain personal qualities or attributes into the relationship and to engage in some specific behaviour.

3.8. Termination of Therapy
The question of when therapy sessions should come to an end is a topic of negotiation in therapies when (a) the number of counselling sessions has been agreed; and, (b) the length of therapy has not been established at the outset. When psychotherapy is open-ended, the question of termination of sessions is a matter for greater negotiation. This is because new issues may keep coming up that tend to prolong therapy. The issue of contention in termination are the determined criteria as to when to cease therapy (pre-determined or situational resolved).
In text Question

When and why should you terminate therapy or sessions come to an end?

There are instances when a counsellor should terminate therapy:

1. The counselee is at the point of reference where s/he can stand on their own (client has grown out of immaturity).
2. As the client gains confidence and rewarding experience, she or he may suggest they feel there is no further need to continue coming to the counsellor.
3. The counsellor may notice that the client is not moving on and has receded to an earlier practice.
4. The counselee has reached a point where they can help self in a growth stimulating manner.
5. The client has developed dependency and declines to terminate therapy or referral services.

Take Note

Ending treatment entails separation from one another. It is powerful, and sometimes has strong positive and / or negative emotions.

The termination of therapy must attach importance on safeguarding the client’s interest, self-respect and how to end therapy. This is especially significant in cases in which the client or counsellor ends therapy prematurely. Perhaps this can best be done by summing up what has been achieved and trying to lead the client to realise their own contribution to the accomplished task/s.

3.9. Evaluating the Counselling Process and Outcome

A major concern in counselling is how to adopt a model based on content and the process of therapy that may explain how ‘good enough’ psychotherapies can bring about ‘good enough’ outcome. Research including practitioner research wants to find out how the process of counselling can be continually assessed and evaluated. Therapy is based on a broad spectrum of theoretical affiliations. Therefore, the processes of assessing and evaluating outcome can be
explored through a combination of methods. These include questionnaires, interviews, case studies, audio recordings made during therapy sessions and post-therapy interviews with clients and therapists. This will involve the extent to which therapy had been tailored to the needs of the clients and the success of the process.

Ending therapy may arouse feelings associated with loss and separation from people with whom we now share an emotional attachment. This can be overwhelming when the client was actually suffering from loneliness in the first instance. The client may also connect the termination with feelings of abandonment as well. This is very common when the therapeutic relationship between client and therapist stirs up the needs for individuation and relatedness. But the counsellor must still let go. In certain instances, the termination process may from this perspective be a resolution to the ultimate alliance rupture.

**Lecture Summary**

Therapy must be tailored to the needs and concerns of the client. The initiation and ending of therapy is a process. Both parties in therapy, that is the client and the counsellor, must be aware that the theme of initialising and ending contains a potential challenge to the newly found alliance. The practitioner must adopt a working model of therapy with ‘good enough results’. There is the obvious ambivalence that exists on one hand between feelings of inadequacy at the start of therapy and at the extreme end as therapy ends a feeling of dependency and the possibility for increased autonomy. There is also the awakening of infantile anxieties and feelings of abandonment, anxiety and a renewal of self. The ending phase should therefore be an opportunity for the client to repeatedly work through old and new conflicts toward new, more mature resolutions. The counsellor too gains insight into self every time they assist a client in therapy.

**Activity**

1. Discuss why therapeutic alliance is the best to enable treatment outcome.
2. Define ‘professional competence’.
3. Explain how you would go about assisting a client in therapy.
References


LECTURE FOUR
PROFESSIONAL ETHICS IN COUNSELLING

Lecture Outline

4.1. Ethical Principles in Counselling
   4.1.1. Fidelity
   4.1.2. Autonomy
   4.1.3. Beneficence
   4.1.4. Non-maleficence
   4.1.5. Justice
   4.1.6. Self-Respect

4.2. Ethical Issues in Counselling Practice
   4.2.1. Confidentiality
   4.2.2. Taking Notes
   4.2.3. Counselling Records
   4.2.4. Dual or Multiple Relationships
   4.2.5. Code of Conduct for Counsellors
   4.2.6. Power Relations

4.3. Confidentiality in Counselling
   4.3.1. Waiver Exception
   4.3.2. Legal Framework Exception
   4.3.3. Clear and Imminent Danger Exception
   4.3.4. Consultation Exception

4.4. Maintaining Client’s Well-Being

Lecture Summary

References

4.1. Ethical Principles in Counselling

Ethical decisions are supported and enhanced by certain principles. The principles of counselling direct attention to important ethical consideration and responsibilities. This is because the
principle set the guidelines of good practice developed in response to the principle. However, counselling practitioners may encounter circumstances in which there is need to reconcile certain principles. A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner’s obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for all decisions made.

In text Question

Describe the six ethical principles of counselling.

The six principles of counselling are outlined below:

4.1.1. Fidelity
The counsellor must honour the trust placed in them. The therapist must be trustworthy as this is fundamental in understanding and resolving ethical issues.

Practitioners who adopt this principle will:
(a) Regard confidentiality as an obligation arising from the client’s trust;
(b) Act in accordance with the trust placed in them; and,
(c) Restrict any disclosure of confidential information about clients’ to furthering the purposes for counselling.

4.1.2. Autonomy
The counsellor will respect the client’s right to be self-governing. This allows the client to participate in the therapeutic process. Practitioners who respect the clients’ autonomy: ensure accuracy of all information offered in counselling including the services offered. This includes informed consent; explicit contracting and an explanation of any commitment by the client. This protects the client from any manipulation against their will, or for beneficial social ends.

4.1.3. Beneficence
Counsellors have a commitment to promoting the client’s well-being. This requires the counsellor to act in the best interests of the client based on professional assessment.
Professionalism entails working strictly within one’s limits of competence and providing services on the basis of adequate training or experience. Ensuring that the client’s best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is important that practitioners are informed by research and systematic reflection.

Further, counsellors have an obligation to make use of regular and on-going supervision to enhance the quality of services provided and to commit to updating practice by continuing professional development. Finally, counsellors act in the best interests of the client even when clients’ capacity for autonomy is diminished by various factors such as age, lack of understanding, extreme distress, serious disturbance or other significant personal constraints or even when the client is incapacitated in any way.

4.1.4. Non-Maleficence
Counsellors have a commitment to avoiding harm to the client. This requires counsellors to avoid any form of client exploitation such as sexual, financial, emotional or any other. Counsellors must avoid incompetence or malpractice, such as providing services when unfit to do so due to illness, personal circumstances or intoxication.

Practitioners have an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Practitioners may have to challenge as appropriate the incompetence or malpractice of others; and to contribute to any investigation and/or adjudication concerning professional practice. This may include the competence of a practitioner to give credit upon the profession.

4.1.5. Justice
This is the fair and impartial treatment of all clients and the provision of adequate competent services. The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Counsellors must appreciate differences between people (age, ethnicity, religion, profession) and be committed to equality of opportunity. They must avoid discrimination against
people or groups contrary to their legitimate personal or social characteristics. Practitioners have a duty to strive to ensure a fair provision of counselling services accessible and appropriate to the needs of all clients.

4.1.6. **Self-Respect**
Counsellors foster the practitioner’s self-knowledge and care for self. The principle of self-respect includes seeking personal counselling or therapy and other opportunities for personal development as required. Counsellors have an ethical responsibility to make use of counselling supervision for appropriate personal and professional support and development, and to seek further and continuous training and other opportunities for continuing professional development. It is also important to guard against financial liabilities arising from work undertaken and this usually requires obtaining appropriate insurance. Many practitioners will also actively engage in life-enhancing activities and relationships that are independent of relationships in counselling psychology and psychotherapy.

**Take Note**

The nature of ethics is evolving among professions and over time to reflect the development in contemporary living, in thoughts and practice. The standards are also interpreted by professionals in broad terms and in specific circumstances.

4.2. **Ethical Issues in Counselling Practice**
Ethical issues in counselling are derived from human values and moral philosophy, such as the need for the counsellor to be responsible. This is to give due respect to both the counsellor and the counselle. The counsellor must find ways of carefully balancing various situations based on ethical guidelines as outlined below.

4.2.1. **Confidentiality**
The counselling relationship is by nature confidential, as it involves the client revealing his / her innermost self. Issues brought up in counselling are very sensitive and private. Confidentiality is the assurance that information shared in the context of counselling will be safeguarded by the counsellor. In addition, all counselling records must be kept in a locked filing cabinet to which
only the personal counsellor has access. Section 4.3. below emphasises further on confidentiality of all information received in counselling.

4.2.2. Taking Notes
The counsellor should not take notes when the session is going on with the counselee. This disrupts the session and the person feels uncomfortable and may not trust you. However, if there is need to do so during the session, ask the counselle for permission to do so. The counsellor is encouraged to make notes immediately after the session so that you do not miss or forget important aspects, actions and other areas of concern.

4.2.3. Counselling Records
Counselling records are confidential. They should be kept in a secure cabinet. You can use a file or a card. The records file should have a name or number. You can make use of a code number to enable you ensure confidentiality of records.

4.2.4. Dual or Multiple Relationships
The counsellor may assume two or more roles with the counselee. For example, in a school situation, the counsellor may also be a teacher, school administrator, parent, pastor or a relative to the child. The counsellor should be aware of this relationship, and how it can affect counselling. The teacher can refer some of the cases that may be affected by the relationship.

4.2.5. Code of Conduct for Counsellors
Counselling as a profession is governed by a code of ethics. A code of ethics refers to regulations that guide the counsellor – counselee relationship. Counsellors should adhere to professional standards as outlined in the code of conduct. This is to ensure uniformity of values and standards requirements. The code form a basis for consultation when need arises and accountability by the professionals.

4.2.6. Power Relations
Counselling has differences in values and beliefs hence there are differences in power. Power means influence; influence creates an opportunity for one person to exploit or abuse the /
another. This is because the counsellor has additional knowledge such as coping skills over a client, while at the same time the client is vulnerable. In that case, the counsellor (and supervisor) in counselling has relative power over, and to the client:

**Figure 4.1: Power Hierarchy in Counselling**

![Power Hierarchy in Counselling](image)

The counsellor supervisor can even transfer their power and authority over to the client.

**Take Note**

Power must be exercised reasonably for the good of counselling.

The client is vulnerable by virtue of having difficulty and/or being unable to resolve their issue/s. The client trusts the counsellor and provides information of confidential nature thus reliving of their power (gives away power), and in turn empowers the counsellor with knowledge to assist the client (thus empowering the counsellor). The same parallel position applies to the counsellor in training in relation to the supervisor.

**4.3. Confidentiality in Counselling**

Collaboration between the principal and counsellor is at worst when it comes to confidentiality. Principals, parents and counsellors will see information obtained in counselling from different perspectives. This is because principals are convinced that counsellors have vital information obtained from students that should be explicitly available to them as the chief executive.
Similarly, parents and guardians feel they are entitled to all information regarding the child, especially when this is critical to the child’s wellbeing. But counsellors are bound by ethical standards. After all, counselling is confidential and must safeguard all information obtained in the counselling relationship. The counsellors must walk the tightrope between being a counsellor or a school informer and the implications are obvious; students will trust a counsellor but will certainly stay away from the school informer. It is the assurance of confidentiality that generates the trust necessary for communication between the student and the counsellor.

The counsellor has a strict obligation to protect and safeguard the confidentiality of all information received in the counselling relationship, no matter how seemingly minor that information may appear to be. In particular, confidentiality enhances the counselling relationship through the safety of the counselee information and also the level of trust. However, the counsellor may reveal or disclose information regarding a counselee only with the consent of the counselee or under certain conditions:

**In text Question**

Explain the circumstances when confidentiality may not be guaranteed in counselling.

Counselling is guided by a code of regulations. The codes of ethics for counsellors recognize four clear exceptions to the general rule of strict confidentiality. In the absence of these exceptions, counsellors are legally justified and ethically required to withhold any or all information in confidence (however trivial or insignificance) even from inquiring significant others or persons presumably in authority or in direct relationship with the client (such parent or guardian, spouse, supervisor, teacher or school principal).

The exceptions are as follows:

1. Where the client freely waives the right of confidentiality;
2. Where disclosure of confidences is required by statute or court order. A court order may be issued for release of information;
3. Where the client’s condition indicates clear and imminent danger to self and/or others; and,
4. Where it is necessary for the counsellor to consult with other professionals, colleagues and/or experts about the client’s case. This includes instances when the counselee is under age (18 years) and when the counsellor determines that the counselee require medical attention.

These exceptions may appear rather straightforward, but a more detailed examination reveals numerous complexities and ambiguities. It is imperative that the counsellor sets up a balancing test in which they judge what is in the client’s best interests by weighing the merits of confidentiality and the advantages of disclosure. Such an analysis may include the age, medical condition and mental state of the client; the relationship with parents or guardians; whether disclosure can reasonably be expected to help the situation or could cause harm; and the severity of potential harm or injury that could come if the information is not disclosed.

Counsellors should give serious thoughts to issues on confidentiality and make a good-faith attempt to act in the client’s best interest. Any reasonable decision is likely to be consistent with professional standards and the code of conduct. Let us look at each of them in turn.

4.3.1. Waiver Exception
Counsellors are encouraged to seek the client’s permission to reveal confidences when they believe disclosure to a third party (parent, spouse, employer or anyone they may choose) is in the client’s best interest. In many cases, an honest explanation of the counsellor’s reasoning may persuade the client to make the disclosure. This relieves the counsellor of the ethical situation.

A more complicated situation arises when the client refuses to consent to the disclosure. In certain instances, other exceptions to confidentiality may apply while in other they do not clearly apply. For example, when counselling a client who is a minor or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counselling process as appropriate. In those instances, counsellors act in the best interests of the client and take measures to safeguard confidentiality.
The provision for parental disclosure is not explicitly mentioned any ethical standards and counsellor will be at their own discretion in parental disclosure.

4.3.2. *Legal Requirement Exception*

Counsellors are occasionally required to disclose confidences by court order, as part of a legal proceeding. It is possible in some instances to assert a counsellor-client privilege to prevent the mandated disclosure. This privilege, and the decision to waive it, may be controlled by the state or by parents of minor counselees. The court may still be willing to recognize a privilege, based on a balancing of interests such as hearing the evidence in private. One of the most noteworthy legal requirements for disclosure is set forth in the child abuse reporting statutes which exist in several states. In future, state may also require counsellors to report minors engaged in sexual activity, or alcohol, and drug abuse.

4.3.3. *Clear and Imminent Danger Exception*

Counsellors often find the most difficult and consequential walk involving the exception to the confidentiality requirement when a client is in imminent danger of self and others. This is because poor judgment in handling potential threats to the counselee or others could obviously lead to tragic consequences. It could also lead to legal liability.

The initial reaction for most counsellors is to decide what qualifies as a danger to self and/or others. For example a client who has suicidal tendencies. The threat of terrorism and severe attacks on other or others is a major concern in an effort to protect the sanctity of human life. When the client, directly or by implication, threatens bodily harm to self, another or others, prudence requires that the counsellor report the threat and take other reasonable preventive steps. Examples of this kind of serious risk include prospective suicide, assault of another and mass murder.

It is important that the counsellor reports the threat to parent/s or guardian, police, potential victims and whatever other parties that may play a role in prevention even if the realization of the threat seems farfetched, or may appear unlikely. This is also the case even if the breach of confidentiality will lead to an end of the counselling relationship. Other situations like early
pregnancy and HIV and AIDS would require to be communicated to parents and/or spouse respectively. Unfortunately many cases are ambiguous and will depend largely on the circumstances. Threats to run away from home, engage in sexual activity, use of alcohol and other drugs, or go to a party where alcohol is served may not rise to the level of threat; but if bad consequences ensue, the counsellor could be held liable for non-disclosure.

In cases involving pregnancy and illness with children and adolescents, it is sometimes useful to seek a waiver of confidentiality from them and, if they refuse, to make a disclosure to parents arguing that they are below eighteen (18) years. Pupils and students will be prepared for this eventuality if the counsellor has properly informed them of the limits of confidentiality at the initiation of their relationship.

4.3.4. Consultation Exception

The Code of Conduct permits counsellors to share information necessary to consult with another professional or obtain a second opinion about a case. Such consultation is conducted under minimal disclosure rule. Subsequently, it is not necessarily a breach of confidentiality, as the client’s name can generally be concealed from an unfamiliar consultant. Professionals as used in the ethical code and literature may include other counsellors, psychologists or specialist.

Administrators, parents, spouse, family members and others frequently pressurise counsellors for confidential information about clients. In many cases, the administrator, supervisor, parent, spouse or teacher may not know or care about the ethical complexities of confidentiality. In other instances, they may be right to argue that a free exchange of information could benefit the client (child, student, employee, prisoner, spouse or patient). Usually, if disclosure will serve a productive purpose, the client is willing to consent to it. When they are not, the counsellor faces an ethical dilemma.

The counsellor should also consider other options which help the client while still preserving confidentiality. For example, a counsellor may respond to valid requests for information with general evaluative statements about a client such as: ‘client has been to see me for assistance’. It is essential that the management be willing to accept this lack of specificity when appropriate.
When counsellors disclose confidences, they must remember that the privacy rights of the child are legally controlled by parents or guardian. In that case; disclosing sensitive information without parental permission could in some circumstances lead to a legal action for invasion of privacy. In practice, disclosures may be necessary when they serve the client. However, they must in all cases be restricted.

4.4. Maintaining Client’s Well-Being
Professionalism must significantly expand the rights of the client. Client has the right to treatment as well as the right to refuse treatment. In addition, clients have a legal right to receive adequate treatment, particularly those who are involuntarily committed. For counselling, this implies that therapist will provide professional treatment to the client.

Take Note
You must protect the client’s rights.

Professionals acknowledge that clients have rights to effective treatment. But the issue is more complex when the right-to-refuse is granted to the client especially with regard to the choice of therapy. This is because the client choice may not be congruent with the practitioner’s training and/ or choice of treatment. Usually, the client must be informed about the nature of therapy during contracting. Also, the inappropriate choice of therapy would be ineffective and can cause emotional trauma to the client.

In text Question
How can you safeguard the rights of the client to effective treatment?

The rights of the client to effective treatment can be protected by taking into consideration the following factors:

- Legal right of client to treatment (including right to refuse treatment)
- Committing a client to receive (adequate) treatment
- Choice of treatment (use of appropriate therapy)
- Right treatment to bring healing to client, for instance, client does not want shock treatment, can this be enforced
- Mandatory therapy (law enforcement an use of threats)
- Referral

It is always important to uphold the confidentiality of information received in counselling.

**Lecture Summary**

Professional ethics involve interpretation, construction and translation of values. Counselling is not advice giving or the counsellor making decisions for the client and/or teaching them how to conduct their lives. In that case, therapist must have a respectful stance by honouring the client including the client’s values and worldview. Counsellors need to keep in mind that the counselling session is for the client and hence ultimately, it is the client who should determine the specific values to retain, replace, and/or modify. It is important to note that no absolute rules may apply in all ethical circumstances. In that case, counsellors will make their own decision based on experience, circumstances and in unique situations. Counsellors must therefore evaluate the situation based on their competence and handling of the situation. Before choosing a course of action, it is also advisable to ask the advice of other counselling professionals. Consultations are encouraged as they serve to demonstrate the counsellor’s careful and responsible handling of the matter in a professional way. Practitioners must be cautious to monitor the possible ways in which their personal values might influence the interventions they choose in their professional work. Professional ethics require that counsellors consciously self-monitor their own actions so they can detect even subtle ways they can influence clients’ decisions. Transference and counter-transference discussed in the earlier chapter are also important. Practitioners must also be careful not to introduce their own value agenda instead of assisting the client in clarifying and formulating their own value system.
Activity

1. Describe the six ethical principles of counselling.
2. Explain how you would ensure client well-being in counselling.

References


LECTURE FIVE

PROFESSIONALISM IN COUNSELLING PSYCHOLOGY

Lecture Outline

5.1. Counsellor Training, Qualification and Accreditation
5.2. Code of Ethics: Guidance, Ethical Regulation and Behavioural Conduct
   5.2.1. Ethical Code for Counsellors
   5.2.2. Guidelines on Adhering to Code Regulations
5.3. Counselling Liability Issues
5.5. Malpractice or Professional Negligence
   5.5.1. Professional Misconduct
   5.5.2. Professional Malpractice
   5.5.3. Bringing the Profession into Disrepute
   5.5.4. Criminal Convictions, Findings in Civil Proceedings and Hearings
   5.5.5. Duty to Report Child Abuse or Neglect
   5.5.6. Defamation and Invasion of Privacy
5.6. Resolving Ethical Issues
5.7. Counselling Psychology and the Law

Lecture Summary

References

5.1. Counsellor Training, Qualification and Accreditation

Accreditation is a voluntary process whose major purpose is to ensure quality in a programme. Counselling has an accredited programme of training to meet the standards of accreditation. Accreditation standards are regarded as minimal requirements for quality of training and standards of practice. An accredited programme can include other (additional) requirements that contribute to the overall quality of the programme and for the purpose of licensure.
Accreditation has quality of standards that include five components:

(1) *Qualification and training.* A programme requires a person to have certain minimum qualifications for admission. Training is conducted through a structured coherent programme, in this case counselling or psychotherapy, so that qualifications are outlined. This is because training is fundamental and critical to the process of accreditation. The training programme leads to certification. All training programmes (both pre-and in-service training) and institutions must continuously obtain accreditation.

(2) *Certification.* This is the process by which an institution or agency grants recognition to a person who has met predetermined qualifications specified by that agency or institution in a valid programme of training, such as counselling.

(3) *Registration.* A person who is qualified and accredited is registered. This person should be competent including knowledge, skills and techniques, and professional ethics.

(4) *Licensure.* A person who is qualified is accredited to practice, that is, authorized or licensed. A license is only granted if the person is qualified. Qualification includes two aspects, that is, (a) the integrity of the training programme; and, (2) Institution offering the programme.

(5) *Standards of practice.* Only persons who are qualified and certified can practice in a profession such as counselling. In addition, they must maintain quality of standards in practice throughout their period of accreditation. For counselling, this includes adherence to a code of ethics.

Counselling training must include accreditation, the accreditation process and the standards of practice (quality audit). In addition, all practitioners must be registered. The Register of practitioners is a list of members who have met the requirements for registration. The Register is an important quality mark of accreditation of the professionals. All registrants are bound by the ethical framework for practice. All registrants are required have the following: (a) Qualification and training (accreditation); (b) Certification (licensure); and, (c) Standards of practice.
(adherence to a code of ethics including Continuing Professional Development (CPD). Professionals ensure high levels of quality assurance in practice.

Recent discussions suggest that counsellors need to be trained in more holistic frameworks in order to deal with various issues of their clients. These include: relationship, stress, career, illness, finalities such as death, depression, loneliness and emerging psychological issues. In particular, research shows a strong connection between everyday life including marriage, family, (un) employment, socioeconomic status, and psychological torment such as depression, self-injurious behaviours and suicide. There are other issues that affect our lives including changes in relationship, employment (sudden unemployment, disruptions and stress at work), disabilities and interpersonal conflicts. Many people seeking therapy are likely to suffer from anxiety, loneliness and isolation, depression, tobacco, alcohol, substance misuse and other addictions. All these are significant risk factors associated with psychological disturbance.

5.2. **Code of Ethics: Guidance, Ethical Regulations and Behavioural Conduct**

A Code of ethics can save the practitioner some of the moral dilemmas and angst of working with clients.

The code of conduct holds members responsible for their appropriate performance and thus serves several purposes simultaneously as follows:

1. Members declare a basic set of values and requirements that establish the society or profession giving it an identity and mark of the territory;
2. Code ensure uniformity of purpose and professional conduct;
3. Regulations are a tangible commitment to a set of rules of regulations and hence commitment or trustworthiness of the professionals;
4. Code form a basis for consultation when need arises and often in time of crises and thus assist counsellors resolve moral dilemmas;
5. Standards of conduct form a base for accountability by the professional; and,
6. Code of conduct is a point of reference for service users on the kind of profession and services offered including a means of redress.
Take Note
Ethics is not just about discipline; it is also about higher order of virtues, morality and conscience.

5.2.1. Ethical Code for Counsellors
Most Code of Ethics will address various issues. In counselling, the following stand out:

1. Professional qualifications (competence - fitness to practice)
2. Contracting
3. Confidentiality
4. Counselling Records
5. Safeguarding the Client against exploitation (non-exploitative)
6. Dual / multiple relationships
7. Non-discrimination
8. Research and Publications
9. Counselling Professional development including supervision (personal therapy)
10. Referral and other support services
11. Reporting detrimental behaviour of members

As emphasised throughout the book, the practitioner will be well acquainted with knowledge and skills to effectively apply in practice. For instance, even if a client does not want to spend a lot of time in therapy and the therapist is not acquainted with the techniques of Intensive Short-Term Dynamic Psychotherapy (ISTDP), they may opt out. Also, some scholars argue that ISTDP can be too intensive and should be sparingly used especially in fragile patients. These are professional issues that constitute competence.

5.2.2. Guidelines on Adhering to Code regulations
A code of ethics informs standards of conduct and analysis of ethical standards. In that way, it offers guidance on the ethical parameters of conduct considered acceptable by members of the profession. That way, members are able to resolve ethical challenges within the terms and interpretation provided by the code.
In text Question
Explain the six steps you would take to resolve an ethical issue in counselling practice?

The following six guidelines are provided on consulting and adhering to Code guidelines:

1. Always get acquainted with the professional Code of Ethics of your profession.
2. Use the most recent (revised) version.
3. Get acquainted with all Sections of the Code (Avoid reading selected Sections). This allows you to contextualise the Code.
4. Distinguish between statements on obligatory practice and recommendations (suggestions in context).
5. Interpret any supplementary notes or guidance provided by the Code.
6. Always look at each situation in context. This requires that you review each case on its own (specific).

The language of the Code will tend to be explicit or implicit. In that case, failure to adhere to a Code may lead to professional complaints or disciplinary procedures. This can also intimidate members to adherence rather than a comprehensive interpretation of the procedures.

5.3. Counselling Liability Issues
Counselling issues may inevitably lead to legal issues. Counsellors, counsellor supervisors and counselling institutions could find themselves defending lawsuits brought by clients, parents and guardians based upon unprofessional counselling practice. Liability risks can be easily overstated. It is unfortunate that most counsellors including those working in context such as schools, hospitals and at the workplace are ignorant or insensitive concerning the legal issues they face on a daily basis. It is therefore essential that managers, administrators, supervisors, counsellors and counsellor supervisors understand counselling’s legal context in order to provide the advice and regulation necessary to protect the interests of the client, counsellor and/or institution.

A counsellor or institution can be sued because of what a counsellor or administrator has done in trying to help a client even if the action appears reasonable. This is because what is reasonable
may also require a basic understanding of the legal concepts and counselling standards discussed in this section.

In text Question

(a) Explain the term ‘counsellor liability’
(b) Explain the extent to which the counsellor is liable to the client in counselling.

Liability may be attributed to three conditions:

1. Malpractice, or Professional Negligence
2. Duty to report child abuse or neglect
3. Defamation and invasion of privacy

The next three sections explained these aspects in detail.

5.4. Malpractice or Professional Negligence

Counselling malpractice is probably the most serious legal threat. However, there are other legal issues that may significantly affect counselling practice. In order to protect the counsellor and the organisation’s interests, counsellors should know about and discuss general principles of professional conduct.

The tort of malpractice or negligence on the part of a counsellor in carrying out professional responsibilities or duties is the most serious legal threat.

Professional negligence may arise from several potential threats:

1. Procedure followed by the counsellor was not within the realm of accepted professional practice;
2. Counsellor was not trained to use the technique or lack professional competence);
3. Counsellor failed to follow a procedure that would have been more helpful;
4. Counsellor failed to warn others about and protect them from a violent client;
5. Counsellor failed to prevent a potentially suicidal client from doing violence to self;
6. Informed consent to treatment was not obtained; and
7. Counsellor failed to explain the possible consequences of therapy as a form of treatment.

It is important that the counsellor notes when the client may have threatened a specific intended victim. This may be an identifiable individual or group. This is because in several instances, such a threat is often real. It is important to remember the general rule in protecting the life of others, *‘the protective privilege ends where the public peril begins’.*

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**In text Question**

Explain the four elements of professional negligence in counselling.

The four elements of negligence are:

a) Existence of a legal duty;

b) Breach of legal duty;

c) Actual injury to the client (plaintiff); and,

d) Causal link between the breach and the injury.

The counsellor owes the client high standard of care. This should be exercised with reasonable care and prudence in all situations. This is the counsellor’s legal duty. Trained counsellors must be competent and thus satisfy higher expectation of expertise than a lay person. However, it is how a reasonable counsellor handles a given situation that is often the key in negligence cases. As a start, a departure from formality or the usual professional standards may give rise to liability, while adherence to standards would prevents it. In that case, a breach of duty and responsibility may consist of improper action, or a failure to act reasonably.

Once it is determined that the counsellor failed in their actions, or were not reasonable, the client as the plaintiff will go ahead and prove that they suffered actual injury. In the context of counselling, injuries could include emotional distress, loss of self-esteem, or depression. This is evidenced by specific symptoms, worsening of the problem or change in life circumstances of the client. The client as the plaintiff will prove causation. This link requires that the injuries received would not have occurred but for the counsellor’s breach of duty. Even though there may
have been other contributing causes, if the injury to the client was foreseeable and resulted from the counsellor’s conduct, the counsellor can be held liable for damages.

The two elements, injury and causation, are quite difficult to prove in relation to client emotional well-being. In that case, they present a most difficult obstacle to the client as the plaintiff even when the counsellor’s (defendant) conduct is highly questionable. However, it is important to keep in mind that these issues in counselling arise only after something has gone wrong in the counselling relationship. In good practice, counsellors and institutions should ensure that counselling practice conforms to professional standards. This will forestall liability in that it addresses duty and breach, and by ensuring that the counsellor observes what is reasonable within the code of regulations.

In defining professional standards, the court will generally refer to three sources of standards:

1. Applicable statutes including the Constitution and Penal Code;
2. Legal precedents from previous cases, and,
3. The ethical code of the counselling profession.

Counsellors should be familiar with the aspects of the Constitution that affect their work especially the Bill of Rights, the Penal Code and other regulations. In addition, they must be familiar with other statutory regulations such as the Child’s Act, Labour Laws as well as organisational regulations. For example, disclosure of a person’s HIV status or any other information to a spouse or family member/s. A counsellor’s failure to know about or reasonably act upon such a law would constitute negligence if it led to an injury of a client such as child or adult, patient or family member. This might expose the counsellor and the organisation to civil liability, in addition to the criminal sanctions imposed by the Penal Code.

The use of certain counselling procedures may theoretically give rise to liability. A counsellor might make an error that will result in liability simply because the client fails to improve. Overall, counsellors are not expected to be perfect and mistakes occur even with the best of intentions. Counsellors must take care to stay within the bounds of their professional competence, training and abide by a code of ethics. They must also refrain from diagnosing or
offering therapy to issues for which they are not professionally prepared. In fact, counsellors especially new trained and the inexperienced are well-advised to avoid long-term therapy with seriously troubled clients. Instead, they should consult with others including parents and family and make a referral to an appropriate mental health professional. A counsellor should also make clear statement of competencies or scope of practice describing the limits of their training and the sorts of issue/s they are competent to handle.

5.5. Handling Complaints

Complaints against professional conduct are often handled by a Professional Conduct Panel. The Panel is responsible for determining whether the grounds of the complaint are upheld according to professional ethics or the standards of civil law.

There are three main areas:

1. Professional misconduct
2. Professional malpractice
3. Bringing the profession into disrepute including civil or criminal proceedings

Findings under professional misconduct and malpractice are usually though not exclusively, concerned with behaviour directly related to someone’s professional pursuit. Bringing the profession into disrepute may encompass a wider range of behaviour that extends beyond someone’s professional pursuit.

5.5.1. Professional Misconduct

A finding of professional misconduct signifies that the counsellor / practitioner contravened the ethical and behavioural standards that should reasonably be expected of a member of the profession. ‘Misconduct’ is defined as acting in contravention of the written and unwritten guidance of the profession. A finding of ‘serious professional misconduct’ is appropriate if the misconduct is of sufficient seriousness to merit a period of suspension or permanent exclusion from membership with a consequential curtailment of opportunities to practise within the profession.
A central tenet of any professional is competence. A practitioner must have the knowledge to perform the services offered by the profession. As a student, you will not be completely competent as you require more experience in actual therapy. However, you will strive towards competency by obtaining knowledge, training, through supervision and in continuous professional development. The art of applying therapy techniques and strategies comes with practice, feedback, and more practice. Practitioners must continuously assess their own performance during the session, after the session, conduct a mid-assessment and finally evaluate self at the end.

5.5.2. Professional Malpractice

A finding of professional malpractice signifies that the service(s) for which the practitioner is responsible have fallen below the standards that would reasonably be expected of a practitioner exercising reasonable care and skill.

In text Question

Explain how malpractice may occur in the process of counselling.

Examples of counselling ‘malpractice’ include:

- Incompetence
- Negligence
- Recklessness
- Inadequate professional services

It may be that the seriousness of the malpractice is such that it is considered to amount to misconduct. This is determined by different, and usually higher, tests than the test of reasonableness in the tort of negligence. Care should be taken to avoid any confusion between ‘negligence’ and ‘misconduct’. A finding of ‘serious professional malpractice’ is appropriate if the malpractice is of sufficient seriousness to merit a period of suspension or permanent exclusion from membership once again with a consequential curtailment of opportunities to practise within the profession.
5.5.3. Bringing the Profession into Disrepute

A finding of ‘bringing the profession into disrepute’ signifies that the practitioner acted in such an infamous or disgraceful way that the public’s trust in the profession might reasonably be undermined if they were accurately informed about all the circumstances of the case.

A finding under this head may amount to ‘disgraceful conduct in a professional respect’. This involves consideration of three elements:

1. Conduct that is regarded as ‘disgraceful’ need not amount to moral turpitude or be restricted to acts of serious immorality.
2. The conduct must have had some connection with a professional role in order to be considered as falling ‘in a professional respect’. It ought not to be concerned with matters that can reasonably be viewed as solely personal and private.
3. Conduct ‘in a professional respect’ is not confined to conduct in pursuit of the profession in question.

For example disgraceful conduct in the Police Disciplinary Code has been defined as: ‘committed when a member (of a police force) acts in a disorderly manner or in any manner prejudicial to discipline or reasonably likely to bring discredit on the reputation of the (force) or of the (police service)’. However, what is or is not disgraceful to one person or profession may be disgraceful to another person or professional.

5.5.4. Criminal Convictions, Findings in Civil Proceedings and Hearings

A professional association such as counselling may exercise its discretion to take disciplinary proceedings against a member who is convicted of a criminal offence, or who has civil or professional findings against them that ought to have been declared on entry into membership or arising during membership.

5.5.5. Duty to Report Child Abuse or Neglect

Counsellors are required to report abuse or neglect to appropriate government authorities. Counsellors are likely to be particularly affected, because of their access to personal and family
information. Failure to report may constitute a civil or criminal offense. A number of sources survey and analyse the reporting requirements of the various states.

5.5.6. *Defamation and Invasion of Privacy*
These torts deal with improper or false disclosure of unflattering information to third parties. A counsellor may provoke a lawsuit by carelessly handling confidences, student records, or recommendations. Although several sources point to the possibility of such litigation, a survey of the literature yielded no actual examples of such suits. The intricacies of these causes of action, and suggested means to prevent them, are fully set out in a variety of sources.

5.6. *Resolving Ethical Issues*
Ethical issues can be complex but for the practitioner, they should be amicably resolved. In the first instance, the counsellor must be well trained including ethical principles and professional ethics. Secondly, the practitioner must be aware of the ethical principles and professional ethics and apply them in context. Finally, the counsellor must develop a relationship of trust with the client. The rule of the thumb is, relationships with clients should always remain within the context of the counselling profession.

**In text Question**

What are some of the ethical issues that in counselling practice? Suggest an intervention in each instance.

There are several ethical issues in counselling practice. They include:

- Professional negligence (Every practitioner knows they are obligated by the Ethical Code to practice only where they are competent).
- Choice of therapeutic approach (select the most appropriate approach. In addition, involve the client to ensure they benefit from therapy).
- Lack of confidentiality and poor records (explain the limits of confidentiality; maintain confidentiality including safety of counselling records).
- Client - counsellor conflict (clearly outline client roles and responsibilities as well as your own obligations from the onset, keep each other in check to avoid role ambiguity or conflict of interest).
- Poor power relations (remain within the context of counselling).
- Professional misconduct (adhere to principles of counselling and professional ethics).
- Religious conflict (respect client autonomy, faith and religion even if different from your own inclinations).
- Cross cultural issues (respect culture, honour difference in cultural values and traditions).
- Negligence of the Law (a clear understanding of the law within your practice, keep within the law).
- Lack of records (document your activities, keep clear up to date records)
- Research that harms participants (counselling research must be ethical and must not harm or inure participants).

Involve the client in the treatment plan. If as a practitioner you are unable to assist the client, you can refer the client to another professional. Be precise or accurate, conservative, and consult with other professionals when in doubt. It is always good to remember that clients have the rights to seek redress of grievances.

All aspects of culture should be handled in an ethically professional mannerism. Client will have their values while the counsellor will embrace the professional values (Figure 2.1). Ethical considerations also entail the practitioner to work in close contact with the client who may be from different cultural settings. Cross cultural counselling is an aspect of cross cultural psychology.

**In text Question**

Explain the major ethical considerations in cross cultural counselling.

Ethical considerations in cross cultural counselling involve the following:
- Creating rapport with the client even when they are from different orientations (gender, culture, religion, ethnicity/race)
- Structuring sessions by defining the role of the client and counsellor from an informed position and in context
- Counsellor / therapist competence in cultural aspects
- Respect for, and upholding client rights and values / beliefs / attitudes even when they do are different or do not necessarily conform to the therapist.

A useful strategy for resolving ethical issues is suggested in 6 (six) steps as follows:

1. **Description.** A grasp of the situation enables an analysis of the problem. A brief description of the issue / problem / dilemma can enable clarify the problem. This allows you to express the dilemma clearly

2. **Responsibility.** It is important to consider who holds responsibility for resolving the issue/s, counsellor or client, counsellor and client, organisation, significant others etc. If the responsibility rests on the client, the counsellor can point this out. When the responsibility rests with the counsellor / therapist you require resolving it.

3. **Ethical and legal guidelines.** It is usual under strain and in moments of urgent ethical crisis or dilemma, we tend to make a decision in a hurry or on impulse. It is best to consult the Code or seek legal guidelines so as to inform our judgement. This includes the specific circumstances of the problem as well as the usual guidance.

4. **Consider course of action.** It is important to consider all the options available and then select the possible course of action. A therapist should act in the best interest of the client. Some of the choices may be challenging to the profession while other may be incongruent with your values, other choices may involve doing nothing or doing something. Considering several courses of action allows a critical reflection of possible solutions rather than a quick outline of action.

5. **Take the Best Course of action.** Taking appropriate action implies that you are professional, both competent and familiar with the Code of Ethics of your profession. Such action is ethically and legally appropriate. In that case, the action is in line with professional guidelines, justifiable and specific in context.

6. **Evaluate the outcome of your action.** It is always useful to assess the implications of our actions. This enables you and others to learn from experience. In addition, a wise decision can add value to others in similar predicaments.
Counsellors must always be aware of ethical standards in their work. Any type of counselling profession including individual, family, couple, or group involves ethics. Persons working with children and adolescents (particularly minors) during crucial stages in their emotional and mental development must be aware of ethical standards and issues.

5.7. **Counselling Psychology and the Law**
Counsellors need to have a basic working knowledge of the legal framework, Laws and Regulations governing general practice as well as in context. This includes the legal principles and legal obligations that regulate counselling. For counsellors in Kenya, such aspects are contained in the Constitution including the Bill of Rights (Republic of Kenya, 2010), the Penal Code (Republic of Kenya, 2009), Consumer Rights, Record Keeping, Contracting and Confidentiality. Therapists need access to well-informed legal advice and how the law impacts on psychotherapeutic practice.

Counselling and law is an intersection zone. It is a professional joint meeting for lawyers and counsellors. Counselling psychologist experts are sometimes summoned in court by the bar and the bench to give expert evidence and assist the court in dispensation of justice. Counselling psychology expertise arises in several instances. This includes cases of murder, suicide and self-harm, assault and accidents, rape and disputed antics where experts assist the court to reach the right conclusion. Because of the high rate of incidents, the bulk of psychological expert practice concerns assessment of both permanent and temporary disabilities and challenges. This may also include claims of compensation from insurance companies who prefer a condition of psychological nature to be verified by a counselling psychologist, psychiatrist or medical practitioner. The assessment provides insight into human nature. Insurance companies require a fair and honest assessment of the condition of the person.

**In text Question**

Explain some of the major legal aspects that affect counselling practice.

Counselling psychologist as professionals must establish a reputation for assessing mental illness, depression, trauma and other personality disorders without fear or favour. They must
uphold the Constitution and the law and irrespective of who has engaged them effectively make an assessment and report. That way, practitioners will ascertain a common consent on various condition and terms.

The counselling programme in specific (institutions) situations such as hospital, school, correctional and rehabilitation centres prison and at the workplace may present very challenging and ambiguous questions likely to confront both the counsellor and administrators. These entail serious consequences for the counsellor that touch on client welfare (therapeutic interventions and confidentiality), relations with spouse, family, colleague or supervisor and legal liability. The counselling programme must be effectively sustained to serve both the individual and the organisation. Counsellors must in turn reflect upon the role of counselling, organisational goals including work roles, ethics, and the law. Practitioners must also be aware of the broader implications of counselling in an organisational culture. The counselling programme must therefore and effectively enlist the participation of persons who can profoundly affect the quality of human relationships. An understanding of these basic issues will enable effective communication between the counsellor and the management and further collaboration in designing far-sighted overall policies and counselling programmes.

**Lecture Summary**

Professional ethics involve interpretation, construction and translation of principles and values. Counselling malpractice is probably the most common and serious legal threat. However, there are other legal issues that significantly affect counselling practice. In order to protect the counsellor and the organisation’s interests, counsellors should know about and discuss general principles of professional conduct. It is imperative that the counsellor act in accordance with a reasonable interpretation of the established ethical guidelines. That way, negligence is most unlikely. The counsellor and in turn supervisors (both supervisors at work and counselling supervisors) need to review and discuss professional standards and to rely upon them in difficult situations. It is also important that counsellors be encouraged to communicate and discuss legal issues with the management, legal officer or counsellor supervisor at an early
stage. The management can also involve an attorney in a three-way conversation when more advice and information is required.

Activity
1. Explain how the trust that the client places in the counsellor can be abused.
2. Discuss the role of support and supervision in therapy.
3. Explain the following terms:
   (a) ‘Professional competence’
   (b) ‘Professional negligence’

References


LECTURE SIX

COUNSELLING IN SOCIAL INSTITUTIONS

Lecture Outline

6.1. Role of Counselling in Public Health and Wellbeing
6.2. Role and Setting for Counsellors
6.3. Different Types of Counselling
6.4. Different Types of Counsellors
6.5. Counselling in Practice
6.6. The Counsellor’s Roles in Social Development
6.7. Life Skills Education
6.8. Caring for the Care Giver

Lecture Summary

References

6.1. Role of Counselling in Public Health and Wellbeing

Society is facing increasing healthcare costs, due in part to the increased prevalence of illnesses. It is vital to invest now in effective prevention. There is growing recognition that health and mental wellbeing underpins physical health and wellbeing at all ages; that the foundations for physical and mental wellbeing are laid down in early infancy and built on throughout the life course. If these foundations are good, it leads to strong personal, family and community relationships. Healthy relationships are essential to enabling individuals to flourish, communities to be strong and supportive, and the nation to prosper.

In text Question

Explain why health and mental health is important to the individual and communities.

Mental health influences a wide range of outcomes for individuals and communities. These include:
- Healthier lifestyles
- Better physical health
- Improved recovery from illness
- Fewer limitations in daily living
- Higher educational and career attainment
- Greater productivity, employment and earnings
- Better relationships
- Enhanced social cohesion and engagement

Mental health leads to improved quality of life. These outcomes are also associated with the presence of positive mental health and wellbeing. Interventions such as counselling psychological services that promote wellbeing help in the management of symptoms and improve quality of life. There are, therefore, significant opportunities to improve the nation’s health through investment in public health interventions directed at mental health and wellbeing. Thus counselling is part of social development.

6.2. Role and Setting for Counsellors
Counselling is a helping process. Counsellors help people to explore feelings and emotions related to their experiences. The counselling process allows the client to reflect on what is happening to them and they in turn can consider alternative ways of doing things.

In text Question

Explain your responsibilities to the client and in counselling.

As a counsellor, your responsibilities to the client include the following:

- Establishing a relationship of trust and respect with the client. This includes being empathetic and confidentiality of information shared in counselling.
- Agreeing on a counselling contract with the client. This is to determine what will be covered in the session/s.
- Encouraging the client to talk about their issues or concerns.
- Helping the client towards a deeper understanding of their concerns.
✓ Challenging any inconsistencies in what the client say or do
✓ Helping the client to make decisions and choices regarding possible ways forward.
✓ Referring the client to other or alternative sources of help, as appropriate.

Counselling standards include continuous professional development including:

- Adhering to a code of conduct for counsellors.
- Working to agreed targets in relation to client contact.
- Monitoring and assessing your performance.
- Attending supervision and (advanced, further) training.
- Undertaking personal therapy (this is mandatory for accreditation).
- Liaising with other professionals, agencies and institutions to help make changes based on the issues raised by clients.
- Undertaking individual and group therapy on occasions.
- Keeping up-to-date records.

Remember, counselling is not advice and as a counsellor you will not give advice. Instead, you assist the client to make their own choice.

6.3. **Different Types of Counselling**

Counselling may be offered to individuals, couples, families or groups depending on the client and the presenting problem. The client can be an individual, a group, a couple, or a family.

The counsellor or therapists need to be trained in each of the different types of therapy. This is to prepare adequately to assist individuals, groups or couple in therapy.

1. **Individual therapy.** In individual therapy, the focus is on a one-to-one relationship with the therapist. The individual is engaged in a self-reflective process on his or her emotions and behaviours. Individual therapy is by far the most common form of therapy.
(2) **Couple therapy.** Couples therapy usually involves an intense focus on improving the communication pattern within the couple. Unlike individual therapy, couple’s therapy involves the therapist inflowing the couple’s way of life more directly. They bring their habits and routines with each other directly into the session. The therapist is involved in analysing and offering feedback about the interactions the couple is having, and makes suggestions about ways to improve it.

(3) **Group therapy.** There are instances when counselling may be more appropriate for a group of people facing a situation. Group therapy is part of the dynamic interaction of the members of the group. The emphasis is on helping participants understand and deal with the situation, while learning from the feedback they receive from others, including the therapist.

(4) **Family therapy.** Counselling within a family differs from all the above modalities of therapy. This is because a family is both a unit as well as a group of people; a family defines self as a single entity with persons of different personalities. There are several relationships (a common identity as a unit, cross-relationships among members, dyads (relationships between two people), triads (relationships between three people) and, other extended relationships). It is similar to group therapy, in that there are generally at least more than three people involved. However, family therapy will adopt a more systematic approach because of the family relations, roles and responsibilities. Family therapy also requires superior training, advanced organization and high level of trust.

Counselling depends on the needs of the client(s). In individual counselling, the counselling relationship is between the counsellor and the client but in couple therapy, there are two very distinct persons participating in the process though they form a single unit. A family may also be viewed as a single unit (though there are different members as well). A client may require help alone before they can be assisted as a couple. It is also possible that an individual in a family or group requires unique assistance before you can conduct family therapy or commence group therapy. Similarly, couple therapy may be considered more intensive than individual therapy because both partners are involved in the change process.
6.4. Different Types of Counsellors

Counsellors must be competent in dealing with multiplicity of issues, both personal issues and vocational, family and career, economic and psychological ideations.

One can distinguish several categories of persons who might offer help to people who would want to share their concerns (see Fig. 6.1. below):

a) **Professional counsellors, psychologists and therapists.** These have undergone training on appropriate accredited courses including counselling, clinical psychology, psychiatry, psychotherapy and social work.

b) **Persons using counselling and helping skills as part of their work.** The primary focus of the work may be teaching, administration and management (human resource management, prison wardens, police), religion, social work, medical, financial, legal and trade union services. The work or professional require people to use counselling skills if they are to be maximally effective.

c) **Voluntary counsellors or helpers.** Volunteers often receive (basic) training in counselling skills. They may work in settings such as youth counselling services, voluntary agencies, hospitals and community settings. Training may be in basic counselling skills or professional skills and include HIV/AIDS counselling (VCT centres), conflict resolution and management, disaster management, palliative care, stress management, living values and life skills.

d) **People who are part of peer support networks.** These cover areas of diversity such as culture, race, sexual orientation, and support for certain groups such as female and male, drug and substance abuse (smoking, alcoholic anonymous), victims of rape and sexual abuse, widows and widowers, peer health education, peer counselling (peer educators), single parents, people living with HIV/AIDS and others.

e) **Informal helpers.** All of us have the opportunity to assist others in our various roles as friend, colleague, relative, parent, driver, partner or from our experience as a parent, in marriage, at work, during flight, during pregnancy, in business, in the event of an accident /catastrophe, or even death of a relative or friend, or in various careers /professions. This is often the case in everyday parlance as people mingle and exchange experiences, opinions, thoughts and in ideas.
This blurring in helping is likely to become increasingly clearer as counselling, psychology and psychotherapy become well established and more regulated.

**Figure 6.1. Different Levels of Counselling and Skills**

<table>
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<tr>
<th>Tier 1: Primary level of counselling services, including interventions by ordinary people such as friends, relatives, parents or guardians, teachers, nurses, social services, peers, acquaintances, and voluntary agencies. These are usually non-specialists in counselling, psychology or psychotherapy, who are able to identify relatives, colleagues, friends and acquaintances with issues at an early stage and offer advice, guidelines or make suggestions at an early or at the initial level. They have an intervention role and often offer guidance and referral.</th>
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<th>Tier 2: This level of counselling services is provided by specific people who have basic training in counselling or psychology. They employ counselling skills. Mostly, they operate at the level of the community or organization on the basis of liaison with those in Tier 1 via referral networks, rather than as members of a multi-disciplinary team. They could include nurses, psychiatric nurses, religious leaders, school chaplain, counsellors in school settings (teacher counsellors or counsellors in the school), palliative care providers, community paediatricians, child psychologists and psychiatrists, peer counsellors, and educational psychologists.</th>
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<th>Tier 3: These provide a more specialist service for working with more complexities, severe and persistent issues including mental health problems, via the professional teams. The team can include child and adolescent psychiatrists, child psychotherapists, social workers, clinical child psychologists, community psychiatric nurses and occupational therapists. Examples include institutions or individuals offering counselling, psychiatry, psychology and psychotherapy services. Those in Tier 2 often refer persons to these professions.</th>
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</table>

| Tier 4: These are tertiary level services of a highly specialized nature. They work via outpatient teams and in-patient units, with people who have severe cases of mental illness, drug and substance abuse, terminal illness that may require constant consultation or at risk of suicide. These teams or units often serve at regional and national levels and take referrals from other parts of the country. Persons are often referred to seek these services by a specialist service. Examples would include young people and adolescents in-patient units, secure adolescent forensic units, eating disorder units, specialist teams for sexual abuse or for neuro-psychiatric problems. |

It is important to identify the helper at each of these stages and the assistance required by the client. This also assists in referral services.
6.5. The Counsellor’s Roles in Social Development

Counselling psychological services promote mental health as well as social development. Counsellors work in various settings in society including in promoting individual and community development. There are counsellors working in private practice as well as others working in various social organisations.

In text Question

Counsellors can work in various situations. Outline some of the counsellors that you know or have read about.

There are various counsellors working in various areas as follows:

- **Child and adolescents counsellors.** There are a variety of counsellors working with children and adolescents. This includes in crisis pregnancy, drug abuse, child rehabilitation centres, at home and in school.

- **School counsellors.** Many counsellors work with children in primary and secondary schools, as well as in institutions of higher learning.

- **Rehabilitation counsellors.** Counselling psychological services are available in rehabilitation and correction centres.

- **Palliative care, psychiatric nurses and other counsellors.** Counsellors work in hospitals and hospices, with patients, in comprehensive care centres and other related areas.

- **Workplace organisation.** Various organisations include mental health and wellness for employees. In certain instances, the organisation will employ a counsellor or psychologist on a full-time employee or a part-time consultant.

Many institutions including schools, hospitals, rehabilitation and correction centres have emphasis on addressing the needs of the whole person and will embrace the notion of counselling. This includes student counselling in schools and work place based counselling. The counselling programmes are usually directed by a professional trained in psychological counselling techniques. The counsellor in the school, college, university, hospital, prison and other institutions will work closely with others to promote emotional well-being of all persons.
among students. Frequently, institutions will train some of the employees in the basics of counselling so that they may also contribute to the counselling programme.

6.6. Life Skills and Life Skills Education

Everyone experiences difficulties in life from time to time. Some people are able to access skills that enable them to face life with a greater degree of resilience, while others are unable to access skills that would enable them to face anxiety and other life hitches. Yet many people do want to help themselves, if only they knew how to go about this. There are many people that do not just want to take and stick to their medication for their depression, anxiety or panic attacks. People too want to learn ways to help themselves; things they can do to function in normal life like other people and in regular ways.

In text Question

<table>
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<th>Question</th>
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<tr>
<td>(a) Distinguish between the terms ‘life skills’ and ‘living values.’</td>
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<tr>
<td>(b) Outline some of the skills you feel are significant in modern living and explain their importance.</td>
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</table>

Life Skills are the abilities for adaptive and positive behaviour. The skills enable the individual to deal effectively with the demands and the challenges of everyday life. Living Values are guiding principles to the acquisition of life skills. They are the standards, or measure of worth, which influence how people behave, feel and act upon available choices or courses of action. Core values include: love, cooperation, integrity, peace, honesty and respect.

Life skills education enhances the well-being of society by promoting a positive outlook and healthy behaviour. There is need to interpret the life skills appropriately for effective learning, including suggested experiences, resources and assessment methods. Life Skills should be experiential and client centred for the purpose of counselling. Skills acquired in previous level become the foundation for the next level. In that case, the related skills are often covered or developed in the same order. Finally, it is important to realise that the development of life skills is a lifelong process that starts in early childhood and continues throughout life.
Table 6.1. Categories of Life Skills

<table>
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<th>Life skills are classified into three broad categories namely:</th>
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<tr>
<td><strong>Category 1: Skills of knowing and living with oneself</strong></td>
</tr>
<tr>
<td>• Self-awareness</td>
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<tr>
<td>• Self esteem</td>
</tr>
<tr>
<td>• Coping with emotions</td>
</tr>
<tr>
<td>• Coping with stress</td>
</tr>
<tr>
<td><strong>Category 2: Skills of knowing and living with others</strong></td>
</tr>
<tr>
<td>• Empathy</td>
</tr>
<tr>
<td>• Assertiveness</td>
</tr>
<tr>
<td>• Effective communication</td>
</tr>
<tr>
<td>• Conflict resolution</td>
</tr>
<tr>
<td>• Negotiation / persuasion</td>
</tr>
<tr>
<td>• Interpersonal relationship</td>
</tr>
<tr>
<td><strong>Category 3: Skills of effective decision making</strong></td>
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<tr>
<td>• Decision making</td>
</tr>
<tr>
<td>• Critical thinking</td>
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<tr>
<td>• Creative thinking</td>
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In counselling, life skills thrive where the counsellor is a positive role model, has accurate information, shows empathy, and is available to support the client as they assimilate and exhibit the skills. The counsellor exhibits life skills that are then acquired by the client through several counselling skills that include: core conditions (empathy, congruence, unconditional positive regard), questioning, paraphrasing, self-disclosure and confrontation among others.

In text Question

Explain how you can impact ‘life skills’ and ‘living values’ in the contemporary society.

Counsellors are also in a unique position to be effective in assessing personality including possible consequences such as suicidal risk. This is because clients are likely to vent out their feelings. Empathy and the confidentiality of counselling also enable the client to open up due to their less stigmatised role. Counsellors must therefore be all-rounded and trained in more than merely listening to the client. In addition, counselling goes beyond solution-focused therapy to everyday aspects such as need for behavioural change.
Table 6.2.   Behaviour and Behavioural Change

<table>
<thead>
<tr>
<th>Reasons for Change</th>
<th>Strategies for Change</th>
<th>Things that help us to Change</th>
<th>Things that hinder our efforts to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Concern for health or well being</td>
<td>• Give up old habits / friends</td>
<td>• Support from family and friends</td>
<td>• Old friend’s influence</td>
</tr>
<tr>
<td>• Well-being of self, spouse, family or others</td>
<td>• Ask for help</td>
<td>• Celebrating success</td>
<td>• Other people’s expectations</td>
</tr>
<tr>
<td>• Improved quality of life</td>
<td>• Take less money out with you</td>
<td>• Recognizing progress</td>
<td>• Backsliding</td>
</tr>
<tr>
<td>• Self-development.</td>
<td>• Take up a new leisure activity.</td>
<td>• New friends</td>
<td>• Too high a goal</td>
</tr>
<tr>
<td>• Success at work / home / family</td>
<td>• Avoid old habits, friends, places</td>
<td>• Clear goal</td>
<td>• Loneliness</td>
</tr>
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</table>

The counsellor should adopt various strategies aimed at empowering the client and building their self-esteem in order to enhance life skills training such as:

- Allowing free but controlled discussions and experience sharing.
- Encouraging the client to exhibit responsible behaviour.
- Enabling the client to think critically.
- Instilling in the client positive moral values.

That way, the counsellor empowers the client to positively and effectively assert self when confronted with difficult situations. The counsellor will lay a lot of emphasis on self-awareness as it is the basis of all life skills. Self-awareness helps in the appreciation and application of all other life skills. In addition, the counsellor will assist the client to identify various emotions, understand the causes and effects of these emotions, and learn how to effectively manage them. The counsellor can also assist the client to develop psychosocial competencies that would enable them positively manage their emotions.

The counsellor is sensitive and responsive to the needs of the client. She or he assists the client to acquire and apply assertiveness in their day-to-day interactions with others. The counsellor must effectively communicate with the client using various skills, and assist the client internalize positive values so that clients are able to overcome their exhibitions, communicate effectively and maintain healthy social relationships. Thus, the counsellor endeavours to inculcate in the
client values and skills including anger and stress management, resolving conflicts, social and emotional intelligence.

6.7. Counsellor Consumer Programmes
Counselling psychological services is part of health, mental health and social economic development. The client is able to adapt to their environment and live a more fulfilling life. In addition, the client can develop several coping skills including resilience and problem solving. Understanding the forces of modern change has demonstrated the need for improved customer and public relations through interlinking the consumer with service provider and other stakeholders. Counselling psychological services should therefore be extended in order to assist in social economic development. The consumers of counselling (client), the counsellors (helper) and counselling institutions are in continuous interaction in the conceptualisation process.

Figure 6.2. Relationship between Consumers, Counsellors and Institutions,

A major issue in counselling and social development is the role of counselling in health, mental health and wellness. Counsellor consumer education could strengthen the linkage between the
current situation and the ideal; an enhanced understanding of counselling would possibly enable the public appreciate counselling psychological services.

**In text Question**

(1) Explain the extent to which people you know:
   (a) Understand what is counselling.
   (b) Seek counselling services
(2) Explain how counselling services can be made more readily available to clients.

Many people may not fully comprehend the assistance that can be offered in counselling. In addition, many people do not know what happens in counselling.

Counsellor consumer programmes could include the following:

1. **Definition of counselling.** Explaining what is counselling and the counselling process.
2. **Confidentiality.** Explaining confidentiality in counselling including the extent that privacy of information can be guaranteed. Disclosure requirements require adequate understanding of disclosure terms and conditions.
3. **Counsellor information and information display.** Display board of counsellor information that include counselling policy and outline the services available.
4. **Consumer counselling education.** This must target both counsellor and client. Development of a sustainable communication strategy should emphasize on:
   - (a) Definition of terms. These include guidance and counselling, therapy, psychiatry, psychology, pastoral counselling, mental health, social worker and others.
   - (b) Behaviour and behavioural change.
   - (c) Psychological counselling and limitations of counselling.
   - (d) Counselling week.
   - (e) Counselling Consumer Professional Association (CCPA)
5. **Professionalism in counselling.** This can be done through:
   - (a) **Code of conduct for counsellors.** Publishing of counselling Code of Regulations creates goodwill with the general public.
(b) **Counsellor legislation.** Improved legislation of laws and policies through regular consultation.

(c) **Arbitration.** Establishment of Handling Complaints and Disputes (Redress System).

(6) **Effective communication.** Enhanced counselling services through use of different channels to communicate.

(7) **Incorporation of guidance and counselling in institutions.** These include churches, marriage and family, schools and educational institutions, correction and rehabilitation centres, counselling at workplace.

Counsellor must also conduct themselves with decorum. Practitioners must establish dialogue with providers and consumers of psychological counselling services.

### 6.8. Caring for the Care Giver

Counsellors are care givers. Giving care includes helping with daily (psychological) needs. These includes identifying persons who need help and assisting them, while referring many others who need specialised care to appropriate professionals. Cares giving in counselling also means helping many people cope with feelings. There are those who will be sad or angry, while others will be excited and happy. It is helpful to provide care, but putting all your needs aside for a long time is not good for your health. Thus you need to take care of yourself, too.

<table>
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<tr>
<th>In text Question</th>
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| 1. Define the following terms:  
  (a) Counsellor burnout.  
  (b) Compassionate fatigue.  
  2. Explain why and how counsellors and other personnel in the helping process can take care of self in order to effectively provide care to others |

As a care giver, it is common to feel stressed and overwhelmed by various issues, particularly the life challenges and situational difficulties involving your clients. In addition, you have your own life and several matters to sort out including family, loans and mortgages, relatives and friends. You may feel angry, sad, or worried. When the caregiver neglects self for too long, they may be
stressed and fatigued, leading to emotional disturbance and burn out. Burnout is a state of emotional, mental and psychical exhaustion caused by excessive and prolonged stress. In other instances, a care giver may reach the ultimate and fail to have any more feelings, a situation that leads to compassionate fatigue. Compassionate fatigue is a gradual lessening of compassion (deep feelings of sympathy) over time. In the end, the care giver will not be able to care for others. This is why you need to take good care of yourself.

Counsellors need to learn ways to take care of self. This is because if a caregiver is not taking care of self, they cannot take care of anyone else. The first step to understanding your feelings is to know they are normal. These include sadness, anger, grief, guilt and loneliness. The second step is to give yourself time to process these and other feelings. Some feelings will come and while others may stick. If the feelings prolong for too long, then you need to be concerned and seek help. Try to share your feelings with others who can help you. It is also mandatory that counsellors go for supervision after a period of time, after several sessions or when you feel overwhelmed. In addition, take care of yourself. This includes a healthy diet, adequate sleep, exercises and taking time off to rest.

**Lecture Summary**

Counsellors work in various social contexts. This is because counselling is an essential part of mental health, wellness and social development. The link between counselling psychological services with life requires to be explored. This is because life routine and overcoming calamity requires a mixture that goes alongside the unfolding marvels of living, hence life skills. The oddities interwoven with our lives is about coping and this places counselling in modern context in which the helping process must assist people deal with events and life crisis that affect our lives.

**Activity**

1. Explain the importance of living values and life skills as follows:
   (a) Traditional society and
   (b) Modern society.
2. Discuss how modern counselling psychology can incorporate life skills to enhance client wellbeing.
3. Discuss how counsellors can assist in social economic development.
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LECTURE SEVEN
SUBTLETIES OF MODERN COUNSELLING

Lecture Outline
7.1. Psychotherapeutic Approaches
7.2. Most at Risk Populations
7.2.1. Counselling Persons with Disability
7.2.2. Men who have sex with Men
7.3. Workplace Counselling
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7.1. Psychotherapeutic Approaches
A theory of psychotherapy acts as a roadmap for psychologists. It guides them through the process of assisting the clients and developing solutions. Choice of a theory for use in therapy depends largely on (a) the practitioner, (b) issue presented by the client. There are many psychotherapeutic approaches based on the major framework such as Psychodynamics (Psychoanalysis, Adlerian, Object Relations); Behavioural (Behavioural, Cognitive Behavioural); Humanistic (Person Centred, Gestalt); Feminism, Narrative, Positive and Evolutionary Psychology; Brief and Solution Focused Therapy and, the integrative and eclectic Approaches.
The list below on diverse psychotherapeutic approaches provides a range of current psychotherapies that demonstrates the proliferation in advancement in counselling psychology. It cannot be ascertained the effectiveness in application and practice of all these and other approaches, while certain therapies may be variation or inbuilt in others. Therapists may also adopt the integrated or eclectic approaches.

**Take Note**
A practitioner should fully comprehend at least TWO theoretical approaches in therapy. In addition, you must be familiar with several other approaches to enable you assist a client comprehensively.

**Table 7.1. Different Psychotherapeutic Orientations**

<table>
<thead>
<tr>
<th>Adlerian Therapy</th>
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<tr>
<td>Art Therapy</td>
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<td>Brief Therapy</td>
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<td>Family Therapy</td>
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<td>Feminist Therapy</td>
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<td>Group Psychotherapy</td>
<td>Transactional Therapy</td>
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<tr>
<td>Humanistic Therapy</td>
<td>Transpersonal Therapy</td>
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A variety of other psychological therapy programmes have been found to be appropriate with diverse clients. The therapies are helpful in distress, disillusionment, chronic pain, stress and anxiety, depression, and emotional disturbance. There is evidence that these and other techniques are effective in reducing distress and improving the well-being of the client. They include: prayer; electroconvulsive therapy (ECT); yoga; mindfulness meditation; and, psychopharmacology. Prayer and spiritual assistance for instance are very effective with people who have a religious orientation (pastoral counselling is part of the helping profession). Electroconvulsive therapy is often used with persons suffering from severe depression.
It is difficult to refer to some of these techniques as therapy. For example, mindfulness meditation is not a therapy or an intervention and does not set out to restore well-being. Mindfulness meditation was first practised by Gautama, and later the Buddha and in Buddhist literature. The meditation cultivates a way of being in the world with an emphasis on the present moment, the here and now. Practitioners practice to live in the present moment by focusing their attention on their breath and/or the bodily experience at the present moment.

It is important to note that the relevance of medicine and counselling in the experience of health (medical practice and psychological healing) has become increasingly recognised and acknowledged by both the medical professionals and counselling psychologists. This is because as emphasised continuously in this Module, the public are looking for a ‘cure’, yet it is now acceptable that good quality or sustained health has an emphasis on control (coping) rather than, or in addition to cure. In that case, and in several instances, medical treatment (pharmacological approach) may be offered alongside psychological intervention (psychotherapy approach). There is widespread tacit acceptance that the two approaches are compatible, and/or at times complementary. A combination of the two in psychological disturbance, psychopharmacology (drugs and therapy) is sometimes most appropriate for certain clients. However, this must be based on the circumstance and in the patient - client’s best interest.

7.2. Most at Risk Populations

All clients are held in high esteem. However, several groups of people are considered more vulnerable than others, and require certain considerations. These most at risk populations (MARPS) may include children, girls and women, persons with disability, the old and aged, persons suffering from mental illness and others. In recent years it has been recognised that HIV epidemic particularly in the more traditional societies can lead to labelling and discrimination. High risk groups (such as sex workers, intravenous drug users and men having sex with men (MSM) are more affected than the general population, but often have no access to HIV prevention or care. Furthermore, high-risk groups may also play a role in enabling transmission more generally (Global Forum on MSM and HIV, 2010).
Take Note

It is good to examine your beliefs and perception of various people in society. This will enable you learn to embrace all humanity rather than certain people and not others.

Health care and social workers including counselling psychologist have a glad duty to provide effective services to all people in a non-discriminatory way. Personal views and beliefs should not affect the ability to provide prerequisite services. Counselling professionals must also be empowered to discuss matters raised in therapy with the client including sexual issues with males and females in addition to being sensitive to specific groups such as persons with disability or persons in same sex relationships. The skills and understanding harnessed by caregivers should effectively assist the clients.

7.2.1. Counselling Persons with Disability

The specific objective of counselling psychology and disability include:

a) Ensuring that persons with disabilities have equal opportunities including work (employment) and studies;

b) Improving prospects in all institutions for persons with disabilities by facilitating recruitment, return to work job, job retention, and opportunities for advancement;

c) Promoting a safe, accessible and healthy living, work and study place conducive to needs of persons with disabilities; and,

d) Facilitating persons with disabilities to access to all places.

This is based on the following principles:

a) Respect for inherent dignity, individual autonomy including the freedom to one’s own choices and in dependence of persons;

b) Respect for difference and acceptance of all persons including persons with disabilities as part of diversity and humanity; and,

c) Respect for the capacities of all persons particularly persons with disabilities and respect for all clients including with disabilities.

Practitioner and counselling ethics shall embrace disability etiquette including:
(1) Putting the person first such as ‘person with disability’ and not ‘disabled person.’

(2) Using appropriate language at all times and avoiding invalid terms like handicapped, crippled physically challenged, differently abled, confined to wheelchair or wheelchair bound, victim or sufferer, deformed, shapeless, infirm, disadvantaged and such other terminologies.

(3) Asking before helping a person.

(4) Appreciating the independence of a person.

(5) Respecting the personal space including assistive and supportive devices and assistive services including aides and service animals.

(6) Communicating directly to the person and not to the companion, aide, reader or sign language interpreter.

(7) Avoiding isolative presumptions about what the person can, or cannot do.

(8) Responding positively and graciously to the person’s request.

(9) Using appropriate mode of communication

(10) Treating persons with disabilities as people and individuals with families, jobs, hobbies, likes and dislikes and problems and joys just-like other people and not treating them as disability heroes or victims.

7.2.2. Men who have sex with Men

Men who have sex with men (MSM) are human just like everybody else. They have their rights including the liberty to take pleasure in fulfilled lives. There is a lot of stigma, discrimination and homophobia particularly in the developing countries. MSM have a much higher rate of HIV infection than other men in their communities. Yet many MSM are faced with several barriers to accessing social health care and justice services especially if the law prohibits it. There is need to cultivate a positive culture of acceptance, understanding and non-discrimination among the helping profession.

A critical part of the revolution is the training of care givers including counsellors on most at risk populations (MARPS) such as MSM and lesbian gay bisexual transgender intersex (LGBTI) issues. This includes aspects of HIV and AIDS especially because high rates of HIV infection occur among MSM in low- and middle-income countries, Kenya included. There is need for
specific and appropriate prevention strategies and an entry point is in health care (behavioural change and therapeutic help included) in order to make a positive impact together with curbing the spread of HIV among MSM. This includes advocacy programmes, increased research and programming for MSM and other communities.

7.3. Workplace Counselling

Counselling by staff raises a number of special administrative concerns. First is the issue of professional training. Without appropriate guidance in basic counselling techniques and attitude, staff members are, and will be ill-equipped to help individual clients deal with emotional issues. It is possible that the most well-intentioned relative, staff or colleague, unfamiliar with fundamental counselling concepts, could do more harm than good.

There are several options to enhance counselling training and services. One attractive training option is to send interested staff members to counselling workshops and training courses. This could range from days, weeks, months or a year. Intensive courses from certificate, diploma, higher diploma or a degree could change the attitudes and approach. Another option for larger organisations is to organize in-house presentations on the subject, perhaps presented by an outside consultant or psychotherapist. It is obviously doubtful, though, whether such a single one-shot short training sessions will leave a lasting impact on the counsellor.

A preferable route is to hire a consultant willing to come to the organisation on a regular basis and become thoroughly acquainted with the community. The consultant could then incorporate contextual factors into all presentations and also provide necessary follow-up sessions and guidance. Counsellors in an organisation can also play an important role in providing on-going advice to colleagues. Even if the organisation provides in-house training to staff, it is inappropriate and ill advised to force a counselling role on staff that is unwilling or disinterested in counselling. It may be acceptable to require staff to serve in various capacities as some may not be effective counsellors.

Effective counselling training requires three types of learning experiences:
1. *Didactic.* This element should include teaching through lectures, hand-outs and texts on certain content areas such as human and adolescent development, psychological disorders, alcohol, tobacco and drug abuse and professional ethics.

2. *Modelling.* This element allows trainers to observe demonstrations and role plays by experienced counsellors, followed by discussion and analysis. This is important in use of counselling theories and skills.

3. *Experiential.* This is best conducted in small groups, preferably 5 - 10 members. Learners can role play, review their own approaches and discuss their counselling approaches.

Persons training in counselling must be well prepared for their professional role. This facilitates appropriate responses and helps alleviate mixed anxiety about dealing with emotional problems. Training on ethics will also help prevent legal problems. It should be noted that counsellors may theoretically be exposed to liability if they counsel negligently. However, though persons who are trained in basic counselling skills are convinced that they would offer much lower expectations as compared to the professionals and specialists, clients would, regardless of their training instigate legal proceedings. In that case, persons practising counselling should meet their legal duties by exercising the same standard of care which would be exercised by other ordinarily reasonable and prudent counsellors in all situations.

7.4. **Helping Through Networks**

Counselling psychological services in the developing countries and in traditional societies is facing an upward resurgence to meet the demands for the 21st Century with an ever increasing population and the advancement of technology. Clients seeking counselling services as individuals, couples, in groups, families and in organisations are increasing due to a myriad of issues. The use of technology is becoming increasing essential as various tools become readily available, while technologies such as phones, Ipads, laptops and computers are becoming more portable, cost effective and information more readily available. Practitioners must examine ways and methods of enhancing the therapeutic relationship, including through use of technological advancement if this would in effect benefit the client.
In text Question

Explain how the use of technology can help improve counselling services.

Counselling services are now increasingly available in both developed and developing countries via the self-help books, internet, telephone, videoconferencing, email, text-message, websites and online chartrooms. The integration and use of technology in therapeutic practice includes increased access to available services as well as flexibility in timing and perhaps reduced costs. In several developing countries with a relative number of practitioners, the location of services could be greatly improved as more clients access services despite the distance from available helpers.

It must be highly acknowledged that there are several advantages to the traditional face-to-face one-on-one therapy and perhaps a replacement with technology is a matter of great debate. Certain practitioners may also view the technology as a supplement of the one-on-one therapy rather than a replacement of the same. Indeed, certain scholars would advocate for an integration of both traditional and technological advancement with the greater aim of enhancing therapeutic practice.

In text Question

Describe some of the ways you would make use of technology to provide effective counselling services.

In this age of information convergence, counselling psychology can benefit greatly from a remarkable number of devices available in the market. These include computers, Ipad and cell phone, the Internet and wireless networks. At present, practitioners can use various methods to enhance counselling services as follows:

- Radio / television / magazines /newspapers.
- Telephone.
- Clients and counsellors can web surf, (web surfer, word processor, video player, encyclopaedia, dictionary).
- The internet is an effective knowledge base can be an added avenue to acquire immense knowledge on counselling as well as helping skills for the client.
- Texting, emailing, scanning of documents, phone services.
- Counselling psychologists in the developing world can access and sample a wide range of publications including books, journals, articles, power point presentations and other relevant information. This can transform the helping profession by encouraging practitioners to access more current and relevant information for use in assisting diverse
- Teleconferencing with client / counsellor.

Moving forward, technological advancement is likely to be more immersive and interactive as counsellors and clients begin to realise the importance there of, and make us of the opportunity. The use of a variety of sources such as the phone and internet as well as social groups, animations, e-learning to enhance counselling knowledge among practitioners and sharing of information and experience through social network will keep the technology engaged leading to increased knowledge retention and more benefits to the clients.

7.5. Managers, Supervisors and Administrators in Counselling

Many supervisors in organisations, colleagues, relatives and friends find it relatively easy to enter into counselling relationships. This is also true of principals in schools who may want to counsel a teacher or student, doctors and their patients, clergy to members of their congregation, lawyers and bankers their clients or a prison superintendent who want to counsel a prisoner. After all, their extensive experience with young people, students, prisoners, clients, customers or patients often has equipped them with effective informal counselling skills.

In text Question

Should managers, supervisors and managers conduct counselling? If so, when and how so that therapy is of utmost benefit to the client.

Professionals usually have unstructured time and counselling in which to talk with students, patients, clients, prisoners or customers. Many times, they have the advantage of knowing several things. For example, a doctor or nurse will know the diagnosis of an illness, the spouse,
children and colleagues very well. In the same way, the principal, teacher, clergy will be familiar with the students, parents and their families relatively well, having worked with them on various administrative and personal problems. The banker, supervisor or lawyer will be familiar with several issues including legal and financial obligations and commitments. In the context of the client stressful situation that is often conflict-ridden with various options, they feel personally attracted to the opportunity to begin a close helping relationship and in many instances, it can be helpful.

Counselling client, customer, patient or students can help doctors, lawyers, bankers, clergy, supervisors and principals perform their jobs more effectively. This is because it allows build a close relationship with the client that further allows them better to understand their perspectives on various issues. For example, the doctor who has a patient who is unwell and want to perform a surgery can deal with the fears, just as the nurse can assist in palliative care. This may also enable them to reach young people, students, parents, customers, prisoners and other people who fail to strike up relationships with other adults in the community and many others who will never seek formal counselling though they need it. Therefore, in taking a serious interest in their emotional lives, the clergy, principal, lawyer, doctor and supervisors provides an excellent model for the helping process. This can foster an attitude in which high values of trust and personal concern may be an important contribution to the school, prison, hospital and work environment.

But the principal, teacher, lecturer, bank manager, lawyer, prison officer, clergy and others who counsels also risk creating an irreconcilable conflict of roles. This is because they are also custodians and advocates of community values. They also have the greater responsibility to define limits of acceptable behaviour. In that case, many end up guiding the client by offering counsel on appropriate conduct. These can turn out to be several long sessions on moralising that are not meaningful to the client but very significant to the counsellor.

The role as community arbiter may be greatly compromised when persons performing this role such as principals, prison and police officers, probation officers and clergy become counsellors. This is because as a matter of course, they adopt the empathic and understanding approach of a counsellor. This can be misinterpreted to mean that they understand the client rather than they
are offering help. In that case, the client as a student, prisoner and others may feel inclined to be convinced that their behaviour is not opposed say by the principal, teacher, clergy, prison, police or probation officer. This sends a confusing message.

Perhaps an even greater risk is that circumstances may force the principal, teacher, lecturer, probation officer, supervisor or prison officer to take serious disciplinary action against a student, prisoner or employee who they have grown to trust and rely on in a counselling relationship. This may not augur well no matter how carefully the principal, teacher, clergy, lecturer, prison officer or lecturer explains their official role. The punished person is likely to feel betrayed and confused. The perception of falseness is likely to undermine the relationship and perhaps engender cynicism about the organisation disciplinary system and perception of counselling. Even when within any established structure the principal, prison warden or supervisor deals gently with a client in a disciplinary situation, others including colleagues, staff and management are likely to see it as an act of favouritism. This is unfair and such perceptions can damage the standing of the counsellor and client in the organisation. Such actions may also negatively infiltrate into organisational code of regulations.

It is important that persons in authority such as managers, supervisors, principals, lecturers, teachers, clergy, doctors, nurses and others be cautious in developing counselling relationships with a client. This is because of the implicit conflict in roles. They should therefore carefully enter into counselling relationship with a client only after careful considerations of the circumstances, their own and the client’s motivations and the issue/s which apply to organisational structure and individual cases.

**In text Question**

Explain how you would go about assisting a person whom you are convinced is close to you and your already established relationship could affect the helping process.

Issues to be considered may include:

1. Who is the client (nature of relationship)?
2. Are there other counsellors (immediately) available to offer help?
3. What is the counselling issue/s and can you refer immediately?

4. In the event of a disciplinary procedure, will it be possible to delegate the discipline function to someone else and who (another administrator)?

5. Does the counselling relationship affect your work?

The problem of conflicting roles is very complex. Practitioners must make their own decisions about whether or not to counsel a client based on the uniqueness and/or totality of the circumstances. In several cases, persons in position of authority may find that it is more appropriate to do the following:

(a) Make use of counselling skills in the course of their work rather than be counsellors;

(b) Act as adviser rather than as a counsellors and clearly state so; or,

(c) Refer the case to a counsellor in that capacity.

This is because in all the three suggestions, they are offering advice. A friend, colleague, relative or administrator (prison, probation or police officer, teacher, lecturer, principal, lawyer, bank manager, doctor, nurse, supervisor, clergy) quickly develops a close relationship without delving into the most sensitive emotional domains and without abandoning altogether their own role. This allows them to bypass some of the pitfalls inherent in counselling situations. Clients trust them as they are more familiar and have worked with them in other context. In that case, clients find them nearer, approachable and available and will certainly share with them their fears, hopes, frustrations and aspirations. For similar reasons, they may choose to work with the client closely, individually or in small groups.

The caution against counselling may be extended to other conflicting roles especially in all dual-relationships. For example, among colleagues at work, business partners, business associates and other cases where there exists potential bias, perceptions of favouritism, betrayal or a tendency to take advantage of the client. This is demonstrated in cases where a banker counsels a business owner on a company going under and yet the bank has an intention of buying off the company, counselling an employee who you intend to discipline (interdict or dismiss), a teacher or relative assisting a child related to them. The temptation to offer counselling should be avoided in any
relationships where hard decisions have to be made. Administrators who eschew a counselling role would certainly rely on use of counselling skills in everyday relationships with the client.

### 7.6. Counselling by Non-Counsellors

Counselling in context and as a profession is by no means limited to an institution, formal scheduled sessions or in the counsellor’s office. In fact, friends, colleagues, relatives and others are often in the best position to meet a client more frequently, formally and informally, understand the client well and to observe changes in behaviour that may signal a personal problem. The issue is not whether a counsellor should know about client’s emotional life, but in what way the counsellor will respond.

**In text Question**

1. Explain in your view who should provide helping services to clients.
2. Discuss why other persons other than counselling psychological practitioners should, or should not provide counselling services.

Most people in ordinary life have the opportunity to build relationships with acquaintances, friends, colleagues, relatives, pals and other people with whom they interact in public places, hospitals, on the street and in offices. They will listen to them, understand them, and help them clarify their feelings and thoughts. In short, most people in ordinary life are potential counsellors and can offer help. However, there is the more formal counselling provided by specialists who are trained in the art of counselling. Non-counsellors hold brief in that they build on the close relationship established with the client to transform the encounter and conversations into an effective form of counselling. In recent years, this has been expounded to take in the fact that counselling can take place in a formal as well as a relatively brief time periods or unstructured contexts.

The society would greatly benefit from people with basic counselling skills. Counselling skills are useful in different contexts. In addition, organisations and institutions are training a number of people in basic counselling such as human resource managers, supervisors, police and prison officers, teachers, doctors and nurses and many others. This is because they offer significant
benefits to the institution. As a start, it enhances general communication skills. Institutions with a
counselling programme are able to find and connect with the counsellor who in turn can help
them.

Ultimately, counsellors working in an organisation will find it difficult to relate equally well with
all the clients. This is because of time constraints that frequently limit the counsellor’s
accessibility. Encouraging and training other staff in basic counselling may also contribute to
closer, more productive relationships between counselling and the client. Members of staff are
also able to promote a broad-based climatic orientation toward enhancing individual personal
growth.

7.7. Counselling Professional Development
Professional organizations, practitioners and clients can each benefit from a practitioner’s on-
going commitment to continuing professional development (CPD). Continuous professional
development is the hallmark of professionalism; it is a formal requirement for registration and
sustained membership among all professionals. It includes a quest for life-long learning that
gives consideration to procedural knowledge and competencies. These include: counselling
approved training, meetings, discussions, presentations, conferences, workshops and seminars.
The word approved training implies accreditation and licensure.

In text Question
Explain why Continuous Professional Development (CPD) is an essential component of professionalism.

Continuous professional development may be at various levels with standard guidelines
established. These requirements infer that a standard has been achieved and by implication will
be maintained such as the quality of practice. This can be summarized as follows:

- General education / qualification: This includes a knowledge base, determined by
  rational argument as well as the professional tradition relevant for effective practice and
  assessed in a variety of ways, in writing and in practice;
• **Expertise or research capabilities:** This is a skill base, determined by both tradition and logical analysis, and assessed by observation, self-reports, independent reports and other pragmatic measures of effectiveness such as client performance. In research projects, the lead researcher, team leader or Principal Investigator (PI) must have qualification and expertise as key; and,

• **Social professional context:** This includes adherence to the ethics and attitudes underlying the professional ideals and in relationship to performance as well as competence. There is also the uniqueness of the professional culture.

Most programmes of study are set within a structure designed to facilitate progression and comparison between different programmes levels.

### 7.8. Assessment and Diagnosis, Monitoring and Evaluation

Monitoring and evaluation is a process that helps improve performance and achieve results. This is to ensure that the therapeutic interventions provided is relevant, of quality and produces appropriate (positive) results for mental well-being. The counselling practitioner must identify both the services you provide as well as monitor and evaluate their effectiveness. This is why this module provides a counselling procedure (*Appendix II*) and a Monitoring and Evaluation Schedule (*Appendix VI*). The counselling process must be meaningful to the client. This includes individual, couple, family and group therapy.

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**In text Question**

Distinguish between the terms: Monitoring and evaluation, assessment and diagnosis.

Assessment and diagnosis have different implications. Assessment is an on-going process designed to help the counsellor evaluate key elements of a client’s psychological functioning. Assessment is helpful in treatment planning. Treatment is influenced by the therapist’s theoretical orientation. Thus, the treatment plan must arise out of the diagnosis and be informed by the theoretical approach. The counsellor must therefore carefully monitor and assess their diagnosis.
in order to embark on appropriate intervention plan. The intervention plan also requires cultural sensitivity.

Diagnosis is the process of identifying pattern of symptoms which fit the criteria for a specific mental disorder as defined, for instance, in the DSM - 5. Diagnosis too is helpful in treatment planning but also requires cultural sensitivity. Counsellors debate its utility in understanding the client’s subjective world.

A major part of counselling monitoring and evaluation is research. Intensive study is required on various aspects including the therapeutic approaches that work with what clients, essential counsellor competences to ensure best outcome and alternative sources of support that need to be considered. It is also possible that many research findings in therapy are based within countries (such as USA, UK, Australia and Canada) and institutions such as schools, colleges, universities and hospitals that have a strong support provision ethos. Thus it is imperative that more research be conducted in other continents. Research should also be extended to link professions such as medical and psychological healing, pastoral care and counselling, personal finances and distress. This is because of a need to find out more ways to assist the diversity of clients.

**Lecture Summary**

Counsellors work with diverse clients in varied circumstances. All clients are unique, just as the issues are distinctive. Therefore, it is not possible to predict the outcome of counselling with utmost precision. Yet ideally, it is expected that the client will, and should improve during the therapeutic process as the counselling session/s progresses. This in essence means that the client would stabilise or improve in their lives. But the subtleties of modern living are such that the results of the helping process are not that conventional. Subsequently, there are clients who reverse to their former condition during or after disengagement. In addition, the counsellor must be careful so that the client does not learn to lean on them rather than get on their own feet and walk. Besides, recovery does not necessarily mean that the person will no longer at all experience symptoms; it is much more about gaining insight and how to adapt to
life in the midst of difficulties and challenges. Thus, counselling is about enabling a client to navigate through life’s difficulties, and perhaps achieve what they desire and can achieve in life.

**Activity**

1. Discuss the importance of the following for a counsellor:
   (a) Continuous professional development.
   (b) Counsellor supervision.
   (c) Monitoring and evaluation.
2. Describe at least two theoretical approaches in the helping process and how you would assist a client in each.
3. Discuss how counselling can be made more professional in Kenya today.

**References**


Lecture Outline

8.1. The Art of Modern Therapy: Counselling Conceptual Framework
8.2. Referring a Client
8.3. Supportive Institutions
8.4. Challenges and Future Directions

Lecture Summary
References

8.1. The Art of Modern Therapy: Counselling Conceptual Framework

Counselling has existed in all societies. In every-day life we seek assistance. There are helpers at many levels, family, friends, colleagues, professionals and in the media. In a family set-up, parents counsel their children while relatives counsel younger children. In society nurses and doctors counsel patients, lawyers counsel clients, bankers counsel clients, teachers counsel pupils, students and parents. There are also the professional counsellors.

Counselling is a relationship process between the person seeking assistance (counselee or client) and the helper (counsellor). The client may be in situational difficulty, aiming to cope more effectively with their life, adjusting to a life situation or aspire for self-actualization. The counsellor comes to counselling for assistance to resolve an issue. The counselling process is structured around the felt needs of the client. Thus, the outcome of counselling is the end result of the counselling process. This can be illustrated in a diagram as follows:

The process of counselling is re-enacted in the same way with the counsellor, the helper. The counsellor is more of an expert and assists the needy person (client). The counselling process
involves a relationship between two persons (client and counsellor) in which one of them (counsellor) attempts to assist the other (client). For this purpose, the counsellor is a facilitator; he or she is trained and facilitates healing to achieve the desired results.

Counselling is a profession. Professionalism implies training and qualification (accreditation) that leads to counsellor competence (knowledge, skills and techniques) and professional ethics (code of ethics for counsellors). The client and counsellor set goals to be achieved in counselling. Subsequently, the counselling process involves the establishment of a therapeutic alliance (client-counsellor relationship). This can be depicted in Figure 8.1:

**Figure 8.1. Counselling Process Conceptual Framework**

<table>
<thead>
<tr>
<th>Counsellor awareness</th>
<th>Counsellor Accreditation</th>
<th>Professionalism</th>
<th>Monitoring and Evaluation</th>
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</thead>
<tbody>
<tr>
<td>- Core conditions</td>
<td>- Counsellor Training Counsellor, therapist, psychotherapist</td>
<td>- Therapeutic Approaches</td>
<td>- Coping strategies (adaptation, resilience and wellness)</td>
</tr>
<tr>
<td>- Counselling goals</td>
<td>- Competencies (Knowledge, skills and techniques)</td>
<td>- Skills and Techniques</td>
<td></td>
</tr>
<tr>
<td>- Therapeutic alliance (client-counsellor relationship)</td>
<td>- Professional ethics</td>
<td>- Code of Conduct for counsellors</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Counsellor Competence</th>
<th>Counselling Process (resolution)</th>
<th>Counselling Process (facilitator)</th>
<th>Counselling Outcome (healing)</th>
</tr>
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<tbody>
<tr>
<td>- Core conditions</td>
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<tr>
<td>- Counselling goals</td>
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<tr>
<td>- Competence (knowledge, skills and techniques)</td>
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<thead>
<tr>
<th>Counsellor performance</th>
<th>Counselling Outcome (end result)</th>
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<td>- Termination</td>
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<tr>
<td>- Referral</td>
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Counselling process involves three stages (Figure 3.2. *Counselling and the Counselling Process*): understanding, exploration and action. At the understanding stage, counsellor provides the core conditions of therapy. During exploration, the counsellor will adopt the appropriate therapeutic approach as well as use of counselling skills. At the end of counselling is action in which the client achieves wellness and re-enters back into their world.

The ability to assist the client make decisions regarding appropriate treatment may be awesome. The positive side is that a professional helper who is competence and experienced can assist the client (individual, couple, family or group) through the ordeal. In the same way, being unable to assist the client into living a hitherto active healthy normal living is a blow to the practitioner and is emotionally very traumatic to the client, family and the counsellor who was offering help.

### 8.2. Referring a Client

Therapists may specialize in different practice interests including the following: children; adolescents; family therapy; counselling individuals with alcohol and substance use issues; working with individuals who have survived serious motor vehicle accidents; counselling adults in life transition; palliative care; traumatized persons; HIV and AIDS counselling and many other fields. Certain counselling situations may take on further complexities and depth. It is wise and ethical to refer clients to other professionals with greater expertise and other practitioners who may have more time and training to assist the client.

**Take Note**

The duty to refer an issue that is beyond one’s competence and training is a fundamental ethical obligation for counsellors.

Once the counsellor has recognized that a counselling situation has brought them into an area out of their depth, they must refer the client to a professional. This is to provide intensive or ongoing therapy. The same requirement should apply with even greater force to non-professionals who counsel.
There are several instances that make referral appropriate as follows:

i. **Moral, religious or political reasons.** Morals and values are centrally involved in a clients’ presenting problem. If the counsellor has momentous concerns about imposing their values on the client, s/he should refer.

ii. **Limitations arising from inability to assist the client.** The therapist may feel that their boundaries of competence have been reached or beyond professional training. For example, in psychosis, trauma, major depression. In certain instances, the therapist may be unable to maintain objectivity.

iii. **Therapist and client are convinced relationship is not useful.** The therapist and/or the client may decide that for whatever reason/s, the relationship is not productive / helpful.

iv. **Conflict in personality.** The personality of the client and therapist may not be compatible. The two may feel that the matter cannot be resolved and will therefore interfere with the counselling process. For example, temperaments or attitude.

v. **Desire for change.** The client may want to continue working with another person in therapy other than the current counsellor.

vi. **Client is hesitant or unwilling to open up in therapy.** The client may be reluctant to discuss their problems with the counsellor for some reason, whether concrete or abstract. For example, a female client may just be unwilling to discuss a rape incidence with a male counsellor.

vii. **Relocation.** A counsellor may be relocating to another area, be transferred elsewhere to another area or may be away for some time.

It is necessary that counsellors refer certain cases for further help. Counsellors and administrators may find making referrals a difficult or awkward process. However, referrals must be made in a straightforward manner and with benignly authoritarian. This is to avoid subterfuge and amateur diagnosis and subsequent treatment of the client.
8.3. Supportive Institutions
Counsellors working in various sectors must be able to provide services that are of mutual benefit to the client. These include Affective and Career Education (ACE) in schools and colleges and the STEP-UP programme in social and community working groups. Further, it is imperative that the counsellor has a referral resource list ready in case of further assistance. These include individuals and institutions.

In text Question
Where would you refer a client who requires help and you feel unable to offer assistance, or when a client additional (specialised) assistance?

Counselling is not just a support tool in education, health, rehabilitation or correction centre but an integrated system that provides a mechanism to deal with life issues. Counselling is therefore an integral component in life as it helps to nurture individuals to their fullness and it also attends to personal, social and emotional needs.

There are various personnel and several institutions that can assist with various issues. They include the following:

- Children Homes
- Counselling Centres
- Counselling and Psychological Associations
- County Hospitals
- Educational Assessment Resource Centres
- Education Office
- Health Centres
- HIV and AIDS Testing and Counselling Centres
- Information Centres (Libraries, Internet)
- Internet Sources (including Journals)
- Kenya Institute of Curriculum Development
- Kenya Institute of Special Education
- Kenyatta National Hospital
• Mathari Hospital
• National Agency for Drug and Substance Abuse (NACADA)
• Nairobi Women’s Hospital
• Rehabilitation Centres
• Religious Centres
• Teacher Advisory Centres

**Take Note**
It is important to seek additional help when in doubt or you do not have the expertise. You can refer a client to another counsellor or professional if and when you are unable to provide further help.

### 8.4. Challenges and Future Directions

The establishment and provision of counselling services includes helping persons to cope with various things as fear, pain, hurts, grief, depression, alcohol and drug abuse, loss and suicide, as well as the management of behavioural problems. Counselling takes in mental and psychological well-being. Health psychologists understand health to be the product of biological processes (such as a virus or tumour) but also psychological (thoughts and beliefs), behavioural (tendencies and habits), and social processes (such as socioeconomic status, ethnicity and culture). Therapist must have details on psychopathological understanding and therapeutic techniques in order to work with client and others and then bring all these aspects to life in therapy. The ultimate in therapy is the effectiveness of helping to the client.

There are various models of counselling in general use. Traditional or else even western modes of counselling including the application of medicine (psychiatry and clinical psychology) or even professionalism may not be the only unitary or appropriate and relevant intervention models. It is important that we adopt a more open, exploratory and specific orientation such as the narrative-oriented approach built around collective story-telling in traditional societies. This is because such approaches may be particularly consonant with traditional culture and thus explicitly enable the client pursue their own world in their own vocabulary. Intervention requires a different way of thinking about professionalism, how we practice in counselling psychology, a more
pedagogical way of teaching, research and engagement with practitioners within and outside the profession.

Practitioners must be interested in debate on policy, practice and research. Ultimately, when the client seeks assistance, we will transform that knowledge into help for the benefit of the client. Professionalism requires effort to instil knowledge, policy and must be within the legal framework. Quality assurance is a mark of professionalism and includes: performance monitoring to ensure quality standards (quality audit), on-going evaluation procedures, assessment and evaluation, research, professional codes of practice, a code of ethics, ‘soft’ guidelines and professional qualifications.

These can be summarised as follows:

(a) Professionalism and ethical standards  
(b) Policy and legal framework  
(c) Research  
(d) Outreach  

The power map must incorporate the needs of the client as the consumer of the product.

The practice of counselling psychology including one-to-one counselling, couple and family therapy, workplace counselling, guidance and counselling in educational institutions (schools, colleges, universities) in the developing world may not be equivalent with the way these are practised in the developed world. Reasons for the diversity include: the nature of the client; counsellor competence, facilities, cultural influences, regulations and government policies. Many of these factors may inhibit therapy though they may not be known to the consumers of therapy. Consumers include pupils and students (in schools, colleges, universities), patients, family members, couples and family members, parents, teachers and tutors and support staff. They also include children and adolescents, employees, persons in rehabilitation centres, prisoners and many others. Practitioners include counsellors in the school, psychologists, counselling psychologists, psychiatrists, clinical psychologists
There are several lessons to be learnt:

(1) Greater understanding of counselling by significant stakeholders can be achieved through symposia, conferences and workshops.

(2) Cultural sensitivity and appropriateness is key. Theme here, picked up in the subsequent paper and, indeed, running throughout the

(3) Need to deliver individual based and culturally sensitive services to their overseas students’.

(4) Increase the quality of support offered to clients

The implication of improved counselling services is that various models of therapy and other forms of helping need to demonstrate a level of individual consideration and cultural appropriateness. This requires a significant adaptation of both terminology and fundamentals of counselling psychology practice in order to achieve the desired professional competence. We need to harness a creative synthesis of approaches to helping that remains client centred, culturally sensitive, socially and professionally accessible and adaptable to individual and general clientele and thus obtain effective support. The diversity of counselling services may be deliberate and perhaps reflect the diversity of the clientele, practitioners as well as the issues presented in therapy.

### Lecture Summary

Professional and ethical guidance exhorts practitioners to attend to the client well-being. This is essential to sustaining good practice. There are several supportive and referral services available and the counsellor should make good use of them when necessary. It is advisable to make effort and visit several centres and familiarise with the available services and how counselee can benefit from them. Psychology is growing and old and new aspects gain additional knowledge. Psychologists will view same or different aspects from a variety of perspectives.
Activity

1. Explain why referral is important in therapeutic practice.
2. Outline some of the cases you would consider referring in therapy.
3. Describe how and where you would refer a client who has come to you and you are unable to assist him or her in therapy.

References


APPENDIX 1  COUNSELLING CONCEPTUAL FRAMEWORK

Counselling is a helping process that involves a relationship between the client (counselee) and the counsellor.

The client seeks counselling when in need:

The counsellor is trained; she or he is a facilitator and assists the client in healing:

Counselling is rooted firmly in a particular quality of relationship that also takes in the values of the client as well as principles of counselling.
Counselling is a profession. Professionalism implies training and qualification (accreditation) that leads to counsellor competence (knowledge, skills and techniques) and professional ethics (code of ethics for counsellors). The client and counsellor set goals to be achieved in counselling.

The counselling process is a planned structured dialogue between a client and a counsellor.

1. Receiving Client and Relationship Building

2. Problem Assessment: History taking and exploration, Relationship Building

3. Goal Setting: Understanding and outlining of goals
During counselling, the counsellor uses skills and techniques developed through professional competences. Subsequently, the counselling process involves the establishment of a therapeutic alliance (client-counsellor relationship) to enable client resolve the issue that brought the client to therapy.

Counselling assists in overall health, mental health and psychological wellbeing. The client is able to adapt to their environment and live a more fulfilling life. In addition, the client can develop several coping skills including resilience and problem solving. Counselling psychological services are part of health and mental health and thus should therefore be extended in order to assist in social economic development.
APPENDIX II GENERAL COUNSELLING PROCEDURE

GENERAL COUNSELLING PROCEDURE

Counsellors will adopt a general counselling procedure in general practice as well as adjust to fit the client in unique circumstances. The following procedure highlights aspects that must be covered in practice.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Content (aspect of Counselling)</th>
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</table>
| Preliminaries: Contracting with the client | ▪ Introduce self to the client. This includes name and qualifications as well as specialisation if necessary.  
▪ Establish reason/s for client visit. If it is a case that requires emergency such as rape or attempted suicide, ensure the client receives emergency care.  
▪ Contract with the client on procedure. This includes counsellor role, time and shared confidentiality.  
▪ Client can sign consent form.                                                                                                                                                                                                 |
| On-going counselling: Supporting the client | ▪ Provide core conditions.  
▪ Explore and address the client’s concerns, fears and expectations (background is essential).  
▪ Conduct appropriate diagnosis including use of the Diagnostic Statistical Manual of Mental Disorders  
▪ Explore and address client issues. These include: feelings directed at self and/or other/s; family and social concerns for effective recovery; health; and, legal issues. This will enable you identify an intervention.  
▪ Draw up a plan of action (intervention plan).  
▪ Provide support to both client and others (family, spouse, guardian, peers).  
▪ Ensure that you address client issues systematically.                                                                                                                                                                                                 |
| Providing (additional) information to client | ▪ Provide any necessary information such as health and legal services and explain their purpose. This may include information on HIV and AIDS, tests, drugs, contraceptives, legal issues, litigation, rights and responsibilities.                                                                                                                                                                                                 |
| Provide and Review client understanding of issue/s | ▪ Ensure counselling schedule and follow up of issues.  
▪ Provide support and continuously address client issues.  
▪ Prioritise with client as other issue/s emerge.  
▪ Ensure information and implications on preventive and supportive services are on-going as the counselling proceeds.                                                                                                                                                                                                 |
| Termination / Referral | ▪ Review challenges and implications of issues. For example, finance, career and relationship implications, HIV status, implications of positive or negative HIV status and disclosure of test results.  
▪ Acceptance of the reality and adjustment to present situation.  
▪ Explore concerns client may want addressed before cessation.  
▪ Discuss positive living such as nutrition, medical care, improved intrapersonal / interpersonal communication and on-going counselling.  
▪ Discuss support strategies including referral services. This includes health and legal services.                                                                                                                                                                                                 |
## APPENDIX III  COUNSELLING INTAKE FORM

*(Institution name and logo if an institution or letterhead)*

**Therapy Consent Form**

I ………………………………………………………………………. (full name) voluntarily accepted to be counselled …………………………………………… (institution / organisation / name of counsellor) and will:

- Avail myself for therapy
- Maintain punctuality
- .................................................................
- .................................................................
- .................................................................

…………………..…………………..

Client’s Signature Counsellor Signature

Place …………………………………………………. Date…………………………...

**Comments by Counsellor** ………………………………………………………………………

……………………………………………………………………

…………………..…………………..

Name …………………………. Signed …………… Date ………………..
APPENDIX IV COUNSELLING CONTRACT

COUNSELLING CONTRACT

This Contract is between

Name .......................................................... (Counsellor)
Contact details
Address ........................................... Post Code ................. Town ..............
Telephone Number ................................. Email ..............................................

And

Name .......................................................... (Client)
Contact details
Address ........................................... Post Code ................. Town ..............
Telephone Number ................................. Email ..............................................

This is a mutual agreement negotiated between ................................................. (client) and ................................................. (counsellor) prior to the commencement of counselling. The agreement articulates the responsibilities of the counsellor towards the client, and also the client's responsibilities in the counselling relationship (see contract notes overleaf).

We agree that:

(1) The sessions will be held on (Day) ........................................ at (exact time) .......................................................... (venue) ..................................

(2) The session format ........................................................................................................................................................................

(3) The fee per session will be ...........................................................................................................................................................

(4) Payment method and details ..........................................................................................................................................................

(5) Any other details (anticipated number of sessions and any other additional details) ......

Please read this contract including the additional notes (attached) carefully. If you wish to negotiate any changes, kindly indicate the changes before signing.

Client Signature .......................................................... Date .........................

Counsellor Signature .......................................................... Date .........................
Counselling Contract Notes

Counselling contract includes various aspects of counselling as follows:

1) **Confidentiality.** Privacy of information shared in counselling is a very important aspect of the counselling relationship. Everything discussed in the counselling session is kept in strictest confidence. The counsellor does not disclose the name or anything that would enable the client to be identified. It is important that the client inform the counsellor if you are receiving treatment for emotional difficulties.

2) **Limits to confidentiality.** Counsellor informs client of the restrictions to confidentiality such as follows:
   (a) If there is convincing evidence that the client intend to harm self and / or others;
   (b) Any aspect that is a security concern to the state requires involvement of significant other/s, such as the police;
   (c) The counsellor can be required to provide evidence in a court of law; and,
   (d) When the client is a minor, confidentiality is highly restricted.
   Again, restrictions on confidentiality only take places with prior knowledge of the client.

3) **Note taking and record keeping.** The counsellor makes brief notes after the session/s. The notes or records are securely stored. If there will be any audio recording of any session/s such as for the purpose of research, monitoring counselling process, teaching or any other reason/s, the counsellor will inform. Any recording will only occur with your prior knowledge and permission. Again, all client data (including any recordings) will be securely stored and handled in line with professional ethics (names will not be indicated, records will be used for purpose of research and destroyed after use).

4) **Sessions.** Counselling sessions usually last for around 45 - 50 minutes. Client and counsellor usually meet once a week, at the same time and day each week, though this is also negotiable. The whole session time belongs to client, whether you choose to attend or not, and counsellor is present for the entire time of the session. If you arrive part way through the allotted time, counsellor attends to you for the remainder of the time. Counsellor does not offer the time to anyone else, even if you are away (on holiday and/or urgent matter). If your circumstances change and the session time is no longer suitable, the counsellor will do their best to accommodate this and offer an alternative time.

5) **Session format.** This will be agreed at the commencement of session/s and may include or be restricted to face-to-face one-on-one counselling, counselling via the phone or Skype.

6) **Payments.** Counsellor and client agree on the payment. This could be per session. Payments may vary among professionals (child [800 - 2,000], student [1,000 - 2,000], individual [1,500 - 3,000], couple [3,000 - 6,000], family [5,000 - 10,000] and counselling supervision [3,000 - 5,000]).

7) **Payment options.** Client can pay by cash or cheque at the beginning of sessions, at the end of each session or end of sessions.

8) **Cancellation of appointment and Holidays.** Cancellation of an appointment with less than 24 hours’ notice, failure to show for an appointment or lateness usually incurs the full fee. Appointments missed because the client is unwell and have given 24 hours’ notice, or because client is on holiday or other urgent matters are not charged for.
9) *Counsellor availability to client.* Counsellor is available for the client with the exception of holidays and occasional times when one might attend a training workshop or a conference. Counsellor will give client as much notice as possible if s/he is unable to attend a session. In the event where the counsellor need to miss session/s because of illness, they give client as much notice as possible, and will (try to) offer an alternative time / session/s.

10) *Duration of counselling.* This is negotiated between client and counsellor. The client and counsellor might agree to work together for a few days, weeks or months and then review situation. It is essential to note that it is the client who decides whether or not to continue.

11) *Termination and ending.* Sometimes the client may feel that the counselling is not helpful. In these circumstances it is best if client can come and discuss the difficulties rather than abruptly ending the counselling sessions. Counsellor can request client to give one week's notice before terminating therapy so that there is a chance to discuss the decision, but there should be no pressure on continuing with counselling. Termination and ending can be discussed within a session.

12) *Professionalism and complaints.* You can complain if you feel you are not benefiting from the counselling process. You can also complain of any behaviour or misconduct by the counsellor. Client may consider whether to terminate counselling in the event of misconduct. All complaints should be directed to the association for counselling with clear details to allow investigation and to assist in professional handling of complaint.
APPENDIX V COUNSELLING REPORT ON CLIENT

COUNSELLING REPORT ON CLIENT

Client Identification Code ........................................... Session No. ....................
Date ........................................ Time / Session Duration .........................

Client Background Information
Age ...................... Gender ............. Marital Status ........................................
Education .......................... Employment ........................................
Name of Institution / Counsellor ..............................................................

Other important (relevant) information
..........................................................................................................................
..........................................................................................................................

Preliminaries (client’s presenting issue/s, referral source, key information)
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..........................................................................................................................
..........................................................................................................................

Key Information provided during Counselling Session
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..........................................................................................................................
..........................................................................................................................
..........................................................................................................................

Key Behavioural Observations
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
Assessment Method and Procedure (*Method used, what maintains issue/s*)

.............................................................................................................................
.............................................................................................................................
.............................................................................................................................

Counsellor conceptualisation of Presenting Problem

.............................................................................................................................
.............................................................................................................................
.............................................................................................................................

Intervention Procedures / Intervention or Treatment Plan (*method used / procedure and results. Include definition and goal of therapy*)

.............................................................................................................................
.............................................................................................................................
.............................................................................................................................

Monitoring and Evaluation of Intervention, Outcome and Overview (*achievement of session goals/s, challenges, conclusions, recommendations, way forward and follow up*)

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Comments by Supervisor

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**Counselling Report on Client Notes**

(1) The letter should be in a formal letter head if the counsellor is working in an institution.

(2) Important details of the client including name, gender, age and number of sessions held should be indicated.

(3) It is important to include any additional information on the client that could assist in therapy, for example, marital status, illness or abuse, self-injurious behaviour, suicidal tendencies, depression and previous treatment.

(4) Always ensure confidentiality of client.

(5) At the end, it is important to indicate information on the extent to which the client has benefitted from therapy. This is an assessment of the sessions and any other available information that can assist to establish the extent to which the sessions including methods adopted in therapy were suitable to the client.
APPENDIX VI  COUNSELLING MONITORING AND EVALUATION

COUNSELLING MONITORING AND EVALUATION

This checklist is to enable you assess your performance in a counselling session. You can monitor your performance by a tick (√) or an X. You can identify aspects that you missed and improve upon them. This enables you to continuously reassess yourself and conduct an evaluation at the end of a period (day, week, month, quarterly, half yearly and at the end of the year).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Aspect in Counselling</th>
<th>Performance ( √ or X)</th>
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<tbody>
<tr>
<td>Preliminaries: Contracting</td>
<td>Did you introduce self to client.</td>
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<tr>
<td>with the client</td>
<td>Did you allow client to introduce self to you.</td>
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<td></td>
<td>Did you establish reason (purpose) for client visit.</td>
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<td></td>
<td>Did you explain counselling procedure to client.</td>
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<td></td>
<td>Did you explain confidentiality to client.</td>
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<td></td>
<td>Did you contract client.</td>
<td></td>
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<td></td>
<td>Did client sign consent form.</td>
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<tr>
<td>On-going Counselling:</td>
<td>Did you provide core conditions.</td>
<td></td>
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<tr>
<td>Supporting the client</td>
<td>Did you obtain the background of the client.</td>
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<td></td>
<td>Did you assist client explore their concerns.</td>
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<td></td>
<td>Did you provide support to the client (skills and techniques).</td>
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<td>Did you address client concerns / issues.</td>
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<td>Did you conduct the correct diagnosis.</td>
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<td></td>
<td>Do you have an intervention plan.</td>
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<td>Did you plan with the client.</td>
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<td></td>
<td>Did you use the appropriate therapeutic approach/es.</td>
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<td>Did you provide support to client and others (family, spouse, guardian, peers).</td>
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<tr>
<td>Providing (additional)</td>
<td>Were you systematic in your approach (organisation, logic).</td>
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<tr>
<td>information to the client</td>
<td>Did you provide any additional information to client (such as legal, health, career,</td>
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<td>rights and responsibilities).</td>
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<tr>
<td>Provide and Review client</td>
<td>Did you state that this is information not counselling.</td>
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<tr>
<td>understanding of issue/s</td>
<td>Did you state the purpose of information provided.</td>
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<td></td>
<td>Did you assist the client to understand their situation (issue/s).</td>
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<td></td>
<td>Did you resolve outstanding issues.</td>
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<td>Did you ensure client understands the counselling schedule (includes the plan of</td>
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<td></td>
<td>action).</td>
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<td></td>
<td>Did you find out other (previous) attempts to resolve issue (how, where and when) and</td>
<td></td>
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<td></td>
<td>the extent of success.</td>
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<tr>
<td>Termination / Referral</td>
<td>Did you resolve outstanding issues.</td>
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<td></td>
<td>Does the client have an action plan.</td>
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<td></td>
<td>Did you discuss other aspects such as positive life and support strategies.</td>
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<td></td>
<td>Did you assure client they are always free to seek additional help in future.</td>
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