

INTRODUCTION TO COUNSELLING



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The Role of the Counsellor

Counselling as an activity has been conducted for as long as the human race has sought opinions or advice from one another. However, Counselling as a profession is a relatively recent phenomenon, a product of the last 50 years of social development. Perhaps because it is so new, there is considerable debate and disagreement as to what exactly constitutes “Counselling.” Is the prescribing of drugs for the treatment of depression a part of the Counselling process? When a friend asks for advice, are you Counselling her? Is the individual engaging in the treatment of personality disorders “Counselling?”

The rise in scope and popularity of the helping professions has created a number of relatively new professions and activities whose boundaries are not distinct, and whose roles may have considerable overlap. We hear of investment Counsellors, diet Counsellors, and tax Counsellors. In these contexts, the word “Counsellor” seems to be little more than a euphemism for, “Here’s how to spend your money!” Even within the realm of human services there is considerable overlap and confusion amongst the roles and responsibilities of social workers, psychologists, psychiatrists, and Counsellors. Furthermore, we hear of lay Counselling, peer Counselling, and intake Counselling. With such ambiguity of terms and responsibilities, it is little wonder that the average person may have difficulty distinguishing between them all! The

purpose of this first chapter is to explain the role of the Counsellor, and attempt to reduce the ambiguity. To do so, we will first look at the nature of Counselling; providing the term with a working definition and contrasting it with other forms of mental health interventions. Next, we will explore the outcomes of Counselling in greater detail, to give the Counsellor-in-training a clear idea of what competent performance of the role should produce. The outcomes will be followed by a brief discussion of the processes commonly used to achieve those outcomes, and the tools or structures necessary to make the processes work. The chapter concludes with a brief discussion of Counsellor salience expressed primarily in terms of the characteristics of a good Counsellor.

A1: THE NATURE OF COUNSELLING

Belkin (1988) has noted that the use of the term "Counselling," as a way of denoting a set of professional activities, is relatively new. It has its origins in two related disciplines; as an outgrowth of the guidance movement and in opposition to psychotherapy (especially psychoanalytic therapy).

The guidance movement grew out of Frank Parson's pioneering work in Boston at the turn of the twentieth century. His initial concern with helping youth to make "wise" vocational decisions became the standard for a host of guidance activities, predominantly in school settings. Guidance soon came to be associated with helping people to make decisions - hence the term "vocational guidance." The guidance relationship is one of unequals - one individual has particular knowledge or wisdom that is used to guide the decisions of another.

In contrast to guidance, Counselling is seen as a set of processes to help people make changes in their lives. In the Counselling context, the nature of the relationship changes to one of equals. Such a framework includes decision-making components, but is not restricted to the giving of advice. In fact, one of the first things that beginning Counsellors need to eliminate from their repertoire is the tendency to offer advice or solutions, especially in early stages of the process.

Psychotherapy is often viewed as having similar sets of processes and skills to that of Counselling. The differences are often ones

of degree, and like beauty, may be in the eyes of the beholder. Typically, therapy is considered to be long-term, lasting anywhere from six months to two years (or longer); Counselling is usually short-term, averaging eight to twenty sessions. The focus of therapy is on reconstructing some element(s) of the individual (for example, overcoming a phobic reaction), whereas Counselling focuses on the resolution of problems in the individual's life (for instance, improving one's relationship with one's spouse). The difference in emphasis makes therapy more useful in dealing with the serious problems of mental illness (such as schizophrenia, chronic depression, etc.) and Counselling more effective in dealing with individuals within the "normal" range. Stated another way, Counsellors help "healthy" individuals deal with everyday kinds of problems, whereas psychotherapists help individuals deal with deep-rooted problems.

Psychiatry is another common discipline within the helping profession; it is probably closer to psychotherapy than it is to Counselling. Psychiatrists, unlike psychotherapists, must first take a degree in medicine and then specialize in psychiatry. They usually use a medical model of treatment, which emphasizes the diagnosis and cure of illness. A common remedy for mental illness is the prescription of drugs and/or the application of treatment plans. In fact, psychiatrists are the only mental health practitioners who may legally prescribe drugs. Psychiatrists typically deal with extreme and/or severe mental disorders.

Rather than focus on the differences between Counselling and the related helping professions, it may be more useful to focus directly on the meaning of Counselling. One of the most useful definitions of Counselling is provided by Gladding (1988):

Counselling is a relatively short-term, inter-personal, theory-based, professional activity guided by ethical and legal standards that focuses on helping persons who are basically psychologically healthy to resolve developmental and situational problems. The activity itself is a process that evolves through distinct stages. Personal, social, vocational and educational matters are all areas of concern, and therefore the profession comprises a number of subspecialties. (p. 9)

This definition provides an explicit outcome for Counselling, and emphasizes the use of specific and distinct processes. Furthermore, reference is made to issues of professionalism and ethical standards of conduct. In the following sections, we will examine each of these issues in greater detail.

A2: THE OUTCOMES OF COUNSELLING

Counselling serves one fundamental purpose: to facilitate personal growth and development. The Counselling interaction will have been successful when the client experiences growth and/or development in his or her life. This growth may be in one or more of the three primary Counselling domains (affective, cognitive, or behavioral). Sometimes, people just want to feel better about their situation, even if there is little that can be done about it (affective domain). With others, there may be a need for information or new ways of perceiving things (cognitive domain). Still others need to adapt patterns of behavior or learn new coping skills (behavioral domain). Most likely, a successful intervention will involve all three domains. Regardless of the domain, Counselling will have been successful when the client has experienced growth and/or development. In other words, the successful client becomes more adaptable and more capable of coping with his or her environment. (For further details on adaptability, refer to Magnusson, Day and Redekopp (1988) or Magnusson and Redekopp (1989)).

Hiebert (1989) emphasizes the importance of facilitating growth as the outcome of Counselling. He suggests that client change is the only valid measure of Counselling effectiveness. Note that this does not necessarily mean behavioral change - change can occur in any of the three domains. Thus, a successful intervention may involve the acquisition of new skills, the resolution of conflicting emotions or feelings, or the introduction of new ways of thinking about

situations. For example, some clients may know how to change (cognitive domain), and may want to change (affective domain), but never seem able to actually implement the change (behavioral domain). Common examples of such situations include alcohol or drug dependency, eating disorders, or people living in abusive situations. For these people preventing recidivism, or simply maintaining a more positive condition, involves changes in the ways that they have been acting, and therefore qualifies as a “successful” intervention.

The general goal of fostering clients’ personal growth and development has five sub-goals:

1. Affirming client self-worth;
2. Developing a sense of being “heard”;
3. Fully exploring the issue at hand;
4. Identifying barriers to growth and development; and
5. Developing strategies for overcoming the barriers.

It is important to note that the phrase, “Solve the clients’ problems for them,” does not appear on the list of outcomes. This is the most common mistake that beginning Counsellors make; the assumption that it is up to the Counsellor to find all of the right solutions. We see this time and again; most new Counsellors will offer advice or solutions long before the five outcomes described above have been attained. In fact, moving into solutions too quickly usually has an effect which is exactly the opposite to

what is intended. Very few people have their sense of self-worth affirmed by being told what to do! When Counsellors are too directive, clients are more likely to feel reinforced for being incapable of solving their own problems. Although the immediate situation may (to some degree) be resolved, the client has experienced little or no growth and is likely to require assistance whenever similar problems occur. The primary task of the Counsellor is to make herself or himself redundant as soon as possible.

There are, of course, exceptions to the above rule. These usually occur when the client is in need of intensive support (see Magnusson, Day and Redekopp, 1988). The client may be at risk of harming himself or others, or may lack fundamental skills or knowledge essential to survival at that time. People at risk of abuse, who are suicidal, or new to a transition situation (e.g., someone who for the first time must access social services in order to survive, and does not even know where to begin or what services are available) may be candidates for intensive support. However, the Counsellor must fully explore the situation at hand prior to making the decision that the individual requires intensive support and may benefit from direct intervention. In most of the Counselling situations that you will be faced with, the crisis is not so extreme that you would jump to immediate intensive support.

I may have belabored the last point, but it is essential for students to remember it, and needs to be reinforced continuously throughout the course. Our role is not to solve problems for clients, but rather to

foster their growth and development. It is not important that we look good, or appear to be brilliant or wise. What is important is that the client comes away from the interaction with a strategy that has been proven to be effective in dealing with the problem, and further, that the client is able to apply the process to similar situations in the future. With this in mind, let's take a more detailed look at each of the five sub-goals of fostering growth and development.

1. Affirming client's self-worth.

Clients who seek Counselling usually have, to some degree, lost faith in their capacity to deal with their situations. Counselling literature is full of evidence that problems of self-image underlie most presenting problems. Many people doubt their worth or value, and denigrate the positive attributes that they possess. Some persons who appear to have it all together present themselves as superior in order to avoid looking inferior (which is often how they feel). Even those who enter Counselling for specific information or assistance (e.g., career Counselling) may feel incapable in that specific situation. Thus, it is our task to ensure that we affirm the client's intrinsic worth or value. While this sounds obvious, it is not as easy as it seems (as you will soon learn when you start practicing your skills).

2. Developing a sense of being heard.

How often do you get the feeling that someone has really paid attention to what you were saying? For most people, it is a rare experience. Now think back to a time when someone really did take the time to

listen to you - how did it feel? When people walk away from a good Counselling session, they will often say things like, "Wow - that person really listened to me!" It is a "wow" experience for two main reasons. First, it is not all that common. Most of us, in our normal, day-to-day interactions pay only "ear service" to others around us. We might think we are really listening, but usually we are so busy with our own world that we don't take the time to find out about another's world. That's because we tend to be egocentric, and because real listening is hard work. Since most of us so rarely experience being heard, it can come as quite a surprise.

The second, and most important reason that clients are "wowed" by good listening is that it helps to achieve the first sub-goal; namely, that attentive listening validates the client's self-worth. When the Counsellor is willing to expend so much selfless energy, the client is made to feel that what he or she has to say is of some value. It is not uncommon for the Counsellor to hear statements such as, "This is the first time that anyone has really understood me!" Taking the time to hear clients and understand their world is perhaps the most critical task in Counselling. Most of this introductory course is devoted to helping you develop the skills that you will need in order to do this well.

3. Fully exploring the issue at hand.

One of the ways to ensure that the client is heard is to fully explore their presenting situation. This exploration, however, is an outcome itself in that it goes beyond the client's sense of being heard. Clients will

feel heard when we actively listen to their issue; they will become empowered to resolve the issue when we fully explore it with them.

Counsellors often make a distinction between the presenting problem and the core issue. Often, either consciously or unconsciously, clients will present issues that are not the real cause for concern. A detailed exploration of the presenting problem often reveals deeper, underlying issues. For example, a client may seek your assistance in making an occupational decision. A detailed exploration of this presenting problem may reveal that the “real” issue is a feeling of inadequacy or a fear of failure. Until these feelings are dealt with, the issue of occupational choice will continue to be problematic. Fully exploring a problem means understanding, from the client’s perspective, how the problem is expressed in cognitive, affective and behavioral terms, and the interactions amongst these domains. Exploration also involves understanding the interactions between the person and his or her environment, as well as the respective roles that each play (in Counselling theory, this is referred to as a “systems approach”).

4. Identification of barriers to development.

People need more than a thorough and accurate understanding of their problem in order to move towards resolution. They also require an understanding of, and appreciation for, the barriers that typically block them from growth. This can be expressed as, “Now that we know what the problem is,

let’s take a look at what is stopping you from solving it.” The barriers may, and usually do, come from a number of sources. Clients may hold self-defeating beliefs or attitudes, or lack specific coping skills or knowledge. There may be individuals in their environment who have a negative impact on their growth (e.g., a spouse who is blocking attempts to make a career change). Or, there may even be aspects of the clients’ environments that are barriers to growth; a lack of social or economic opportunity, or gender or racial discrimination. Regardless of the source, it is necessary to identify these barriers so that effective coping strategies may be developed.

5. Development of effective coping strategies.

The final outcome to be discussed is the development of effective coping strategies. The client usually needs to have some form of strategy or plan to deal with the problems that were presented during earlier stages of Counselling. Implied in the outcome statement is the notion that the strategies actually work or were found to be effective. It is not enough to develop a plan of action with the client; the plan must be implemented and modified where necessary. Thus the component of evaluation is important for assessing whether or not the Counselling was effective.

The rest of this course is devoted to developing the basic skills and attitudes that are necessary to achieve the above outcomes. I would like to emphasize that the Counselling process is a very purposeful activity. Everything that you do with a

client should, in some way, be designed to foster one of the five sub-outcomes. In fact, that is one way to monitor yourself or evaluate others - did the Counsellor's actions serve to foster the growth and/or development of the client? If they didn't they do not belong in the Counselling interaction. Everything you do has a purpose. You must be vigilant to ensure that the purpose of your actions is to facilitate the client's growth, and not to enhance your own standing or image. This is not always easy to do! The general rule of thumb is that every Counsellor action must have the intended purpose of facilitating one of the five sub-goals. This can be done with a mental checklist: "Did I just strengthen my client's sense of self-worth?"; "Did she feel heard?"; "Did I fully explore this issue (do I really understand the problem, and have I helped my client to see all the different components of it)? Did we identify the real or imagined barriers to making changes?"; and were we able to implement effective strategies?" If your answers to all of these questions are "yes," then you have probably done a pretty good job, and the client will have grown in some way.

Another point worth mentioning at this stage is that there is no single "right" way to proceed. There are a variety of therapeutic approaches, and it seems from the literature that there are three main determinants of an intervention's effectiveness: the Counsellor believes in the approach taken; keeping the interests of the client above his or her own; and the client believes in the Counsellor. Thus, this course will attempt to present an atheoretical approach to skill building. Within this context, it should be possible to

incorporate a variety of theoretical approaches. The key point is that your techniques or processes are acceptable as long as they produce the intended outcomes. This sounds like an "ends justify the means" kind of an argument that leaves considerable room for dubious practices. However, truly focusing on the outcomes as described leaves very little room for anything short of competent, ethical performance on the part of the Counsellor.

So far, we have only considered the outcomes of Counselling from the client's perspective. Naturally, the Counsellor experiences certain outcomes as well. To some extent, these vary from one Counsellor to the next - a good question to ask yourself at this stage is, "Why do I want to be a Counsellor?" What are your goals for the Counselling process? People who are effective Counsellors tend to answer these questions in a similar way. For most Counsellors, the primary outcome is the sense of reward one gets from helping another individual. It is not unlike the joy one experiences from the giving of gifts at Christmas! It is extremely gratifying to be a part of a process in which an individual is able to overcome some vexing situation.

There are a host of other Counsellor outcomes that could be discussed here: the opportunity to assess techniques for helping; self growth as a result of being a part of the helping process; or even having a "satisfied client" who is likely to be a source of referrals. However, the major outcome is the sense of pride and gratification described above.

A3: THE BASIC COUNSELLING PROCESSES

The outcomes of Counselling can be obtained through the implementation of a few simple processes. Actually, it is only the description of these processes that is simple; enacting them can be an involved and complicated task! For the purposes of this introductory course, five processes will be described:

1. Establishing rapport;
2. Exploring a problem situation;
3. Developing problem-solving and/or coping strategies;
4. Developing social support systems; and
5. Making referrals.

Rapport-building is a fundamental, though commonly misunderstood, component of Counselling. Much of the effectiveness of the Counselling intervention is dependent upon the relationship established between the Counsellor and client. Thus, it is critical to develop a mutually trusting environment in which both Counsellor and client feel free to share. The common mistake that people make when thinking about rapport is that the Counsellor needs to engage the client in idle banter until such time as the Counsellor believes that the client is “comfortable” or “ready” to proceed. Although it is true that the Counsellor must be sensitive to the present needs of the client, it is also true

that rapport is built the quickest through the professional application of fundamental communication skills imparted by an attitude of respect and caring for the client. The client has not come to see you to talk about the weather. It is far better to simply roll up your sleeves and get to work. The focus and depth of the content discussed is the primary distinction between the activities of rapport-building and those conducted during other processes.

Fully exploring a client’s problem requires a set of skills applied in a distinct sort of way. The focus here is to understand, as completely as possible, the way in which the client views his or her world, and help the client to realize the complex set of interactions that comprise the problem situation. This involves an in-depth look at the three principle Counselling domains: the cognitive domain (the thought patterns and meaning systems/attributions of the client); the affective domain (how the client feels about his or her situation); and the behavioral domain (how the client acts or responds to the problem). Furthermore, it is important to explore how these three domains interact (i.e., how does one’s feelings affect one’s behavior?). An examination of the parameters of change is also included in a detailed exploration. There are three common parameters that need to be explored: client skill level with respect to the problem situation; client motivation for implementing change; and the degree of anxiety that the client experiences with respect to the problem situation. It may be necessary to work on one or more of the parameters of change prior to actually attempting to engage in problem solving.

A distinct set of activities that Counsellors often engage in with clients is that of skill building. Often the client does not possess the repertoire of skills that are needed to solve the problem. For instance, a client seeking assistance in finding suitable employment may need to develop additional skills in interviewing or job search techniques. These activities are fundamentally no different from any other instructional activity, but form a large and critical component of the Counsellor's skills.

The problem solving process involves the development of strategies to overcome the presenting problem(s). The strategies are often related to theory; the Counsellor will utilize his or her theoretical and philosophical perspective to design interventions with the client. Generally, the problem solving process should include some accountability measures which help determine that the problem has been resolved.

The final process that we will be presenting is the development of social support systems. Nobody lives in a vacuum, in isolation from the world. The problems that people present to us were generally developed within a social or cultural context, and if we are to assist the individual in making changes, then we have to keep those contexts in mind. Most people find the Counselling environment to be very supportive, and feel confident about their chances for implementing change. However, once back into their original environment, they may not have the same kind of support. Thus, it is often necessary to teach the client to effectively use whatever support mechanisms are available,

or even to develop support where little is currently available.

These five processes are generic enough to be incorporated into most, if not all, forms of intervention. For example, Hiebert's (1989) Instructional Counselling model advocated five phases of intervention. Goal setting involves the process of establishing rapport. The pre-assessment stage involves the process of exploring a problem situation. A detailed exploration may also result in the establishment of specific Counselling objectives (Hiebert's third stage). Hiebert's fourth stage, instructional activities, requires problem solving and skill building processes. His final stage, evaluation, is a part of the problem solving process (i.e., we won't know if we have solved the problem if we haven't evaluated the solution). The development of social support systems may play an important role throughout the Counselling intervention. Thus, in this one example, all of the suggested stages of intervention require one or more of the generic processes described above.