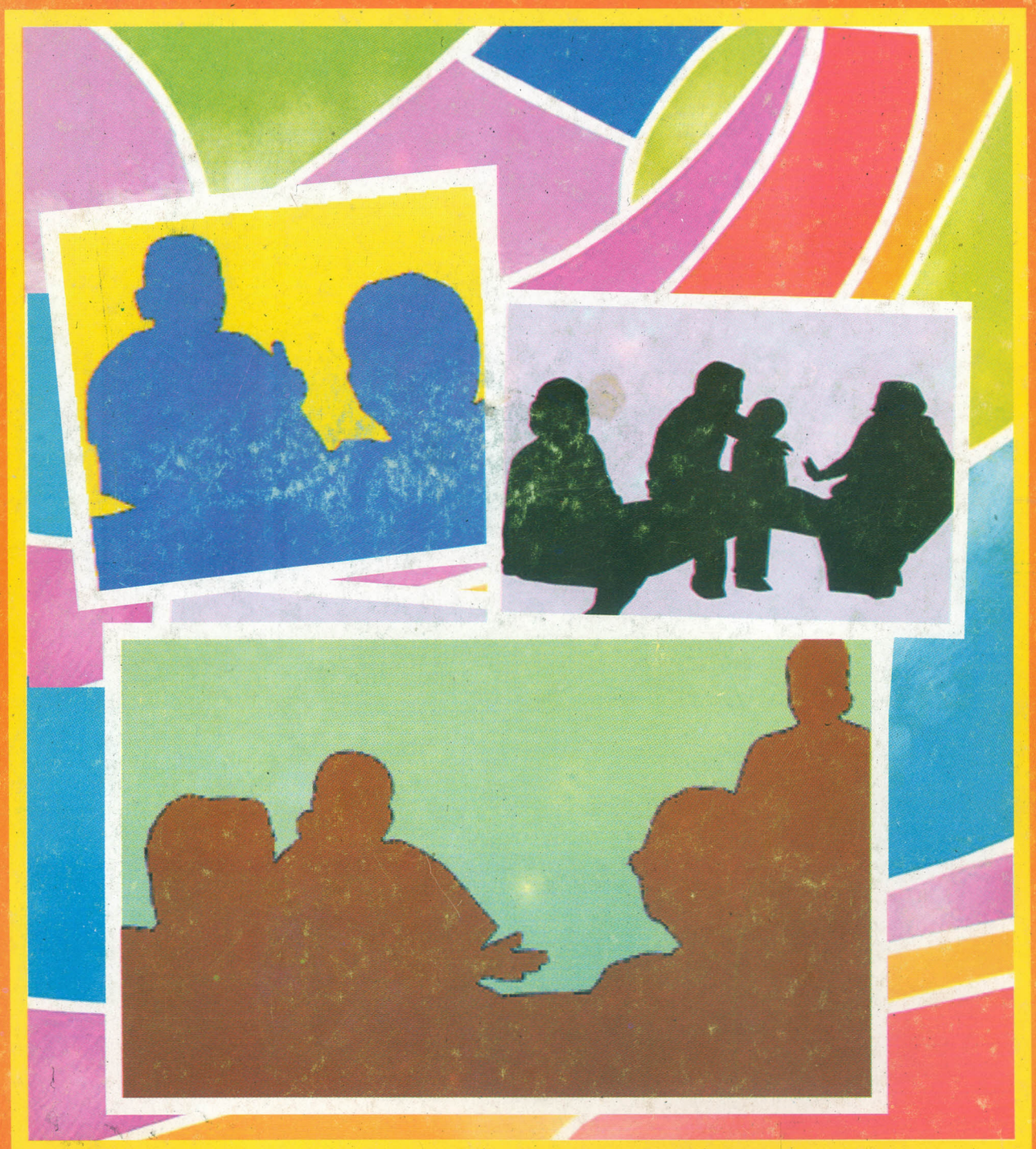
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MCFT-004
Counselling and Family Therapy: Applied Aspects



PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-II

3

"शिक्षा मानव को बन्धनों से मुक्त करती है और आज के युग में तो यह लोकतंत्रा की भावना का आधार भी है। जन्म तथा अन्य कारणों से उत्पन्न जाति एवं वर्गगत विषमताओं को दूर करते हुए मनुष्य को इन सबसे ऊपर उठाती है।"

- इन्दिरा गांधी

"Education is a liberating force, and in our age it is also a democratising force, cutting across the barriers of caste and class, smoothing out inequalities imposed by birth and other circumstances."

- Indira Gandhi

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Counselling and Family Therapy: Applied Aspects

Block

3

PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-II

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BLOCK 3 PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-II

Introduction

The Block 3 is "Practical Aspects of Counselling and Family Therapy-II". It continues to talk at length about practical aspects of counselling and family therapy. It will acquaint you with the knowledge of various reflective techniques, relationship building strategies, and strategies for facilitating and evaluating change. The Block also helps you to identify the barriers to actualizing therapeutic relationships and coping with difficult situations in counselling and family therapy. The Block consists of five Units.

Unit 10 entitled "Reflective Relationship Techniques", introduces you to various reflective relationship techniques which are important in establishing a counselling relationship. The Unit will help you in understanding the concept of reflection which includes meaning and purpose of reflection and the relevance of reflection in therapeutic relationship. The Unit also acquaint you with knowledge of nature of reflection, affective reflections or reflection of feeling, behavioural reflections and cognitive reflections. Immediate reflection, implied reflection, and summary reflection are the various types of reflection that used in therapy; we will also discuss these in this Unit. Further, you will learn about sharing experiences and identifying feelings during the process of counselling. The therapist can increase the client involvement in the sessions by reducing psychological pain, maintaining client focus and properly pacing therapy. At the end of this Unit, we will study about the various difficulties in reflecting like stereotypes, timing, selection of feelings, content, depth, and language.

Unit 11 entitled "Relationship Building Strategies and Methods". The Unit begins with study of opening techniques which includes the greeting, the topics, the physical arrangement, and the attitude. The Unit also acquaints you with the various listening techniques used in counselling. Further, the Unit will provide you knowledge on various structuring techniques which includes general principles of structuring, types of structure and contracts, timing of structuring and dangers of inadequate structuring. Various leading techniques are also discussed in this Unit. Nature and value of reassurances and suggestions methods are discussed with the limitations and cautions. At the end of Unit, termination skills pertaining to terminating a discussion unit and terminating an interview are discussed in length.

Unit 12 is named as "Strategy for Facilitating and Evaluating Change". The Unit begins with the principles of selecting intervention strategies. Various strategies for restructuring client's self-perception is explained in this Unit which include interpretative techniques. Various techniques of utilization clients' interpretations are discussed. It includes experiential awareness techniques, cognitive techniques and adjunctive techniques. Further, the Unit described strategies for managing physical and emotional distress. Various relation methods are discussed under this. Some of the strategies for planning and implementing behaviour change include problem solving and coping skills strategies, self-management, modelling and skill training which we will study in this Unit. At the end, terminating the session is discussed in detail.

Unit 13 is entitled as "Barriers to Actualizing Therapeutic Relationship". The Unit begins with the introduction to transference which includes nature of transference feelings, development and resolution of the transference relationship, implications for counselling and family therapy, therapeutic functions of transference feelings for counsellors and working through transference feelings and preventing deep transference relationships. The Unit also acquaint with the concept of countertransference, nature and sources of countertransference feelings, the professional identity defense , barriers faced by beginning therapists and signs of countertransference feelings. The resolution of countertransference feelings include locating sources of feelings, supervisory assistance and discussion with the client, we will study all these in this Unit. Growth and awareness is an essential component of therapy as it helps in referral to another technique, exemplary encounter and analysis of tapes and videotapes. At the end of this Unit, we will learn about the resistance in which we study nature of resistance, manifestation and classification of resistance, positive functions of resistance and techniques for handling resistance.

Unit 14 is "Coping with Difficult Situations in Counselling and Family Therapy". The Unit acquaint you with the knowledge of the principles of basic counselling in which we will also study the different stages of the counselling process. Further, the Unit deals with the counselling in different situations like crisis, grief, abuse, silence, suicide threats, refusal for counsellor's help, uncomfortable with counsellor's gender etc. At the end the Unit deals with family therapy, in which you will learn how family therapy works, techniques used in family therapy, role of family therapist and benefits of family therapy.

UNIT 10 REFLECTIVE RELATIONSHIP TECHNIQUES

Structure

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10.2 Understanding the Concept of Reflection

- 10.2.1 What is Reflection?
- 10.2.2 Purpose of Reflection
- 10.2.3 Relevance of Reflection in a Therapeutic Relationship

10.3 Nature of Reflection

- 10.3.1 Affective Reflections
- 10.3.2 Cognitive Reflection
- 10.3.3 Behavioural Reflection

10.4 Types of Reflection

- 10.4.1 Immediate Reflection
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10.5 Sharing Experiences

10.6 Identifying Feelings

10.7 Increasing Client Involvement

- 10.7.1 Reducing Psychological Pain
- 10.7.2 Maintaining Client Focus
- 10.7.3 Properly Pacing Therapy

10.8 Difficulties in Reflecting

- 10.8.1 Stereotypes
- 10.8.2 Timing
- 10.8.3 Selection of Feelings
- 10.8.4 Content
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- 10.8.6 Language

10.9 Let Us Sum Up

10.10 Glossary

10.11 Answers to Check Your Progress Exercises

10.12 Unit End Questions

10.13 Further Readings and References

10.1 INTRODUCTION

In a counselling session the client and the counsellor are involved in a two way communication process. When the client conveys her or his concerns, the counsellor in turn needs to respond back to encourage the continued expression from the

client. There are several responses from the counsellor which aid the communication of feelings and concerns by the client like summarizing of feelings, restatement, clarification, acknowledging non-verbal behaviour and reflection of feelings. This Unit will focus on reflective relationship techniques which are useful when we focus on feelings and the dynamics involved therein. These are invaluable technique for building the bridges of communication and learning about relational skills.

Objectives

After studying this Unit, you will be able to:

- Appreciate the importance of reflection in establishing a counselling relationship;
- Delineate the various ways in which the counsellor can reflect feelings and concerns shared by the client so that the client feels valued and understood;
- Understand how to increase the involvement of the client by making use of various kinds of reflective techniques; and
- Analyse the difficulties that you can encounter in the process of reflection.

10.2 UNDERSTANDING THE CONCEPT OF REFLECTION

In order to understand the concept of reflection, it is important to understand the purpose of reflection, nature of reflection, the strategies by which a client and counsellor engage in reflection and also the difficulties one can encounter in the process. All this shall be discussed in the proceeding sections.

10.2.1 What is Refection?

Rogers (1942, 1958) described reflection as the primary counsellor response. Reflection is a paraphrased response to a feeling communicated by the client, either verbally or non-verbally. The counsellor tries to understand the feelings and thoughts expressed by the client and then rephrase the client's statements as an attempt to communicate concern and involvement in the therapeutic relationship. The statements used in refection are mirroring of the feelings or emotions present in the client's message. The counsellor may commonly use a phrase such as "What you are saying is....." or "I hear you are saying....." or "You mean to say....." before the refection of feelings.

10.2.2 Purpose of Reflection

Reflection is an important technique in a counselling relationship for several reasons, which include the following:

- Refection provides a way for the client to know that the counsellor was indeed listening,
- It helps the counsellor to ascertain that she or he heard the client correctly,
- It can provide support and validation to the client, and
- It provides a means for insight to the client.

10.2.3 Relevance of Reflection in a Therapeutic Relationship

Refection holds importance in developing a therapeutic relationship because:

- It provides an opportunity for the clients to hear themselves as others hear them and learn more effective ways of expressing themselves. This is particularly important in couple and family therapy;
- It helps to create an atmosphere of empathy which enhances emotional proximity between the counsellor and the client;
- It contributes to a sense of self acceptance in the client; and
- Reflection contributes to a feeling of being understood, thereby bringing a sense of relief in the client, which creates a positive path for the progress of therapy.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What do you understand by reflection?

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2. Why is reflection important in a therapeutic relationship?

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10.3 NATURE OF REFLECTION

The nature of reflection involves knowledge about the kinds of reflection that a counsellor commonly engages in a therapeutic relationship and how they can be used in different situations to convey different meanings.

10.3.1 Affective Reflections

Affective reflection involves reflections feelings, wherein the counsellor focuses on the affective portion of the client's statement. It has been seen that responding to affect early in the counselling process is the best strategy for reducing client

anxiety. This communicates your acceptance and understanding of these feelings to the clients.

The following example focuses on the affective component or "feeling":

Client: "I don't know whether to talk to my mother or just leave the decision to my father. But if I leave the decision to my father, he may expect me to choose to study engineering just like him".

Counsellor: "So you feel confused in making this important decision of your life and would like to seek both your parents' advice on the issue. Maybe you feel it would be difficult to live up to your father's expectation from you".

Effects of responding to affective content are as follows:

- It acts as an anxiety reduction tool,
- It diminishes the intensity of feelings,
- It provides the client with an accepted listener to their feelings,
- When client's feelings are accepted and understood with warmth, it helps them to incorporate personal feelings and perceptions into their self-image, and
- Responding to client's feelings establishes a high level of trust between you and your clients.

Some limitations of only reflecting feelings are as follows:

- Responding only to feelings is unrealistic, therefore it reduces the possibility of clients being able to generalize aspects of counselling relationships to other relationships, and
- Responding only to feelings may make the client's so preoccupied with themselves that the level of their other relationships deteriorates even more.

Two common errors that can occur in response to client's feelings can be (Ginott, 1965):

- Responding to the event rather than the feelings involved, and
- Responding to something general and abstract rather than specific.

For example:

Client: "I really felt left out at that party".

Counsellor: "Did you go to the party with someone or by yourself"?

A better response to reflect the client's feeling would be:

Counsellor: "You might have felt alone there".

Let us consider another example:

Client: "I just can't seem to make it here at college with the courses".

Counsellor: "The courses can make you work".

A better response would have been:

Counsellor: "You seem to feel pretty discouraged with college and all".

10.3.2 Cognitive Reflection

In cognitive reflection the counsellor focuses and responds back to the cognitive content or message in the client's statement. Cognitive reflection is best used with clients who avoid intimacy and emotion and involves focussing on the cognitive component, that is, "thinking" (that is, finding how the client thinks and what kind of ideas she or he has.)

For example:

Client: "I don't know whether to go with my official trip or stay here for our wedding anniversary. I don't understand how my wife would react to it".

Counsellor: "You are thinking how your wife would react to the news of you not being here for your wedding anniversary?".

Effects of Cognitive Reflection

Let us discuss some effects of cognitive reflection, these are given below:

- At times, rapport with the client is established more quickly by discovering how they think rather than how they feel,
- Responding to cognitive content assists the clients in developing and expressing those thought processes which are involved in problem solving and decision making,
- Sometimes behaviour rigidity is maintained by the kinds of thought patterns present in the client's repertoire, and they may have to be explored before any behaviour change occurs, and
- Once the goals of counselling have been set up, action plans must be developed to produce goal attainment, which can be accomplished by responding to cognitive content.

Reflection that is primarily from the cognitive content has some limitations also. The following are some limitations:

- It may reinforce the client to think and abstract and deny feelings that are actually influencing her or his behaviour, and
- It may not provide the opportunity that the client needs to share and express feelings in a non- judgemental setting.

10.3.3 Behavioural Reflection

Behavioural reflection is when the counsellor reflects back the messages from the non-verbal behaviour of the client in the setting. The counsellor needs to be sensitive to the non-verbal behavioural cues of the client, in order to accurately reflect back the client's feelings.

For example:

Client: (Sitting in a chair in a slumped position, eyes downcast, tired and lost look on her or his face).

Counsellor: "From the way you look, you must be very lonely and confused right now".

In the client's communication, vocal modulation may be absent or extreme, there may be sighs or unusual pauses in verbalization, eyes may be wet or downcast, shoulders may be slumped, teeth may be clenched, or arms crossed. These are behavioural clues to what a client may be feeling. The counsellor may appropriately reflect back by saying, "You are feeling overwhelmed and discouraged by the change in your relationship", for the client who has had a relationship end and is sitting slumped with downcast eyes.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space . provided below.

b) Check your answers with those provided at the end of this Unit.

1. What do you understand by reflection of feelings? Why is it used in counselling relationship?

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2. Discuss the disadvantages of (i) affective reflection, and (ii) cognitive reflection.

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3. Give an example of behavioural reflection.

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10.4 TYPES OF REFECTION

Refection can occur at different levels. At the most basic level the counsellor may reflect only the surface feeling of the client. At the deeper level, the counsellor may

reflect an implied feeling with greater intensity than that originally expressed by the client.

10.4.1 Immediate Reflection

This kind of reflection occurs when the counsellor reflects an affect message that is overtly present in the client's message by using a different affect word, but one that captures the same feeling and intensity expressed by the client, as in the following example:

Client: "I feel so irritated and mad at you for having kept me waiting this long".

Counsellor: "You are very angry about having to wait".

10.4.2 Implied Reflection

The second kind of reflection occurs at a deeper level. This one mirrors an affect message, which is only covertly expressed or implied in the client's message. For example, the implied affect message in the statement, "I think both of you share a great bonding". The feelings inherent in the words refer to a positive affect message of like, enjoy, pleased, and so forth. Therefore, the refection that picks up implied feeling in this communication might be among the following:

"This relationship is important for you".

"You have some good things in this relationship".

"You are pleased with this relationship".

The reflection that occurs at a deeper level not only mirrors the inherent or covert feeling but also must match the intensity of client's feeling, and perhaps reflect a greater intensity of feeling. The most effective reflection is the one that emphasizes what it is that the client anticipates. It is the reflection which acknowledges the implied admission of the client's message. When the counsellor reflects back the implied meaning along with the feelings expressed directly by the client, they help in linking up the client's experiences, actions and understanding. It helps the client to become aware and understand her or his experiences and feelings.

In the following example, we see that the counsellor reflects back the covertly implied feeling with a greater intensity of affect and acknowledges the implication of what the client would like to do or feel.

Client: "I feel I have to be responsible all the time.....".

Counsellor: "Sometimes you would feel relieved just to forget all that responsibility; to say 'I don't care' – and really let go".

When the counsellor is able to reflect back the implicit meaning in the client's messages, then reflection moves towards a self-exploration and self-understanding on the part of the client. It encourages the empathic exchange between the counsellor and client, as the client feels accepted and understood in the relationship.

10.4.3 Summary Reflection

In summary reflection, the counsellor discriminates between different affective components of the client's communication and communicates the understanding of the client's feeling. Summary reflection is an integration of several affective components of the client's communication. Therefore, summary reflection in a

sense is an extension of reflection of feelings. The counsellor not only brings in one feeling, but brings together several feelings into a significant pattern.

For example:

Client: "The last few months, I haven't felt like going out and meeting people at all...I don't know why...It just doesn't interest me anymore. Like last night my husband had to literally force me to go to a family wedding. I used to attend all family functions and gatherings when I had got married, but now I don't care!"

Counsellor: "You feel that even things that you were quite interested in at first, now seem less and less interesting...You don't know why that is..but it seems that way".

Summary reflection is often used when a client's communication contains many different affective elements, rather than just one or two. It can also be used when one topic has been covered repeatedly or silence occurs in the interview.

In order to reflect accurately, the following become very important:

- **Context:** Context is important as the accuracy of reflection can only be judged in the context of the continuing two way flow of communication. At the basic level accuracy can best be described in form of a positive ("Yes, you are right! That's the way I feel!) or negative statement.
- **Awareness:** The accuracy of reflection depends on not only the counsellor's awareness of other person's feelings but also on her or his own feelings. This is crucial in establishing genuiness and empathy.
- **Presence:** Accurate reflection would not be possible without the active presence on the part of the counsellor. This may mean being empathetically present through the process of sharing of client's concerns and their feelings.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. When do we use summary reflection?

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2. What is important to reflect accurately?

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10.5 SHARING EXPERIENCES

Clients share their experiences by responding through both cognitive as well as affective messages. In the early interviews, affect messages are disguised. It is only with the strengthening of therapeutic relationship that the client feels comfortable in expressing affect messages. It is, therefore, important that the counsellor responds to that portion of the client's communication what she or he thinks is most significantly related to the client's concerns. Clients must be able to talk about themselves, and the feelings associated with their concerns. In order to build a reflective relationship, the counsellor builds an atmosphere of trust and understanding, where experiences can be shared and understood through various processes in the counselling relationship like reflection.

10.6 IDENTIFYING FEELINGS

Once the client shares her or his experience, the counsellor then begins the process of identifying the client's feelings from the shared concern or experience, identifying their behaviours and relating it to the immediate present. The counselling relationship is ambiguous to the client in many ways. It is up to the client to make meaning out of this ambiguity. In order to construct a meaning out of this ambiguity, the client projects her or his feelings, which aids the client to become aware and concerned about their feelings, thereby enabling the counsellor to deal with them through various clarifying counselling techniques. For example, if a young client raises her or his voice and starts an argument on the suggestions given by the counsellor, it makes the counsellor aware of the projection of negative feelings by the client towards authority figure. The counsellor can thereby decide to reflect the client's feelings, cognitions or behaviour accordingly.

10.7 INCREASING CLIENT INVOLVEMENT

Client involvement is one of the single most important predictor of the outcome of therapy. The therapeutic relationship contributes primarily because they sustain involvement and provide viable structure for problem solving. If the client is involved in the therapy, she or he can use any of the different procedures in therapy even for self-healing. The initial therapy sessions should be used to establish a strong base for therapeutic relationship before starting particular interventions.

10.7.1 Reducing Psychological Pain

The client may enter the counselling session with various unresolved issues and questions, which may be a cause of psychological distress to the client. Therefore, one of the first distinctively therapeutic phases of counselling process is remaining alert to the client's feelings and providing for her or his needs. Through the process of guided discovery, it is possible to guide the client so that she or he develops an understanding of her or his problems, explores possible solutions and develops a plan for dealing with the problem.

For example, "So you were among your colleagues, wanting to participate but feeling self-conscious and awkward. Do you remember what kind of thoughts did you have then?". Guided discovery maximizes client involvement and minimizes possibility of client's feeling that the therapist is intending to impose her or his own

ideas on the client. By helping the client to go through her or his feelings, the counsellor helps in reducing the psychological distress of the client.

10.7.2 Maintaining Client Focus

The focus of the client is greatly influenced by the goals which are set in the therapy. Clients must be involved in establishing the goals of therapy; otherwise their participation would be directionless. Goals are highly personalized for each and every client and require client's commitment. The counsellor and client should work together, to determine the specific goals, which when worked on together, would help in alleviating the client's concerns. Setting up clearly defined, problem focussed goals help in maintaining client focus in the therapy sessions.

10.7.3 Properly Pacing Therapy

A therapeutic relationship needs to be paced in a manner which is comfortable for both the client, as well as the therapist. This is directly related to identifying specific focus of the therapy in the initial sessions and identifying a piece of work that can be accomplished in a short period of time. Therapists need to pay special attention to helping their clients resolve specific problems and develop new ways of coping. When the clients become aware of the time limitation, they become more focussed towards the goal of therapy. The therapist should also be able to conceptualize regarding which problems are likely to respond to early intervention. If the counsellor seems to make a demonstrable progress towards the goal valued by the client, it increases the client's motivation for therapy. The client also feels that her or his concerns are understood and respected. The therapy proceeds at a natural pace when the client and therapist decide about the outcome of each session, which also enables the client to realize the effectiveness of the therapy.

10.8 DIFFICULTIES IN REFLECTING

There can be several factors which can cause difficulties in the process of reflection. Some of the factors are discussed below:

10.8.1 Stereotypes

Though it is not necessary for the client and counsellor to come from the same cultural background, but a difference in backgrounds can evoke certain stereotypes. Biases regarding gender, culture, race, socio-economic background can create difficulties in the therapeutic process. For example, a biased counsellor may reflect back the client's feeling by a statement such as, "Oh! Having a divorce is probably not such a big issue in your community, so what are you worried about?". A counsellor therefore needs be sensitive regarding her or his biases in order to avoid evoking resistance or defensiveness from the client. An open minded counsellor is therefore able to keep stereotypes aside, and is able to accommodate the client's values, insights, feelings and perceptions that are different from her or his own.

10.8.2 Timing

Timing holds importance during the process of reflection, as meaningful reflection can only happen after the client shares her or his information, and the counsellor understands it. If the counsellor is in a hurry to interpret meaning or feelings from the clients' statements, without completely understanding them, reflection may not have the desired effect of building a stronger therapeutic relation.

For example, if the client is crying after disclosing concerns about her son, and the counsellor hurriedly tries to cut short the process of catharsis, and reflects back to the client by saying "I understand, but that is the condition with most of the children these days...". Here the client may have chosen to reflect back the client's concerns but without allowing the client to disclose her concerns completely, thereby intervening at a wrong time. When the counsellor uses the reflection of feeling skill to enhance the client's self-awareness too quickly, the client may feel threatened, become defensive, and abandon treatment.

10.8.3 Selection of Feeling

A counsellor must be able to truly experience the client's feelings, as the client is feeling them. This is an empathetic process, and aids selecting the appropriate feelings that need to be reflected. The counsellor can truly reflect the client's feelings, only if she or he puts himself or herself emotionally and intellectually in the client's position and think and feel as the client does.

10.8.4 Content

The counsellor can reflect the content by short simple re-statements or paraphrases of the essence of what the client has actually said. Reflection of content condenses and crystallizes what the client has said in a fresh way. Often, the content of the reflective statements may not convey the real meaning. Therefore, it becomes important for the counsellor to reflect the content and the feelings communicated by the client in the same statement. Focussing on the content of the reflected statement also helps in maintaining a certain degree of objectivity.

For example :

Client: "I don't think I can tell my husband about the problems I am facing with his family members. I have never done it in the past and I don't think I would be able to do it now".

Counsellor: (content reflection) "Your nervousness in the past convinces you that it is not possible now, and I feel that you are a bit afraid to even try".

10.8.5 Depth

In the process of reflection from depth, a lot depends on the counsellor's sensitivity to the significance of the client's expressive behaviour such as lowered head, clenched fist, cracking voice or a shiver. The client's communication consists of her or his spoken words as well as her or his expressive behaviour. Sometimes these two aspects may be giving different messages. It is only through depth reflection that the counsellor can reflect the difference between the two.

For example:

Counsellor: "You said that things are working out between you and your husband now, but you also sound a little tensed and upset...Is it really all right now?".

In depth reflection, the counsellor's expressive behaviour is an important part of the empathetic response (for example, soft voice, maintain eye contact etc.).

10.8.6 Language

Language may act as a barrier in the initial phases of counselling relationship. At times, the unspoken rules of behaviour that are required to function in a society

may also be required in the counselling situation. But, as in a society boundaries are different, therefore, reflecting other person's unspoken emotion by pointing it out is often difficult and may be considered intrusive and impolite. Counsellors may therefore have a problem in choosing the exact way in order to "tell people how they feel". This becomes more of a problem if there is a difference in the language between the counsellor and the client. Certain phrases may be misinterpreted or may have no meaning in the client's repertoire of language.

For example, a counsellor fluent in English may have problems choosing the correct synonyms for reflecting back the feelings of a purely Hindi speaking client. To avoid such a situation, counsellors can build up their own vocabulary of feeling words and phrases in the languages they are likely to communicate in.

Check your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. What are the difficulties that can arise in use of reflective relationship techniques?

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10.9 LET US SUM UP

In this Unit we have learnt about the importance of developing reflective relationship. Reflection is a therapeutic tool which if used appropriately can help the clients to gain insight into how they feel about what is happening in their life. It helps in gaining self awareness, which motivates the clients for their growth in the therapeutic process. The counsellor can reflect from not only the client's verbal statements, but also from the client's observed behaviour. Reflection also helps in maintaining client involvement in therapy as they feel understood and accepted when reflective techniques are used appropriately by the counsellor. It helps to reduce the client's psychological pain and distress as well as bring clarity to the process of achievement of therapeutic goals.

10.10 GLOSSARY

Behavioural reflection : When the counsellor reflects back the messages from the non-verbal behaviour of the client in the setting.

Cognitive reflection : When the reflection is focused on the cognitive content or message of the client's statement.

Implied reflection : A reflection that occurs at a deeper level and mirrors an affect message, which is only covertly expressed or implied in the client's message.

Paraphrase : Re-statement of a text or passage using other words to clarify the text that is being paraphrased. It preserves the original meaning of the material.

Reflection : A paraphrased response to a feeling communicated by the client, either verbally or non-verbally.

Reflection of feelings : When reflection focuses on the affective portion of the client's statement.

Summary reflection : An integration of several affective components of the client's communication. It involves discrimination between different affective components of the client's communication.

10.11 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Reflection is a paraphrased response to a feeling communicated by the client, either verbally or non-verbally. The counsellor tries to understand the feelings and thoughts expressed by the client and then rephrase the client's statements as an attempt to communicate concern and involvement in the therapeutic relationship.

2. Relflection is important to the therapeutic relationship because of the following reasons:

   - It provides an opportunity for the clients to hear themselves as others hear them and learn more effective ways of expressing themselves,
   - It helps to create an atmosphere of empathy which enhances emotional proximity between the counsellor and the client,
   - It contributes to a sense of self acceptance in the client, and
   - Reflection contributes to a feeling of being understood, thereby bringing a sense of relief in the client, which creates a positive path for the progress of therapy.

Check Your Progress Exercise 2

1. Reflection of feelings means that the counsellor focuses on the affective portion of the client's statement. It communicates the therapist's acceptance and understanding of these feelings to the clients.

   It is used because of the following reasons:

   - It is the best strategy for reducing client anxiety,

- It diminishes the intensity of feelings,
- It provides the client with an accepted listener to their feelings,
- When client's feelings are accepted and understood with warmth, it helps them to incorporate personal feelings and perceptions into their self-image, and
- Responding to client's feelings establishes a high level of trust between the counsellor and the client.

2. Disadvantages of affective reflection are given below:

   - Responding only to feelings is unrealistic, and it reduces the possibility of the client being able to generalize aspects of counselling relationships to other relationship, and
   - Responding only to feelings may make the client so preoccupied with themselves that the level of their other relationships deteriorates even more.

   Disadvantages of cognitive reflection are as follows:

   - It may reinforce the client to think and abstract and deny feelings that are actually influencing her or his behaviour, and
   - It may not provide the opportunity that the client needs to share and express feelings in a non- judgemental setting.

3. An example of behavioural reflection is given below:

   Client: (Sitting in a chair in a slumped position, eyes downcast, tired and lost look on his face).

   Counsellor: "From the way you look, you must be very lonely and confused right now".

Check Your Progress Exercise 3

1. We use summary reflection in the following conditions:

   - When the counsellor discriminates between different affective components of the client's communication and communicates the understanding of the client's feeling,
   - When a client's communication contains many different affective elements, rather than just one or two, and
   - When one topic has been covered repeatedly or silence occurs in the interview.

2. In order to reflect accurately, the following become very important:

   - Context,
   - Awareness, and
   - Presence.

Check Your Progress Exercise 4

1. Following are the difficulties that can arise in use of reflective relationship techniques:
   - Stereotypes,
   - Timing,
   - Selection of feelings,
   - Context,
   - Depth, and
   - Language.

10.12 UNIT END QUESTIONS

1. What do you understand by reflection? What is its relevance in therapeutic relationship?
2. Explain different types of reflections with the help of examples.
3. How does reflection help in increasing client involvement?
4. What are the difficulties that a counsellor can face during reflection? State with the help of an example.

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UNIT 11 RELATIONSHIP BUILDING STRATEGIES

Structure

11.1 Introduction

11.2 Opening Techniques

- 11.2.1 The Greeting
- 11.2.2 The Topics
- 11.2.3 The Physical Arrangement
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11.4 Structuring Techniques

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- 11.4.3 Timing of Structuring
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11.7 Termination Skills

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11.8 Let Us Sum Up

11.9 Glossary

11.10 Answers to Check Your Progress Exercises

11.11 Unit End Questions

11.12 Further Readings and References

11.1 INTRODUCTION

"Learn your theories as well as you can, but put them side when you touch the miracle of the living soul".

Carl Gustav

The therapeutic or relational climate is of utmost importance regardless of the stage of counselling or the technique used. It is in this relational climate that the client feels comfortable and safe enough to disclose her or his innermost feelings, thoughts and fears. It is the counsellor's ability to establish such a climate and how within this climate, they can build a therapeutic relationship with their client. This sets an atmosphere for the eventual change and self-actualisation process. And to accomplish this, the counsellor must be well-versed in techniques that facilitate relationship-building, for example, listening, reflection etc.

Objectives

After studying this Unit, you will be able to:

- Understand the techniques that can be used to open a session and facilitate rapport formation;
- Structure the session, applying limits, such as time limits, action limits etc. and understand when to introduce structure;
- Lead the client to understand her or his needs, thinking and actions;
- Understand when and how to use leading techniques to help the client to reach the therapeutic goals;
- Define the nature and value of reassurances and suggestions and the various cautions to be kept in mind while applying them; and
- Terminate the session or interview as well as therapy.

11.2 OPENING TECHNIQUES

The saying "first impression is the last impression" goes a long way in any relationship. Any therapeutic modality can be of value, if the client believes in the therapist. This belief and trust can be developed in the very first meeting with the help of certain behaviours of the counsellor as well as the physical arrangement of the therapeutic setting. This is also known as "*rapport building*" and can be established by counsellors who show acceptance, warm attitudes and deep interest in the client. Some of the important aspects of an opening session are discussed below:

11.2.1 The Greeting

Regardless of the setting (either private or government) where the counselling takes place, it is recommended that the counsellor meets the client in an accepting and warm manner. The counsellor may meet the client with a "Hello" / "*Namaste*" or a firm hand clasp (if socially appropriate and acceptable), and greet the client with her or his name. Ordinary human courtesy, like, offering customary greetings and a seat to the client go far in opening a relationship satisfactorily.

These are some points which the counsellor should keep in mind, in the first meeting while greets to client (See Box 1).

Box 1: DON'Ts..... ✗

It is generally not advisable to:

- Use a greeting gesture, which may not be socially acceptable (for example, in some of Indian cultures, shaking hands with a opposite sex person may not be acceptable).
- Straightaway ask questions about client's problems.
- Adopt a business-like attitude as if taking a job-interview.

11.2.2 The Topics

There are varied opinions regarding which topics to choose as opening points. Some believe that starting with an urbane conversational topic may calm down the client and pave the way for further discussion. However, others suggest that it is better to straight away talk about the client's problem rather than beating around the bush.

Counsellors believing in the first strategy rationalise that counselling is a sensitive process as the client's problems are personal and anxiety laden. It is usually not easy for a person to suddenly start discussing these issues with another individual, who is a professional yet a stranger. Thus, starting with a neutral topic may help alleviate client's anxiety and make her or him comfortable enough to discuss problems.

However, counsellors believing in the latter propagate that discussing neutral topics with the client may make them more uncomfortable and may create issues with rapport-formation. They emphasise that clients come to the counsellor, who is a professional, with a purpose, that is, resolving their issues and thus may not prefer talking about any other aspect.

Both strategies come with a package of advantages and limitations and it is in the counsellor's discretio when to use which and be flexible in applying any of the techniques. For example, for a client who is motivated to seek help may not prefer "small talk". Therefore, statements like, "Would you like to tell me what brings you here?" would be more realistic.

11.2.3 The Physical Arrangement

Though there has been no formal research on an optimal arrangement of the room where counselling would take place, but nonetheless it is believed to be an integral part of counselling. The room should be airy and well-lit and if possible, with a sober paint with perhaps one or two paintings with scenery. The desk of the counsellor must not be cluttered and may include some "conversational pieces". Some counsellors prefer working across a desk, while others may find the desk to be a barrier and may remove it and use only chairs.

Another consideration is of the type of the chair. The traditional arrangement being that the counsellor always had a comfortable, swivel and a high chair while the client was offered any straight chair available. However, there has been a change in this arrangement as more and more counsellors believe that both counsellor and client must have comfortable chairs and counsellor's chair must not be too high or swivel.

11.2.4 The Attitude

A degree of mysticism surrounds the counsellor-counsellee relationship wherein the counsellor is perceived to be endowed with "magical" powers that make her or him powerful enough to help people. Also, many a times, the clients come with the belief that their problems would be cured by just meeting the counsellor who would take away their pains without any effort. If the counsellor encounters such an attitude, it is essential to clear it at the onset. The clients should be explained that counselling relationship is like any other human relationship differing only in its structure and expertise. They can be told that counselling is a process that involves active participation of the clients to help them plan, relearn and confront their selves.

The clients should also be assured that whatever they say would be kept strictly confidential and would not be disclosed to anyone without their permission.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Sate whether the following statements are 'Ture' or 'False' :

   i) It is generally not advisable to use a greeting gesture such as '*Namaste*' for a client. _____

   ii) You should always start conversation with a neutral topic. _____

   iii) The counsellor should always have a comfortable, swivel and a high chair and the client should be offered a straight chair. _____

   iv) The counsellor attitude should always be firm and business like. _____

11.3 LISTENING TECHNIQUES

In commonsense usage, listening is a passive technique. However, in counselling, listening is an active attending process with little or no verbalisation. Listening to what the client is saying as well as listening to what the client "is not saying" are very important to build as well as carry forward the counsellor-client relationship. The novice counsellors believe that they should be talking more as they are the experts. Moreover, they tend to get uncomfortable with silences and long pauses. These are skills that counsellors learn with practice and experience.

The appropriate mix of counsellor responses and listening is one of the most difficult behaviours to learn.

11.4 STRUCTURING TECHNIQUES

Structuring provides the client with a framework or orientation for counselling. It reduces the ambiguities of the relationship process and acts as a guiding agent. It enables the clients to know where they are, who the interviewer is and what they should expect. The structure of counselling has three elements:

1) The setting and the role of counsellor automatically set the limit that is implicit, but understood by the client,

2) Formal structuring by the counsellor, that is, purposeful attempt to explain and limit the counselling process, and

3) Contractual element.

A very useful analogy to explain the structure of counselling has been given by May (1939):

"Each person is travelling through life as though he or she were in a boat going down a river. Without the structure of the river-bank, the water would flow in all directions. The banks of the river provide the limiting factor that guide the boat and give it added power to travel to its destination. Individuals, likewise, are free to make their own choices, but always there seems to be a frame of reference that limits and gives direction to those choices".

11.4.1 General Principles of Structuring

The therapeutic value of setting limits or providing formal structuring can be enhanced by using the following general principles:

1. Limits should be minimal, consonant with the client as well as the therapist,

2. Non-punitive methods of applying the limits must be used,

3. It is important for the limits to be well-defined with respect to time, action, number of appointments etc., and

4. Limits should be structured at an appropriate time.

11.4.2 Types of Structure and Contracts

Even though it may seem paradoxical, but structuring and provision of clear-cut limits provides the client power to change. Various types of structuring techniques are as follows:

1. **Contracts:** Counsellor may use written contracts with the client that define the goal, procedures and expected outcomes. Contracts have the following characteristics:

   i) *Specificity*: Specificity means contracts are specific and the client knows what is expected out of them, and

   ii) *Feasibility*: Feasibility means that the contract is realistic and within the capacities of the individual to carry out.

Contracts can be of two types:

i) *Contingency contract,* which delineates the course of action if the client succeeds or fails to meet the designated goals, and

ii) *Informational contract,* which specifies the parameters of the counselling relationship and provides a standard of evaluating outcomes.

In many instances, the contract also specifies the limit of each session, number of sessions and financial arrangement between the counsellor and the client.

At times, clients may employ self-contracts as a mean of helping themselves to make commitment to new courses of action. These contracts represent the promises that clients make to themselves and can provide both structure and the incentives that the client needs in order to act (Egan, 1990).

2. **Time limits:** Setting a time limit is of paramount significance in a counselling situation as only a limited time should be or can be given for each interview. To reduce ambiguities, it is important that at the onset of the interview, the counsellor explains to the client about how much time is available. For example, "*We have about 60-minutes session, let us see what we can achieve in that time*". However, Brammer & Shostram (1989) suggest that presenting time limits may not be a good move as clients may hasten up the process in order to accomplish as much as possible; leading to quantity of information, but compromising on the quality.

   A second aspect of time limit is the time required for the entire therapeutic process. For example, in classical psychoanalytic therapy, the time limit was never fixed. It usually lasted for a couple of years or more with the counsellor and client meeting at least 2 to 3 times per week. The counsellors following the cognitive behaviour school of thought believe that effective therapy can be carried out in 12 to 25 sessions depending upon the intensity of problem. And in the era of managed care, the brief therapies usually take the form of a single-session.

   An important consideration in setting time limits is not to become over-anxious and subsequently give clients false hopes or make unnecessary promises. Promising success that is unrealistic or attainable tends to violate the ethical norms of psychotherapy and must be avoided. However, the counsellor's attitude must be optimistic while focusing on realistic hopes. This, on its own, raises the confidence and trust of the client in the counsellor as well as the process.

   It may be difficult for counsellors to make definite long-range time commitments to the clients. They should discuss the fee structure frankly with the client and this should be preferably done early in the session. In the Western settings, phone calls and missed appointments are also charged, but the same is usually not practised in the Indian settings.

3. **Action limits:** Though the counsellor does not limit the verbal expression of the client, no matter how inappropriate, absurd or unfair it may sound; but there are certain feelings which are not allowed direct expression in anger. For example, a child may state, *"Mom, I don't like this person (counsellor)*". But she or he is not allowed to break furniture or hit the therapist. In fact, hitting the therapist may hamper the therapeutic process. According to Rogers (1942), when a child hits the therapist, it may arouse guilt feelings and anxiety. Fear of retaliation and threat of withdrawal may destroy the possibility of therapy or the therapeutic relationship.

4. **Role limits:** In some settings, for example, educational or medical, the counsellor may have a dual role to play; like the teacher-counsellor or supervisor-counsellor. In such a scenario, these people also have a role

of authority in the life of the client along with their role as a non-judgemental listener. At times, one role may affect the other. For example, if the counsellor knows the dynamics of the client's conflict, she or he may be biased, as a teacher or a supervisor, when it comes to dealing with the client and act either more critically or in an overprotective manner. Thus, it is vital that these roles must be structured and the counsellor must be able to strike a balance between them. This is a behaviour that is difficult to accomplish and comes with practice, constant introspection and experience.

In situations that demand that the counsellor play a dual role, the "coat analogy" is often used. For example:

Counsellor: "Apart from being your counsellor today, I am also your supervisor. Thus, before we begin, I want to clarify my role with you. You may understand it better, if I tell you that I wear two coats here- my supervisor's coat and my counsellor's coat. When I wear my supervisor's coat, I have to evaluate and judge you to a certain degree with respect to your progress as a supervisee. However, when I see you as a counsellor, I am wearing my other coat, which means that you can talk to me about anything and not worry about me being judgemental".

5. **Process limit:** For counselling to be successful, the client must accept the nature of the counselling process. The client should also be made aware that she or he carries a major responsibility in carrying forward the interview. Ingham & Love (1954) suggested six basic process values that must be conveyed to clients:

   i. "...it is appropriate and good to investigate ourselves". This conveys that there are causes of client's problems that can be understood and that she or he should face her or his problems as comfortably as she or he can.

   ii. "... it is better to investigate than to blame". This suggests that the counsellor is not blaming the client and only trying to understand her or him as much as possible.

   iii. "... regard emotions as a real and important thing". This value stresses that emotions and their expressions are important and not signs of weakness.

   iv. "... there must be relatively complete freedom of expression (verbal)". This aspect emphasises those topics, which are emotionally important regardless of their social acceptance; for example, topics regarding sex or unconventional ideas.

   v. "... the use of investigation of the past in developing an understanding of the present". This idea stresses the importance of past events and relationships as contributors to present difficulties and therefore important to uncover and understand.

   vi. Understanding the client's capacity for interpersonal relations, her or his own self-esteem and how she or he deals with it, her or his own life-values and morals. The counsellor must show a keen interest in the basic life-style of the client.

It is important to understand that all the process values mentioned above need not be explicitly stated to the client. Each individual client has a differing need for explanation regarding the counselling process. It is usually advised to let the client bring up their own topics and as it becomes apparent that they have misconceptions or are feeling helpless; the counsellor can intervene and aid them through structuring.

Sometimes, the client may request a direct advice or suggestion. In such a case, it is advisable to reflect the feeling underlying the request, which often allows the client to continue and to see her or his dependency as a problem. For example:

Sunita: "The stress is really getting on me. Can't you just tell me what to do right now?"

Counsellor: "I can understand how stressed out and desperate you feel, b ut there are certain answers that only you can give yourself. By working together, we can arrive at some answers for you".

A third use of the process of structuring is to present the client the philosophy underlying the method of counselling. For example:

Counsellor: "So Deepak, what brings you here?"

Deepak: "Well, the principal wanted me to see you. He said you are a good psychologist and may be able to diagnose my problem. He thinks that I don't get along well with other students".

Counsellor: "So, he thinks that you have a problem and you are just fulfilling his wish...? Do you think you have any issue that YOU are concerned about?"

Deepak: "Well... I guess I don't live up to my abilities".

Counsellor: "You think that you don't live up to your abilities. And is that something that you are somewhat concerned about?"

Deepak: "Yes... I don't know... I guess I procrastinate... just don't get things done on time..."

Counsellor: "Hmm... Now that we are talking... Can you tell me more about it...?"

11.4.3 Timing of Structuring

Structuring is a continuous and individualized process. Counsellors often vary in their opinion as to what is the appropriate timing for introducing structure in the relationship. It is generally believed that with some clients, who demand more structure and are confused, formal structuring must come early. With others, the formal structuring may come later when the onus of responsibility is shifted to the clients. At times, minimal structuring works well in case of clients who take on the process easily. It has been suggested that too many structuring remarks at the beginning may hamper establishment of a healthy therapeutic relationship. Thus, the timing of the structure still remains a controversial issue and falls under the discretion of the counsellor as to how and when to introduce it in the counselling process.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List the uses of structuring techniques.

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2. In structuring techniques, what are the types of limits that are to be dicussed?

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11.4.4 Dangers of Inadequate Structuring

Failing to provide adequate structure to the counselling process is being unjust to the client as well as violation of ethical obligations. The client comes to the session with lots of insecurities, anxieties, misconceptions and fears. Structuring helps in preventing such myths and misconceptions – for example, magical cure, the belief that the counsellor has the sole responsibility in curing the patient, or that therapy process would be smooth sailing activity etc.

These misconceptions can be warded off by focusing on the roles of the client and the counsellor as well as emphasizing reasonable expectations from the process. For some sophisticated clients, structuring may occur at a non-verbal level, for example, learning as she or he participates in the process. However, this may not work well with an average client who may require more concrete aspects of structuring.

Lack of structuring tends to arouse anxiety and mistrust in the clients. Structuring in the beginning is helpful but also must be done cautiously as the client may get an impression that the counsellor is rigid and has definite preconceived way of doing things. Another danger is that the counsellor may give an impression as to how they expect the client to behave, which impedes getting a true picture.

Researches have also shown that inadequate structuring may lead to resistance. Right amount of structuring for each individual client is a paramount counselling skill, which each counsellor learns under supervision and with experience.

On the other hand, the counsellor's need to structure may be an attempt to deal with her or his own insecurities. Over-structuring also has the danger of

"binding" the counsellor and client together even in situations, where it is no longer appropriate. For example, the client may not like to continue with the same counsellor or client may not be a suitable candidate for the type of counselling, this counsellor provides.

Clients vary considerably on need for structure, and the importance of tailoring intervention method to the person's need is increasingly supported in literature.

Structuring is usually done at the beginning of the counselling process. How much to structure depend upon client's needs and abilities.

11.5 LEADING TECHNIQUES

Leading can either mean the extent to which a counsellor is ahead or behind the thinking of the client or it can refer to the extent to which the counsellor directs the thinking of the client (Carnes, 1949).

It can also be understood as a team-like approach or working together in which the counsellor's remarks prompt the client to discuss it further or state another point.

Leading is a valuable technique in building effective counsellor-client relationship as it enables to counsellor to retain or delegate varying amount of responsibility to the client, and also, it helps her or him to generate more responses from the client.

11.5.1 Using Leads

On the basis of counselling literature, three main principles in using leads have been specified, which are as mentioned below:

- The first principle states that it is important to use only as much lead as the client can tolerate at the present level of her or his understanding and abilities. It is important that the counsellor stays near the client's thinking patterns and understanding levels. Too little lead may arouse anxiety in a client who expects the counsellor to take major responsibility to carry the interview forward. On the other hand, too much of a lead may create resistance in the client who may feel that the counsellor is "pushing" or forcing things. To make this point clearer, a "ladder" analogy can be used, which indicates that the counsellor is no more than one rung ahead of the client, so that she or he remains close to client's needs and interests.
- The second principle emphasizes on varying the lead, that means, the lead should vary from topic to topic so as to match the pace of the client.
- The third principle specifies that counselling process should start with as little lead as possible. For example, one can start the process with a technique that has low lead, like, listening and then progressing to techniques that have high level of leads, like reflection and interpretation.

11.5.2 Types of Leads

Leads can be *direct*, which take the direction of the interview to elicit information about areas, which the counsellor feel, are important; for example, "Tell me

more about your father" or "What do you think about your brother's attitude towards you?". It is usually advisable that direct leads should be used once rapport has been established and the client has no inhibitions in answering a direct question.

Leads can also be *indirect*, which are used to help the clients elaborate upon a topic of their choice. For example, "Can you explain that a little more?". Basically, indirect leads involve general questions that can also be used to start an exploration; for example, "Is there anything more you would like to discuss?".

Silence has also been sometimes suggested as a kind of leading technique. Lack of verbal responses as well as manipulation of pauses has an impact on the direction of the interview.

It has been suggested that asking questions, whether rhetorical or for more information tends to shift the responsibility of the interview to the client. Sometimes, the counsellor encounters a situation in which the client asks many questions, for example, "What do you think my father meant when he scolded me last night?" or "Do you think I took the right course of action?". It is important to understand that these types of questions indicate less of curiosity and more of a need to shift the responsibility to the counsellor.

Leading is an important technique to facilitate the client's thoughts and feelings to elicit important and useful information.

11.6 REASSURANCE AND SUGGESTION METHODS

11.6.1 Nature and Value of Reassurances

'Reassurance' is a technique widely used in conveying support to the client, which is a necessary ingredient in the counselling relationship. The values of reassurances are given below:

- **Positive reinforcement:** Reassurance can be understood as a reward, which has a reinforcing effect on the behaviour and also strengthens it by building future expectations of rewards. In effect, by using reassurance, the counsellor suggests to the client that, "You are a capable person, you have the ability to solve your difficulties, and you can feel better".
- **Keeping client in a relationship:** Reassurance is a temporary expedient in keeping the client in the relationship. For example, if one starts telling the client all the things that are wrong with her or him right at the beginning of the relationship, it would do a lot of damage to the client's self-esteem as well as the counsellor-client relationship. However, by reassuring that "Things would be ok" and "We would work together to solve your issues" would build confidence of the client as well as would prevent fragmentation of client's ideas. Kelly (1955) has compared reassurance to the proverbial string and wire to hold a structure together till more productive work can be done.

- **Direct reduction of anxiety or insecurity:** Although optimum amount of anxiety is necessary to keep the person in counselling, excess of it interferes with the therapeutic process. It tends to keep the anxiety generated by the counselling process in control, when the counsellor assures the client that they can go at their own pace and need not explore feelings too quickly.

- **Reinforcement of new patterns of behaviour:** Sometimes, it may be difficult to make the client practise new and effective behaviour, even after she or he understands its importance and value. Often, the client feels discouraged and under-confident in launching a new course of action. In such a scenario, reassurance, in the form of praise or encouragement, can help the client to pull through temporary setbacks and build a confident attitude. For example, praising a depressive patient for every achievement, no matter how small, can build positive thinking in her or him.

11.6.2 Using Reassurances

Reassurance can be provided in a variety of ways, some of which are as follows:

- **Approval or acquiescence remark:** This kind of reassurance gives the client some feelings of security about the ideas or feelings that she or he is expressing. However, this technique may be hazardous as it may tend to rigidify client's erroneous assumptions. Therefore, after providing reassurance, counsellor can also suggest alternate ways of thinking.

  An example is:

  Client: "It seems that people resent being told the truth on their face".

  Counsellor: "A very interesting observation and a good rule about personality. But do you think that holds true for all people?"

- **Prediction of outcomes:** It is used to describe the consequence of counselling to the client. It is beneficial if the counsellor can make a forecast about how the client is likely to feel between sessions. For example:

  Counsellor: "We have now moved to intensive discussions about your problems. Thus, it may be possible that you may find yourself restless or moody over the next few days. Don't be alarmed as it is a natural part of the process and you would be able to handle it".

- **Post-diction of outcome:** A similar process as prediction; in post-diction, the counsellor acknowledges the feelings or thoughts of the client after the last session and provides reassurance. For example:

  Counsellor: "I guess that after the last time's intensive session, things might have been a bit upsetting for you and the last few days may have been difficult to handle. But this is a normal and expected part of the process".

- **Interview situations:** The interview or counselling situation itself, that is, how the interview is structured, the acceptance shown by the counsellor, the attention and affection given to the client; all have a significant reassuring effect on the client.

- **Factual reassurances:** At times, the client believes that their problems are unique and at times, may even feel ashamed in discussing them; for example, in cases of clients with blasphemous obsessions or guilt due to feelings of jealousy towards a more settled sibling. At that time, providing factual information to the client that they are not alone or that their problems are not unique can facilitate the client in freely discussing her or his problems. When the client knows that many people suffer from the same feelings or thoughts and that their problems have a solution tends to decrease their fears and builds confidence. The counsellor can assure the client that their problems would not be viewed moralistically, but as a condition or difficulty that can be solved in a more objective way.

- **Support system:** Counsellors can help the client in identifying and building their support network. The counsellor can explore who are the significant people in the client's life? How is the client using the network? A network is especially useful in situations of crisis as they can provide the support and reassurance there and then when the counsellor is not available.

11.6.3 Using Suggestions

Suggestion is another type of supportive technique, which is used along with reassurances. Suggestions are found to be most effective when given under the conditions of high client receptivity and have the ultimate goal of teaching the client to perform self-suggestion or auto-suggestion.

Some of the conditions that are essential to make the use of suggestions possible and effective are as follows:

- Prestige and attributed power of the counsellor,
- Well-established therapeutic alliance, and
- High receptivity and calm state of mind of the client.

It has been observed that suggestions given in a soft and calm voice are more effective as they increase client's receptivity. The client can be made to imagine an anxiety-provoking situation and is then given suggestions to imagine in vivid details as to how she or he would be able to handle the difficulties. The emphasis is on having positive qualities and positive outcomes.

An example of giving suggestions to a receptive client is given below:

> "…. You are calm and relaxed, yet feel alert as well as energetic. You would be able to handle yourself very well in a social situation. You would feel confident and it would reflect in your attitude".

There are a certain similarities between suggestions and hypnotic commands. The difference is that being ready for simple positive suggestion is much lighter as well as more limited than traditional hypnosis; and hypnosis is a state of "hyper-suggestiveness" induced by more direct and formal methods.

Reassurance and suggestions are types of techniques used in "supportive therapy[5]" and are designed to alley client's anxieties and fears

11.6.4 Limitations and Cautions in Using Reassurance and Suggestion

It is important to remember that reassurance is only a temporary method for allaying anxieties. It is kind of a superficial technique and should be used with a lot of caution and discretion. Some of the limitations of using reassurance are given below:

- It is particularly vulnerable to backfire. Sometimes, counsellor use reassurances overly and may even give false reassurance. And this may lead to the client losing trust in the counsellor.
- Some clients tend to view reassurance as conveying artificiality and insincere sympathy.
- It tends to promote a dependent relationship between the counsellor and the client.
- The client may feel trapped if they view reassurance as an agreement and they may feel guilty about not changing their behaviours.
- If given to a client who is overly aggressive or self-centered, it may be grossly misused, as this type of a client needs discouragement of her or his rigid and egocentric ways of behaving.
- It may be threatening to a client who may interpret it to mean that there are no solutions to her or his problems; that she or he can only be comforted in her or his failure to solve them.
- Suggestions also can be a liability for a client who can be influenced easily, as she or he would be vulnerable to an unethical practitioner.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Summarize the uses of reassurance as a technique.

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2. State whether the following satements are 'true' or 'false':

i) Suggestions should be given in a loud and authoritative manner._____

ii) It is useful to tell the client how she or he may feel between two sessions. _____

iii) Suggestions are best given when the client is in a receptive state of mind. _____

iv) Suggestions and reassurances, sometimes, have the disadvantage of making the client dependent on the therapist. _____

11.7 TERMINATION SKILLS

An important skill to learn for any counsellor is how to terminate a discussion or session or the entire counselling process with ease and without causing discomfort to the client. How neatly the counsellor can "tie up the package" would determine the ease with which the client would be compliant as well as assume responsibility for themselves.

The following sections would describe the skills needed for closing a discussion unit and an interview. Skills on terminating the counselling process have been discussed in Block 4 of this Course.

11.7.1 Terminating a Discussion Unit

Sometimes, a particular discussion reaches a point where it loses its original significance, starts producing significant distress in the client or reaches a dead-end; at that time, it is important to bring that discussion to an end and to start another topic, which is of significance. Certain ways in which a unit of discussion can be terminated are as follows:

i. **Summary reflection:** The counsellor ties together loose ends of several related ideas that were discussed during the session and presents them to the client as a whole. This usually gives a feeling of progress as well as closure to the client, who feels ready to move on to another topic.

ii. **Capping technique:** It consists of shutting-off the flow of talk or feelings in a manner that the client does not feel rejected or stop talking. It is usually done when the counsellor gets the feeling that the client has dissociated him/her self from what he/she is saying and his/her defenses are not sufficiently functional. Some of the capping techniques are—

   a. Changing the subject to previously discussed unit, original problem or new and less anxiety-provoking topics;

   b. Reducing the pace of the interview and using less leading techniques, e.g. pausing longer and more frequently;

   c. At times, it may become necessary to reduce the frequency of interviews, if the exploration has become too intense; and

   d. Increasing amount of counsellor talk can create a "shutting-off" effect on the client, thus preventing deeper explorations.

iii. **Direct interpretation:** It is usually used in the "middle phase" of counselling when a strong counsellor-client bond has already been established and client is at ease to accept direct observation by the counsellor. For example,

   "I can see that you are getting quite disturbed by this conversation. Suppose we drop it for a while, and come back to it later".

11.7.2 Terminating an Interview

It is essential that each interview must be terminated in a proper manner, so that client has a "take home message" as well as gets the feeling that something has been accomplished. Novice counsellors usually have difficulty in bringing an interview to an end for the fear of sounding rude. However, this is a skill which comes with practice and some of the ways of doing it are as mentioned below:

i. **Reference to time-limit:** It is important that the counsellor inform the client at the beginning of the interview about the time-limit of the interview. After having mentioned that, reference to the time-limit is a natural way of reminding the client that the hour is up. In a clinical setting, usually the time-limit is 45 to 60 minutes. At the end of the session, the time-limit can be brought to focus by saying,

"Our time is nearly up, when should we meet next?".

ii. **Summarizing:** It is an effective and very important way of terminating an interview. This can be done by the counsellor or the client or can be a collaborative approach. A summary note (written) can also be presented to the client. The counsellor may say…

"Would you like to tell me what you think we have accomplished in this session?"

Or

"Just to summarize what we have talked about in today's session…"

Or

"Suppose we now take a look at what we have accomplished today. As I remember, we have … perhaps now you could state how you see it".

iii. **Reference to the future:** It is a graceful and optimistic way of ending the interview. It is important to end the interview with a warm, friendly tone and the exact date and time for the next appointment must be set.

For example, "I see our time is about up today, when would you like to come again… Fine, I would be expecting you at 10 AM next Friday".

iv. **Standing up:** A persuasive technique to end the interview. Although, it may appear to be a bit rude, but it needs to be practised with clients who do not wish to terminate the contact, e.g. obsessive-compulsive individuals or overly dependent clients. This can be done gracefully at a time before the client has a chance to delve in to another topic of conversation.

v. **Subtle gestures:** Again used with clients who do not wish to close and continue to chat on. Some of the examples are glancing at one's watch or leaning forward. However, they should be avoided unless very much required.

vi. **Homework method:** Behavioural and cognitive schools of thought propagate giving of homework or "something to do between sessions". Giving of homework not only serves as a closing technique, but can also be an important aid in encouraging generalization of interview learning to real-life situations. For example, in social skill training, the client may be asked to say good morning to all her or his colleagues in the office.

vii. **"Five-more-minutes" technique:** At times, if the counsellor feels that they can give a few more minutes to what the client is saying as it may be important, they may say,

"I have a few more minutes before the next interview, and I can give you five more minutes to complete what you are saying before we end today's session".

It is important to remember that the interview must end on a note of positive planning so that the client is aware of what has been done and what would be done in subsequent sessions. It is also important that the intensity of an interview must be tapered off gradually, so that it is not ended abruptly without giving the client an opportunity to pull her or him self together. However, an "extra hour" may be allotted to the client, if the matter presented is of urgency or very significant. However, this technique should not be used too frequently as it leaves the counsellor vulnerable in the hands of a manipulative client.

Techniques of terminating an interview must be well-planned, friendly, definite and collaborative. It should not leave the client feeling unwanted and confused.

Termination of an interview must be on a friendly and positive note. No matter what, counsellor attitude must not reflect coldness or neutrality.

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Suppose your client is talking about how he has always had conflictual relationship with his parents, poor relationship with his siblings and difficulty in making and maintaining friendship it the same breath, which is the best terminating technique to be used?

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.....

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2. State whether the following statements are 'true' or 'false':

i) Irrespective of what the client is talking about, the interview must be terminated when time-limit of the session is up. _____

ii) If the client refuses to end the session, it is still rude to get up._____

iii) The interview may not always end on a positive note. _____

11.8 LET US SUM UP

Regardless of the technique used, building a strong counsellor-client bond and relationship goes a long way in facilitating effective outcome of any therapeutic modality. Each method discussed in this Unit for building and strengthening relationship has its own unique value as well as limitations; and thus should be used carefully. These are skills, which comes with practice and the application of them needs discretion as well as caution.

11.9 GLOSSARY

Rapport building : Building a relationship, especially one of mutual trust or emotional affinity.

Reassurance : A "supportive technique" that consist of general optimistic and hopeful attitude and specific statements, based on data or experience or both, designed to alleviate exaggerated and unfounded fears and anxieties of the client.

Structuring techniques : Counsellor's definition of the nature, conditions, limits and goals of the counselling process and the particular relationship at hand.

Suggestion : An idea or course of action, usually expressed in words by the counsellor; can be a part of hypnotic commands.

Supportive therapy/ counselling : Treatment aimed at providing encouragement, suggestions, reassurance and advice to ease a person's "psychic" pain.

11.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) i) False

ii) False

iii) False

iv) False

Check Your Progress Exercise 2

1) Structuring techniques :

a) orient the client for counselling;

b) reduce the ambiguities of the therapist-patient relationship process;

c) act as a guidling agent for therapy; and

d) enable the clients to know what they should expect.

2) The various types of limits that are to be discussed are: contracts; time-limits; actions of the client; role of the consellor and limits of the process.

Check Your Progress Exercise 3

1) The uses of reassurance are : (i) it is used as a reward for building and strengthening desirable behaviours; (ii) it stengthens the therapist-patient relationship; (iii) it builds the confidence of the client that things can improve; and (iv) it reduce the anxiety produced in the counselling process.

2) i) False

ii) True

iii) True

iv) True

Check Your Progress Exercise 4

1) In this cases summary reflection is the best terminating technique to be used.

2) i) False

ii) False

iii) False

11.11 UNIT END QUESTIONS

1. Why are using appropriate opening strategies and rapport-formation important in counselling?
2. What are the advantage and disadvantages of structuring counselling sessions?
3. Delineate the principles to tbe followed when using leads.
4. State the advantages and disadvantages of various types of leads.
5. List down the cautions to be exercised when using reassurances and suggestions.

11.10 FURTHER READINGS AND REFERENCES

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UNIT 12 STRATEGIES FOR FACILITATING AND EVALUATING CHANGE

Structure

12.1 Introduction

12.2 Principles of Selecting Intervention Strategies

12.3 Strategies for Restructuring Client's Self-Perception

12.4 Techniques Utilizing Client's Interpretations

- 12.4.1 Experiential Awareness Techniques
- 12.4.2 Cognitive Techniques
- 12.4.3 Adjunctive Techniques

12.5 Strategies for Managing Physical and Emotional Distress

12.6 Strategies for Planning and Implementing Behaviour Change

- 12.6.1 Problem-Solving and Coping Skill Strategies
- 12.6.2 Self-Management
- 12.6.3 Modeling and Skill Training

12.7 Session Termination

12.8 Let Us Sum Up

12.9 Glossary

12.10 Answers to Check Your Progress Exercises

12.11 Unit End Questions

12.12 Further Readings and References

12.1 INTRODUCTION

When we counsel an individual, certain aspects need to be kept in mind apart from adequate rapport formation. We need to understand which strategies ought to be used, and how. And also a very important aspect of counselling is determining whether the technique we applied brought about desired changes or not; and hence, the significance measuring the outcome of counselling.

This Unit attempts to focus on these aspects.

Objectives

After studying this Unit, you will be able to:

- Make decision about which strategy to select and use;
- Understand what are the principles of interpretation;
- Understand the various techniques available;
- Apply various techniques to facilitate change; and
- Evaluate change and terminate the session.

12.2 PRINCIPLES OF SELECTING INTERVENTION STRATEGIES

The client always presents with a multitude of problems in various domains of her or his life. It is the job of the therapist not only to understand the distress of the client, but also to conceptuale the client's problems within her or his theoretical orientation and also to select appropriate therapeutic strategy to meet the client's needs. This task gives a considerable challenge to the therapist.

At times, the therapist may wish to create her of his own integrative model of theory and techniques, or *integrative psychotherapy.* However, to do so, one needs to follow some important principles, which form a context for considering different types of interventions.

Some general but important principles for considering how to integrate the theoretical orientation are given below (Lebow, 1987):

1. **Describing core concepts and interventions**: Irrespective of school of thought, it is the therapist's task to aid the client in understanding and mastering his or her problems. The concepts inherent in one school of therapy may overlap with concepts of other school of therapy, for example, importance of childhood experience in both psychodynamic and behavioural school of thought. Therefore, it is possible to delineate the theoretical concepts and interventions inherent in various therapeutic approaches.

2. **Adding new perspectives**: The therapist has the freedom to add one perspective to a strategy derived from another school. For example, while doing family therapy from a behavioural perspective, therapist may be interested in understanding the intra-psychic dynamics of each family member or understanding the family from a socio-cultural perspective.

3. **Adding theories and techniques**: One must be cautious in synchronizing various theories and strategies as they may lead to either positive change or negative change. Simply adding of newer techniques will not enhance the effectiveness. For example, by adding behavioural and humanistic approach, which are more directive may enhance the value of resulting technique; however, adding humanistic with its positive view about human nature and classical psychoanalysis, which treats human as instincts may not yield desired results.

4. **Deciding most comprehensive approach to treatment**: Psychological illnesses affect all the spheres of a client's life, be it biochemical, personal, interpersonal or social. For example, when a child suffers from attention deficit hyperactivity disorder, her or his academic performance suffers, she or he may not be able to make friends and even family relationships become conflictual. Thus, the therapist has to decide which areas to target and the appropriate intervention strategy for the same. For example, concentration enhancement techniques for the child, family therapy for inter-personal relationships etc.

5. **Indications and contraindications of various modalities**: Not every modality (individual *vs.* marital *vs.* family therapy) is suited to every client. And therefore the therapist must consider the indications and contraindications

of each modality. For example, in a couple or marital therapy, it is contraindicated to see only one of the partners as it may make the situation worse.

6. **Therapeutic skills**: There is no substitute for appropriate clinical acumen. Any form of intervention can be made effective if a strong therapeutic alliance has been built. The style and context in which intervention is delivered makes a huge impact on its effect on the client.

7. **Considering individual stages of treatment**: In each technique, the steps of delivery remain the same; that are, formation of rapport, assessment, working stage and finally termination. Thus, the therapist should address all these stages when selecting the appropriate therapeutic technique.

8. **Choosing alternatives and evaluating effectiveness**: The therapist must choose a strategy that is most effective, but also keep alternatives available. It is important to constantly evaluate the employed strategy for its effectiveness and if need be, then a parallel intervention may be applied. For example, if a depressed person is not being benefitted by cognitive behavioural therapy (CBT), therapist may need to employ supportive interventions along with behavioural or cognitive methods.

9. **Acceptability of the client**: At times, a particular therapeutic intervention may not be acceptable to a client. For example, a client may refuse to undergo hypnosis. In such a scenario, that particular technique should not be applied to that client as then it would lose its effectiveness. Cost considerations (for example, long-term therapy *vs.* brief interventions) must also be taken into account.

10. **Maintaining balance and flexibility**: The main strength of integrative psychotherapy is flexibility. However, it should not be achieved at the cost of losing coherence of the approach. If techniques are synthesized without adequate planning, they may seem disjointed and confusing leading to negative outcomes.

It is important to select interventions that would maximize client's personal effectiveness. At the same time, they should be evidence-based, planned carefully, accepted by the client and evaluated regularly.

12.2 STRATEGIES FOR RESTRUCTURING CLIENT'S SELF-PERCEPTION

One of the main goals of counselling is to help the client become more aware of herself or himself, her or his thoughts as well as feelings; and also to provide an alternative perspective to the problem. This section describes a number of techniques that can be used to facilitate betterment of client's self-concept and self-perception.

12.3.1 Interpretative Technique

Put in simpler terms, interpretation primarily involves presenting the client with a hypothesis about her or his behaviours, the meanings inherent in them and their relationships. Interpretations tend to bring the behaviours into a new light,

a different frame of reference or a revised theoretical outlook. Moreover, interpretation as a technique also has empirical value. In one of the researches, it was shown that Ellis's rational-emotive behaviour therapy (which involves interpretation for facilitating cognitive restructuring) was better than supportive psychotherapy (not including interpretation) in treatment of depressed out-patients (Lipsky, Kassinove & Miller, 1980). As a technique, interpretation it has different connotations in various schools of thought:

- **Psychodynamic orientation:** A very important and primary technique, which involves uncovering client's unconscious motives, needs and conflicts and bringing them onto consciousness.
- **Client-centered orientation:** This orientation does not favour the technique of interpretation. Therapists with this orientation believe that if one tries to impose meaning to client's behaviour, it tends to foster resistance and also puts therapeutic responsibility on the therapist.
- **Gestalt orientation:** This orientation believes that the therapist's task is to draw attention to discrepancy between thinking and behaviour or two aspects of behaviour and then the onus is put on the client to provide a meaning to such a discrepancy (of course, with the help of the therapist).
- **Cognitive behaviour orientation:** It is a technique of interpretation viewed to facilitate cognitive restructuring. For example, in couple therapy, one of the partners constantly blames oneself. This can be interpreted to mean that the partner is scared of disapproval by the other partner and the thought pattern can be corrected.
- **Systemic orientation:** Systemic orientation tends to consider interpretation as "reframing" of the client's situations.

Techniques Involving Therapist Interpretation

Some of the techniques used by the therapist for interpretation of client's behaviours, thoughts and feelings are as given below:

- ✓ **Reflection:** As has already been discussed in the Unit on relationship techniques, reflection is an important aspect of therapy. As the term suggests, the therapist acts as a mirror to what client says and 'reflects' it back, putting it in different words. Usually, reflection facilitates further conversation and opening up.

  For example:

  Client: "I was really bothered that my child did poorly in examination again and the teacher told me that it seemed that I did not give any attention to the child. And this happened in front of other parents".

  Therapist: "It must have felt dreadful to have such an experience".

- ✓ **Clarification:** At times, the client may not be aware of the meanings or feelings implied behind a thought or action. The therapist facilitates this understanding by "clarifying" what the client *means* but has *not said.* This technique requires knowledge of defense mechanisms and cognitive distortions that the client employs, but may not be aware of.

For example:

Client: "Nidhi always gets what she wants and yet she yells at me and bosses me around."

Therapist: "It seems that you are very angry at Nidhi".

✓ **Confrontation:** As discussed before, there are some feelings and ideas that are implicit, but the client is unaware of them. Taken a step further, at times, the client may refuse to acknowledge them. Under these circumstances, technique of "confrontation" is most required. Confrontation is used to reveal the "private logic" of the client. While confronting, it is essential to put forward a question; for example, "Could it be that…?" or "I was just wondering…."

For example:

Client: "I don't know why I get angry at mum and dad and misbehave. I don't want to do it".

Therapist: "Could it be that you feel that you don't get attention from your parents till you misbehave or shout?"

✓ **Depth interpretation:** The last level of interpretation is going in-depth and introducing new concepts, relationships and associations that are rooted in client's experience but are beyond awareness.

For example:

Client (Husband): "I had a dream last night where I was running away from a ghost, but it kept coming nearer. And when it came really close, I realized that it resembled my wife".

Therapist: "It seems that you are becoming free to express your negative feelings towards your wife whom you have always claimed to love more than anyone".

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) For the following statements, identify whether they are reflection, clarification or confrontation:

i) "You are feeling tired and worn out"._____

ii) "Am I correct in assuming that you are feeling overwhelmed right now?"._____

iii) "It seems that all you want is to just tell everyone to mind their own business and leave you alone'._____

General Guidelines for Interpretation

Interpretation can be a sensitive technique and if applied loosely or prematurely, it can do more harm than benefit. Thus, the therapist must be careful while interpreting, and keep the following guidelines in mind.

1. **What to interpret:** Depending upon the stage of the counselling process, the therapist decides what needs to be interpreted. In the initial stages, interpretation is kept very general and focuses on what is obviously visible, for example, attitude towards counselling. As one moves further in to the counselling process, the concept of defense mechanisms and their functions are explained to the client. And also, in this phase, the interpretation becomes more specific depending upon the therapist's theoretical orientation. Towards the later stages, the client is encouraged to do her or his own interpretations.

2. **When to interpret:** The timing of interpretation is a vital aspect to be kept in mind. For example, it is WRONG to confront the client at the initial stages only because, first – the therapist does not have adequate understanding of the client to provide an accurate interpretation of client's defenses and secondly – the client may not be ready to hear about his or her unconscious thoughts or feelings. This type of mistake can cost the therapist client therapeutic relationship. In other words, interpretations should not be offered "blindly".

   In non-directive approaches, usually the "reflection of feelings" dominates in early stages, going to clarification, confrontation and finally depth interpretation. It can be understood from Figure 12.1.

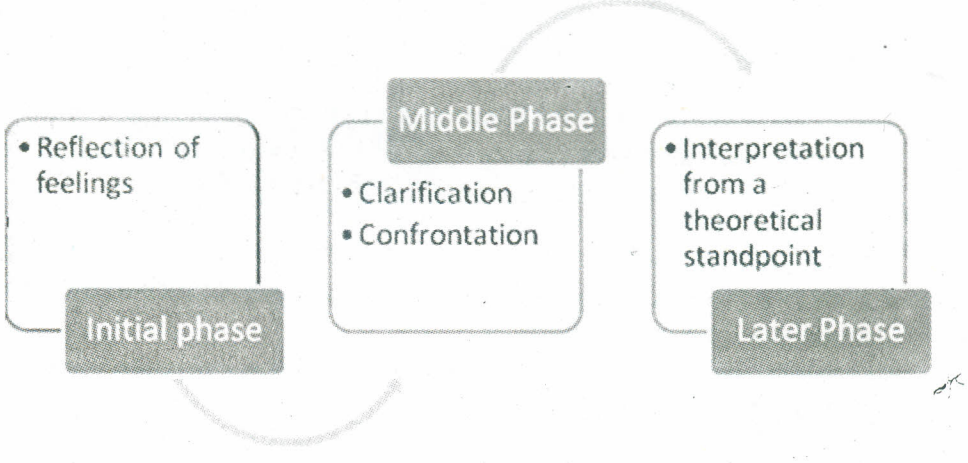


Fig. 12.1: Interpretation in various stages of counselling

However, in certain directive therapies, the therapists assume that conceptualizing of the problem and a clearly understandable rationale for treatment must be established in early phases of treatment; as it leads to enhanced motivation and engagement of the client in the therapeutic process. This approach is more collaborative and is usually advanced by cognitive school of thought (Meichenbaum, *et.al.,* 1975).

Therapist needs to use her or his judgement while interpreting as even in middle phase, client may not be completely ready for it. In such a scenario, the therapist can take aid of a "story" or "hypothetical situation" similar to the client's experience, while explaining to the client that the situation is given to make a point. Hence, interpretation can be provided for that situation, which would be more non-threatening for the client.

3. **Focusing on controllable causes:** Offering interpretations for situations that the client may not be able to change can cause harm; leading to more conflict and distress. Rather, interpretation must focus on internal beliefs and behaviours that are within the client's control and can be changed; thereby increasing internal locus of control and helping the client take responsibility for change.

4. **Provide positive interpretations:** The wordings of interpretation also decide how much of an impact it would make on the client. Using negative words or accusatory tone may make the client defensive and hostile. But, on the other hand, confrontation delivered gently, in an empathic way is handled more positively by the client. For example, rather than saying, "Why are you denying that you hate your mother?" one can say, "It seems that you harbour negative feelings towards your mother, but at the same time, you think that it is wrong and immoral to feel this way". It has been demonstrated that appropriate and positive wording of the interpretation promotes enduring changes (Beck & Strong, 1982).

5. **Using a tentative approach:** The counsellor makes sure that the statement of an interpretation is given more as a statement rather than stating them in a harsh or definitive manner. The statements are not given as an "end" in themselves; rather they give an idea to the client that their behaviour can be changed. Also it gives the liberty to the client to accept or refute the statements, giving her or him a sense of responsibility. For example, instead of saying, "You are denying..." a better way of stating it is, "It appears to me that you may be denying..."

6. **Use repetitions:** As we have already talked mentioned even a useful or valid interpretation may be denied by the client, therefore it becomes important for the therapist to repeat them at appropriate timings, and in different ways, if need be (for example, using stories). It is important to remember that interpretations must not be offered mechanically even if client keeps on resisting them. In such a scenario, it is vital that the therapist re-assesses whether her or his interpretations are actually making sense or not.

Limitations of interpretation

Like every other technique, even interpretation comes with certain lacunae, which are as follows:

- Interpreting a client's thoughts or behaviour may be a threatening process for the client and may hamper therapeutic growth and foster resistance;
- It may reduce self-exploration;
- At times, when therapist is taken to be "supreme" or "guru" (as in Indian tradition), client may accept therapist's interpretation regardless of whether it is correct or not; and
- It may also lead to over-intellectualizing client's problems prematurely, which may lead to using of interpretation as a defense mechanism.

Thus, *Interpretation* has both advantages as well as disadvantages, but research shows that if used with proper knowledge and understanding, interpretation can be an important method in facilitating client's growth.

Clarification Methods

Types of Clarification Methods

1. **Associative type**
2. **Suggestive type**
3. **Systemic interpretations**

Clarification is one of the techniques for interpreting what the client "means", but has not "said", that is going beyond the obvious. This technique can be applied in a variety of ways, such as the following:

✓ **Associative type:** In this method, the therapist makes an association between the client's implicit and explicit thoughts or behaviours. There are four major forms of associative techniques, which are mentioned as below:

- **Similarity:** The counsellor draws together two ideas with similar content. For example, "It seems that the feelings you are expressing about Seema seem to be very similar to what you said about your feelings related to Geeta. Am I correct?"
- **Contrast:** The counsellor may associate two opposing ideas. For example, "What you seem to be feeling for your father seems to be almost opposite of what you feel for your mother".
- **Contiguity:** At times, ideas that are close in space or time are associated together. For example, "It appears that you always get a headache when you have to go to your in-laws' house".
- **Distance:** The counsellor may associate ideas that actually are far apart in space or time. For example, "When your wife tells you not to spend money, it seems that you always feel the same that you felt when your father used to say it".

✓ **Suggestive type:** At times, the client knows or understands her or his thoughts or behaviour, but may not be able to verbalize it adequately; or she or he may be only aware of these at a subconscious level. In such a scenario, the "suggestive" technique is used. For example, "You seem to be aware of the fact that your fear of losing control is what is leading to your rebellious behaviour towards your father".

✓ **Systemic interpretations:** Human beings are social animals and therefore nothing exists in a vacuum; even the client's belief systems, her or his temperament, her or his coping skills can be understood from a broader familial and social perspective. At the same time, client's behaviour tends to affect the family and at times her or his social network. Therefore, "systemic interpretation" primarily involves educating the client about her or his symptoms in the broader family's context or giving her or him a feedback of how her or his behaviour affects the family system.

In family therapy, it entails understanding of the client's role in the current family as well as in the family of origin. For example, a woman whose mother made

her take the role of her "emotional caretaker" as a substitute for a harsh husband tends to do the same with her daughter. An insight into this pattern may help the client to see her behaviour in a new light and change her behaviour towards both her daughter as well as husband.

Interpretation of how the client's behaviour affects the family systems may also make them more aware and subsequently more motivated to change. For example, a depressed woman does not talk to her husband despite his repeated efforts and gradually the husband moves away and may start getting irritated on trivial matters, further increasing her depression. Awareness about this vicious cycle can help the client in making efforts to break it and establish a healthy pattern of interactions.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List the various interpretations done in various stages of counselling.

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2. What are the three clarification methods?

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12.4 TECHNIQUES UTILIZING CLIENT'S INTERPRETATIONS

In the initial phases of therapy, it is the therapist's task to provide interpretations. However, as the therapy progresses, the onus of interpretation is gradually shifted to the client. This helps in developing confidence as well as self-efficacy. The following section gives details about the various techniques that can be used for increasing client's self-awareness.

Techniques Utilizing Client's Interpretation

- **Experiential Awareness Techniques**
- **Cognitive Techniques**
- **Adjunctive Techniques**

12.4.1 Experiential Awareness Techniques

Under this category are those techniques that make the individual being more aware of her or his own experience and provide a meaning to it. Let us take a look at the various methods inherent in these techniques.

1. Therapeutic Metaphors

Increased general interest among counsellors in the way language, narratives, and stories influence clients' personal and social realities has drawn particular attention to metaphorical language and its facilitative role in counselling. It has been suggested that metaphors and metaphorical knowing may play a significant role in facilitating a number of developmental change processes in counselling: relationship building, accessing and symbolizing client emotions, uncovering and challenging clients' tacit assumptions, working with client resistance, and introducing new frames of reference (Lydon, Clay & Sparks, 2001).

Metaphors can be used in the form of stories, myths, parables, fairytales and anecdotes. Gordon (1978) described that construction of metaphoric stories parallels client's circumstances.

> "I am a stream whose surface everyone can see. But there are many things going on underneath that surface, causing turmoil. I am one stream; within that stream are different currents that flow at different speeds. I hope to get in touch with my flow".

For example, a person who is too bothered by what everyone else thinks about her or his actions can be reminded of the story of the donkey, father and son; wherein no matter what the father-son does (both sitting on the donkey, either sitting on the donkey, or none sitting on the donkey), they are always mocked at by others.

Metaphors can also be used to make therapeutic interpretations using client's experience. For example, a depressed person bothered by slow progress in therapy was found to be fond of gardening, and thus she or he was told, "If a plant is deprived of sunlight for a considerable period of time, it tends to wither. But if you again give it adequate care and sunshine, it would recuperate but would take some time".

2. Dream Work

Dreams are a natural, universal process, and can be an inner compass pointing towards healing and creative self-discovery. Various schools of thoughts like psychoanalysis and Jungian traditions have always been known for their interest in interpretation of dreams. While some counsellors choose to interpret their client's dreams, while others facilitate the client to attribute meaning to their own dreams. For example, therapists oriented in the Gestalt school of thought encourage their clients to describe their dreams in as much detail as possible and then "become" and experience each aspect of the dream and be both animate as well as inanimate object. The client, then, "enacts" the different objects, speaking their concerns and dialoguing with the other objects in the dream.

3. Body Awareness

We all use certain phrases in everyday life that express body messages, like, "You are a pain in the neck."; "I felt touched by the way you helped me". These phrases indicate how we consciously or unconsciously tend to use our bodies to express the underlying feelings. The body expressions are non-verbal and provide valuable information about the client's thoughts and feelings at a given point in time.

The body awareness techniques involve giving attention to the body and what it is expressing at a given moment. To be able to feel freely, it is important that one gets in touch with their body. And hence, this technique focuses upon 3 aspects of body work: learning to breathe fully from the diaphragm, learning to relax body muscles and learning to express oneself bodily on feelings of polarity.

For example, to express feelings of anger, the therapist can engage the client in role playing a "family argument" in which the therapist says "Yes" and the client says "No". The technique is to go back and forth, gradually increasing volume and bodily participation. The client, in a safe environment, experiences the bodily dimensions of anger and is also trained in assertiveness and healthy interpersonal confrontation.

Feelings of love can be elicited through two exercises – In the first, the therapist and client work together to feel the care for one another by warmly saying "Yes" instead of "No". The therapist may play a parental figure or a spouse. This exercise may bring a desire to touch, which is an appropriate expression for feeling of care. In the second, the therapist may play role of a parent and the client becomes the child. The therapist may say, "I would like you to close your eyes now, I am going to touch your face. I want you to imagine me as your parent." While touching, the therapist makes positive comments typical of what parents do when they touch their child affectionately. This physical and verbal expression of tenderness can be a very meaningful demonstration of the importance of caring.

The technique for making the client getting into touch with her or his weakness is to make her or him stand in front of a couch, bent forward, with all weight on one's feet. The feet should be kept a few inches apart, with toes turned slightly inward. The therapist can ask the client to let the fingers touch the floor out in front for balance. The knees are, then, bent forward and slowly brought back so that they begin to tremble. This vibration brings a tingling sensation in the feet and legs and respiration begins to deepen. When standing this way becomes painful, the client is asked to fall backward onto the couch. The point of this exercise is to experience falling (which represents one's weakness dimension, or "fall-ability") and helping the client to surrender to her or his weakness. As individuals overcome their fear of falling, they tend to give in more readily to their bodies and their feelings.

> "Looking at the body and listening to it is a continuous process. A patient's tone of voice tells me where he is, not his words. His words can lie. The body does not lie. The eyes may lack feeling, his voice may be monotonous, the lack of movement — everything says something (Lowen, 1967)".

It is important to make the client loosen up and try to integrate thoughts, feelings and bodily reactions to enhance his awareness.

4. Awareness of Polarities

We all experience as well as express emotions that may be opposite or different from what we actually feel. Doing it to some extent can be alright, but when it becomes a consistent pattern of responding, then it needs to be worked out. To increase client's awareness of polarities of their emotions, the technique of "Manipulation Analysis" given by Shostrom, Knapp and Knapp (1976) is used.

As the therapy progresses, the therapist tends to become aware of the patterns that emerge when clients tend to use manipulations. Once the pattern becomes clear, they are analyzed with respect to their short as well as long-term effects. Usually, manipulations are used for controlling, seducing, exploiting others, or for avoiding situations. These manipulations provide short-term gains, but become self-defeating in the long run. A person whose personality is fragmented by polarizations operates in an *either/or* manner. She or he plays nice guy or bully; she or he is weak or strong.

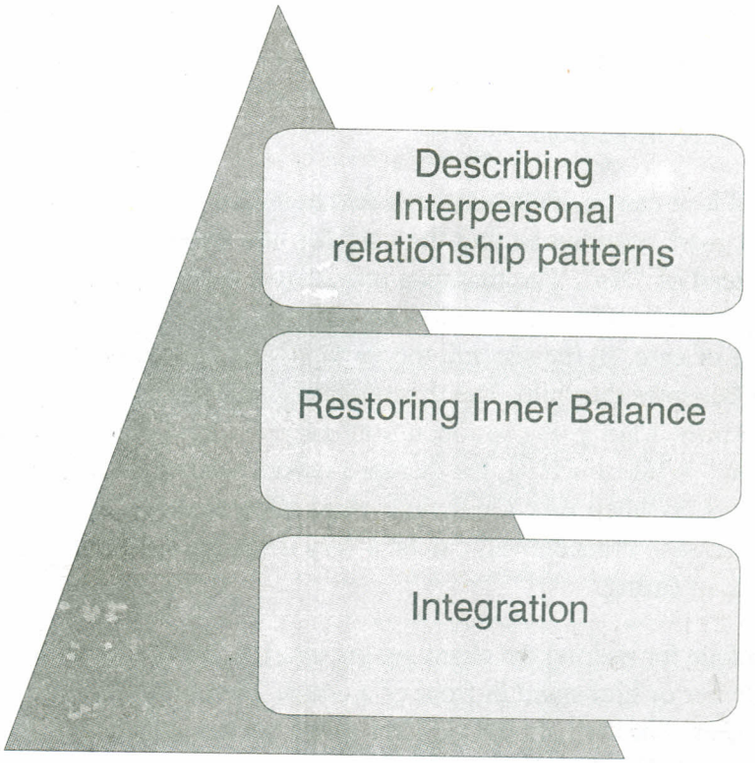


Fig. 12.2 Steps for awareness of polarities

The *first step* in the process is to make the client aware of the manipulations that she or he uses and how they have become self-defeating patterns hampering his interpersonal relationships. She or he is given the hope that manipulative tactics can be converted into self-actualizing behaviour. For example, blaming and attacking can be converted into a healthy expression of anger.

The *second step* is to restore the inner balance of the client by making her or him experience polarities of anger-love, strength and weakness. For example, if a client is mildly angry, the therapist can facilitate her or his expression by encouraging *exaggeration* of anger. The purpose it serves is to make the client realize the "foolishness" of anger when expressed in such extremes. Another

technique is to make the client enact the opposite pole of the manipulative pattern that she or he may be demonstrating. For example, asking a person who appears weak and vulnerable in her or his interactions, to play the role of a dictator. It is generally hypothesized that by using manipulations, we cover our inner needs which are then brought into awareness by this technique.

The *final step* is **integration** which involves merging of both active as well as passive dimension to create a unified whole. A technique used to achieve this is called "*Gestalt Shuttling*" (Perls, 1973). In this technique, the therapist puts an empty chair in front of the client and makes the client project into the empty chair those parts of her or his personality that she or he tends to disown or deny. By switching back and forth between chairs and expressing herself or himself through a dialogue between the polarities, the client is able to establish better contact with both ends of the continuum and she or he learns to appreciate both the polarities: to be caring yet assertive; vulnerable yet strong.

12.4.2 Cognitive Techniques

In the previous section, we talked about enhancing client's awareness through "feeling" technique. In this section, we would briefly discuss the cognitive technique, which involves manipulation of the client's thought to help her or him develop a better sense of self.

Cognitive Restructuring

The therapists belonging to cognitive school of thought (Aaron Beck, Albert Ellis etc.) believe that "*we are what we think*", that is our thoughts affect both our behaviours as well as own feelings. The technique of cognitive restructuring primarily focuses on eliciting and changing the clients' dysfunctional or irrational beliefs that are causing them to feel or act in a problematic manner. Some of the common cognitive errors that one tends to make are:

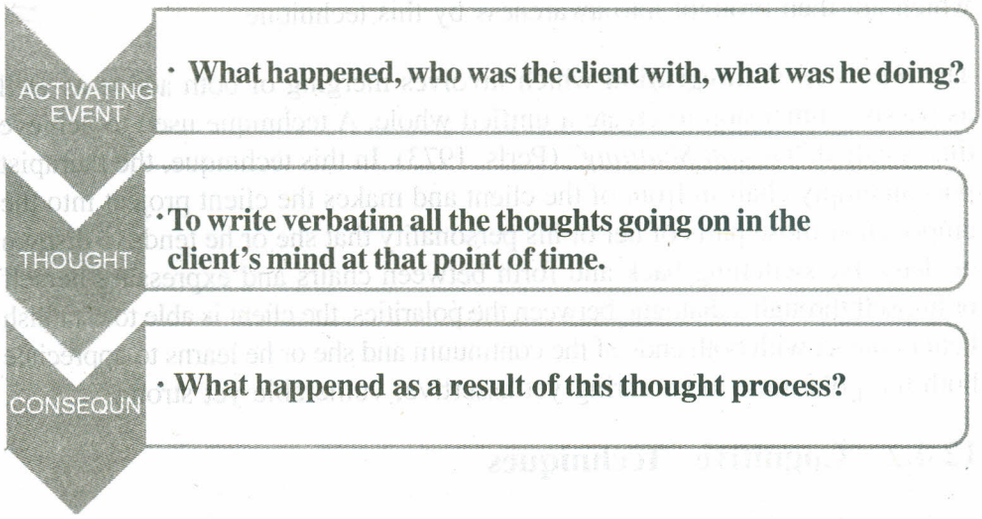
- **Overgeneralization:** Overgeneralization causes people to mistakenly conclude that things are worse than they really are. Overgeneralization occurs when a person takes something that is true for one domain of life and applies it to another domain of life where it doesn't fit. "I failed to get a second interview, so that must mean that I am a failure as a person".

- **Selective Attention:** The person pays attention to one or two bits of bad news contained within a complex message that also contains many bits of positive news. "I got a C in that subject on the report card and that is terrible" says the depressed person, failing to give proper credence to the fact that As and Bs have been earned in other subjects.

- **Catastrophization:** A small negative event which in reality is merely inconvenient or uncomfortable is magnified into something "terrible, awful, and unbearable".

The method of cognitive restructuring emphasizes attacking client's cognitive errors and false beliefs. The first step is A-B-C charting or situational analysis (as shown in Figure 12.3), so that the client is made to realize the self-defeating

nature of his or her irrational beliefs. Then, the clients are taught to reverbalize, rethink and challenge these ideas in a logical manner. And finally, clients are encouraged to engage in behavioural experimentation to prove the validity of their newly-formed and logical assumption about life.



12.4.3 Adjunctive Techniques

Apart from cognitive and experiential techniques, the literature is abound with various other techniques that can be used as adjuncts to the above discussed therapies.

- **Self-Help Method**

Self-help refers to self-guided improvement. The basis for self-help is often self-reliance, publically aware information (literature, bibliography, audios and videos-etc.) and support groups.

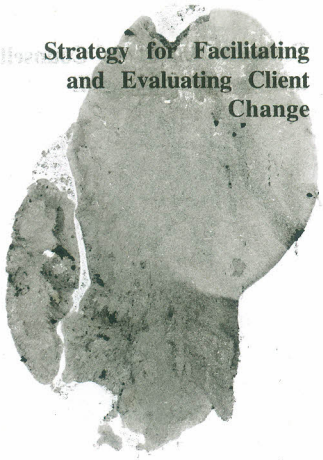
Bibliographic material can be of two types: (1) fiction and biography and (2) popular psychology books. It has been shown that reading in a therapeutic context can be valuable as it can stimulate thinking, increases awareness and can also give better expression to the client.

However, one of the major limitation is that client may find aspects by which to rationalize their negative thoughts and behaviours. And another is that clients who are not fond of reading may develop a somewhat resistant attitude towards counselling as a whole.

Thus, it is important that therapist be careful regarding recommendation of books for therapeutic reading. Also, it is important that the therapist must be thoroughly knowledgeable about the books that they recommend. Discussion with the client about the reading is important to clarify and to ascertain the effects of reading.

- **Written Communications**

Encouraging the client to write about her or his feelings, fantasies, dreams and thoughts in diaries, letters and journals have become accepted adjunctive methods for counselling. Though, critics still argue the limitation of written communication over interpersonal communication, it is gaining popularity. And various methods of recordings have been elaborated and developed (Progoff, 1975); a popular one being *"Intensive Journal Method"*, which consists of a series of writing exercises using loose leaf notebook paper in a simple ring binder, divided in two sections for accessing various areas of client's life.



Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) State the various techniques that utilise client's interpretation.

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2) What are the main steps in awareness of polarities?

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12.5 STRATEGIES FOR MANAGING PHYSICAL AND EMOTIONAL DISTRESS

Stress is a normal condition of meeting changes and threats with adaptive responses. It is of two types: *Eustress* – caused by a happy event; for example, marriage, and *Distress* – caused by negative events; for example, examination. The latter tends to make us anxious, tensed or depressed and involves disequilibrium of both psychological and physiological processes. To restore the homeostasis, the human being adopts various measures – *Fight or flight.* However, at times, the human being is not able to cope, needing external help for managing the negative consequences of stress.

12.5.1 Relaxation Methods

The methods described in this sub-section can help the client in reducing her or his mental distress, thereby rendering her or him better equipped to make logical decisions and appropriate behavioural changes required to change the stressful situation.

1. Progressive Relaxation Training

This method was developed by Jacobson in 1938. Progressive Muscular Relaxation (PMR) is a widely used procedure today; also known as *Jacobson's Progressive Muscular Reaction (JPMR).* It causes deep muscular relaxation in various muscle groups, tensed under stressful conditions. It has been found that muscular tension produces aches and pains, particularly in the neck and back.



Experience reveals that for many individuals, the shoulder muscles provide a kind of internal thermometer for the tension level. If you tell yourself regularly to "drop your shoulders", you will be surprised to find how often there is something to drop!!!!!!

In PMR, the therapist asks the client to deliberately apply tension to certain muscle groups, and then let go, while turning their attention to noticing how the muscles relax as the tension flows away.

Proper Procedure

There are two steps in the self-administered Progressive Muscle Relaxation procedure:

- Deliberately tensing muscle groups.
- Releasing the induced tension.

Tension–Relaxation Procedure

Tension — The process of applying tension to a muscle is essentially the same regardless of which muscle group you are using. First, focus your mind on the muscle group; for example, your right hand. Then inhale and simply squeeze the muscles as hard as you can and hold to the count of 12; in the example, this would involve making a tight fist with your hand. It's important to really feel the tension. Done properly, the tension procedure will cause the muscles to start to shake, and you might feel some pain but don't overdo it.

***Releasing the Tension* —** This is the best part because it is actually pleasurable. After the count to 15, just suddenly but gently let go. Let all the tightness and pain flow out of the muscles as you simultaneously exhale. In the example, this would be imagining tightness and pain flowing out of your hand through your fingertips as you exhale. Feel the muscles relax and become loose and limp, tension flowing away like water out of a faucet. Focus on and notice the difference between tension and relaxation. Stay relaxed for about 12 seconds, and then repeat the tension-relaxation cycle. You'll probably notice more sensations the second time.

Note: *It is of utmost important to coordinate your breathing with the tension relaxation cycle. Every time you let go, exhale and feel the tension go out from the concerned muscle group along with the outgoing breath. The breathing must be relaxed and preferably abdominal.*

PMR has been found to be successful in treatment of sleep difficulties, headaches, hypertension, test anxiety, social phobias, anger control and even psychosomatic difficulties, like pains. After practicing PMR in-session for about 10 to12 times (weekly sessions), the client can be given an audiotape of the procedure and then asked to practice at home.

2. Meditation

Meditation is a mental discipline in which one tries to get beyond the conditioned "thinking" mind into a deeper state of relaxation. The meditation can take several

forms — Zen breathing methods, self-hypnosis, transcendental meditation, 'sudarshan kriya', 'pranayaam' and other similar processes. Different disciplines tend to encompass a wide range of spiritual and/or psychophysical practices which may emphasize different goals — from achievement of a higher state of consciousness, to greater focus, creativity or self-awareness, or simply a relaxed state of mind. Four common elements to all meditative strategies have been identified, which are — a quiet environment, a mental device, a passive attitude, and a comfortable position. Meditation strategies have been used successfully with insomnia, reducing blood pressure, and decreasing somatic stress (Richard et al., 2001; Cormier & Cormier, 1985).

Ask the clients to sit in a relaxed but straight posture and close their eyes. All clothes must be loosened and eyes must be closed. Now ask the client to concentrate only on their breathing and inwardly repeating the word "in" when they inhale and "out" when they exhale. Focusing on the breathing as well as the words leads to reduction in anxiety.

Note: *To be done twice daily for five minutes.*

3. Imagery

Mental imagery can be used in a variety of ways to reduce emotional as well as physiological distress. Mental imagery can be used as a part of relaxation to calm the senses or it can be used in the form of "covert conditioning" or "covert modeling". Beginning in the 1960s, and perhaps stimulated by some of the research mentioned by Holt, there was also a growing interest in the application of imagery based techniques in psychotherapy and psychosomatic medicine (Sheikh, 2002). By the 1970s, something of a self conscious imagery movement had taken hold, in which discoveries and theoretical developments coming out of experimental psychology and cognitive science helped to fuel and legitimate an enthusiasm for the application of imagery to psychotherapy, and even to "personal growth," "consciousness expansion," and the like.

When mental imagery is used as a part of relaxation, it is given after the relaxation exercise is over. The client is described a pleasant and calming scene in detail and she or he is asked to imagine the scene as is being described. This has been found as a calming agent for all sensations and releases stress.

"Covert conditioning" is derived from behaviour modification to assist people in making improvements in their behaviours or inner experiences. The effectiveness of this method would depend upon how well the client can imagine a described situation. "Covert sensitization" associates an aversive stimulus with a behaviour the client wishes to reduce or eliminate. This is done by imagining the target behaviour followed by imagining an aversive consequence. For example, an alcoholic may be asked to imagine that immediately after consuming alcohol (target behaviour); he vomited (aversive stimuli). And this is described in great details, including all senses of seeing, touch and taste. Then the client is instructed to imagine that they have left the alcohol and moved to a safer environment, having a glass of juice and they are feeling relaxed. This has been found to be an effective method.

"Covert modeling" involves enhancement of coping strategies by making the client imagine problematic situations and rehearse various ways of handling the situation successfully.

Imagery has been applied to problems related to a variety of life stresses and has been found to be useful (Simonton, Matthews-Semonton & Creighton, 1980).

4. Systematic Desensitization

The technique developed by Wolpe (19128) has been used extensively and successfully in treatment of anxiety and phobias. It is based on the principle of "counter-conditioning". In counter-conditioning, the response of relaxation is added to the response of anxiety, with the assumption that since both cannot occur at the same time, it would lead to a reduction of anxiety.

This technique involves two stages:

Stage 1 → Making the client well-versed with relaxation exercises. JPMR is the most frequently and preferred form of relaxation exercise.

Stage 2 → In this stage, the client and the therapist make choose an anxiety-provoking situation (for example, fear of snakes) and for that situation, a hierarchy is prepared from the least anxiety-provoking to the most anxiety-provoking.

For example, for a person who is frightened by snakes, the anxiety hierarchy may start with seeing a picture of a snake, eventually move to viewing a caged snake from a distance, and finally culminate in actually handling a snake(non -poisonous). With the therapist's help, the client proceeds through the anxiety hierarchy, responding to the presentation of each fearful image or act by producing the state of relaxation. The client is made to practise the same step until a relaxed state is reliably produced when faced with that step. As tolerance develops for each identified item in the series, the client moves on to the next. In facing more menacing situations progressively, and developing a consistent pairing of relaxation with the feared object, relaxation rather than anxiety becomes associated with the source of their anxiety. Thus, a gradual desensitization occurs, with relaxation replacing alarm and anxiety.

Exposure can be done *in-vivo* (going in to actual life-situations) or in-vitro (using visualizations and imaginations).

5. Hypnotherapy

Hypnotherapy is a state of deep relaxation or hypnosis and is used effectively in a variety of conditions, like, anxiety, insomnia, psychosomatic (stress-related conditions), and pains. And this has been supported by various randomized controlled trials and meta-reviews (Vickers and Zollmen, 1999).

Hypnotherapy induction strategies vary along a continuum – the therapist inducing hypnosis to client performing self-hypnosis. Hypnotherapy can also be considered as *communication strategies* to facilitate the clients in shifting their attention from anxiety cues towards experience of relaxation.

Hypnotherapy uses guided relaxation, intense concentration, and focused attention to achieve a heightened state of awareness. The person's attention is so focused while in this state that anything going on around the person is temporarily blocked out.

Hypnotherapy can be used in two ways:

- **Suggestion therapy :** The hypnotic state makes the person better able to respond to suggestions and thus some clients can be helped to change certain behaviours, such as to stop smoking or stop nail-biting. It can also help people change perceptions and sensations, and is particularly useful in treating pain.
- **Analysis :** This approach uses the relaxed state to find the root cause of a disorder or symptom, such as a traumatic past event that a person has hidden in her or his unconscious memory (repression). Once the trauma is revealed, it can be addressed in psychotherapy.

However, hypnotherapy might not be appropriate for a person who has psychotic symptoms, such as hallucinations and delusions, or for someone who is using drugs or alcohol. It should be used for pain control only after a doctor has evaluated the person for any physical disorder that might require medical or surgical treatment. It can also be difficult to perform on a reluctant client.

A therapist would need extensive training in hypnotherapy to successfully hypnotize the client. Despite its many benefits, hypnotherapy remains a controversial method in treatment of various disorders.

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) What are the relaxation methods used to reduce anxiety and stress?

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12.6 STRATEGIES FOR PLANNING AND IMPLEMENTING BEHAVIOUR CHANGE

Apart from bringing out change in thinking, the therapist also needs to bring about some essential changes in client's behaviour. Before deciding the strategies to be implemented, one must understand the behaviour deficits (that is, behaviours that are not present; for example, poor problem-solving skill) and behaviour excess (that is, negative behaviours that are present; for example, anger). Once that is understood, the therapist can work with the client to bring about desirable changes.

12.6.1 Problem-Solving and Coping Skill Strategies

These two approaches target the behavioural deficits or absence of desirable behaviours and purport to develop them in the client.

D'Zurilla & Nezu (1982) interpret psychological disorders in terms of inability to solve a given problem. Problem-solving is an information-processing approach that focuses on identifying the problem, generating plausible solutions, choosing the best solution, implementation and finally evaluation of the decision taken.

STEPS IN PROBLEM-SOLVING

1. Define the problem in as much detail as you can,
2. Generate as many solutions as you can for the problem, even if they seem unreasonable at first,
3. Analyze each alternative generated (pros, cons and feasibility of each alternative,
4. Implementation of the alternative generated, and
5. Evaluation of the success and failure of implemented alternative.

Coping Skill Training (CST) primarily focuses on teaching the client those skills that are required to cope with a given stressful situation (for example, exam, marriage etc.). All CST approaches generally begin with an assessment of the patient's areas of vulnerability (Monti et al. 1995), and primarily focuses on "stress-reduction" techniques. One of the most famous model for the same has been given by Meichenbaum (1985), known as "Stress Inoculation Training." In this, the aim is to identify maladaptive self-statements that arise in a stressful situation and convert them into adaptive statements (for example, from "I can't give the exam. I would fail in it" to "I have studied the best I can and I shall give the exam". It has three steps:

- **Cognitive preparation:** Psycho educating client about the cognitive, behavioural, and physiological components of anxiety,
- **Skill acquisition:** Developing self-statements that client can use in stressful situations, and
- **Practice of the application:** Practicing of these statements both *in-vivo* as well as *in-vitro.*

Coping skill training has been used to deal with not only day-to-day stressors but is also extensively used in treatment of alcohol and substance abuse as part of relapse-prevention.

12.6.2 Self-Management

Self-management methods combine both behavioural as well as cognitive strategies to increase the client's self-control as well as her or his ability to change the undesirable behaviour.

Self-management programmes have been developed for a variety of problems – smoking, weight control, interpersonal issues, anxieties and academic problems (Cormier and Cormier, 19812). According to Kanfer and Gaelick (1986), the goals of the therapist are:

- Assessing and analyzing problem-behaviours,
- Enhancing client motivation,

- Teaching specific behaviour change techniques, and
- Supporting and reinforcing client's efforts and successes.

Self-management relies upon therapist and client negotiating tasks that need to be done. Sometimes a "behavioural contract " can be signed between the two. Sometimes, environmental modification is also added as part of self-management programme, for example, avoiding friends who drink on a regular basis.

Effective self-management programmes include multiple methods, mentioned above and employ them consistently over a period of time.

12.6.3 Modeling and Skill Training

Modeling has been found to be the key for effective learning process associated with thoughts, beliefs, values and perceptions. According to Bandura (1971), modeling had three effects on the individual:

- Learning of new behaviours/skills or newly integrated patterns of behaviour (for example, assertiveness training),
- Increase or decrease of behaviour of the client depending on its consequence on the model (for example, used extensively in impulsive stealing — by showing the worst possible negative consequences), and
- Strengthening already learnt behaviour (for example, refusing an apple pie after dinner to control weight).

However, certain factors influence whether the behaviour of the model would be replicated by that of the observer. Some of those factors are:

- Similarity to the model,
- Model's perceived competence,
- Observer's motivation,
- Reinforcers involved, and
- Observer's attentional ability.

However, the success of modeling lies when the desired behaviour increases and the undesirable behaviour decreases in the client as the client performs the modeled task. Rehearsals and incentives are also important determinants of success.

12.7 SESSION TERMINATION

The goal of counselling is not "complete resolution" of client's problem, but teaching appropriate skills to the client and to make her or him self-reliant to be able to handle future stressors more effectively. The time when the counsellor feel that the client can be now placed on her or his resources is the "closure time" or termination of sessions. However, this can be a difficult task to achieve as it requires as much sensitivity as the beginning does. One cannot tell the client simply, "the sessions are over and we have no need to meet again". It needs to be handled cautiously.

Usually the counselling sessions reach their termination stage when the decided goals have been met. At times, the client also gives clues that can be picked up to mean that sessions can be terminated. For example, a client may say, "I am feeling much better and confident now that I have been able to deal with so many issues". However, a note of caution is warranted here. Many a times, the counsellor sees peak recovery immediately after initial 2 to 3 sessions. The effects are due to a cathartic session or suggestions by therapist; however, unless this recovery is long-standing, sessions should not be terminated.

Sometimes, the sessions are terminated by the client, which could be due to resistance, ignorance about counselling, poor rapport, finances, feasibility issues or a feeling that counselling is no longer needed.

The counsellor may begin the process of termination by saying, "Well, here we are nearing the end of the time where we decided that we would try to finish counselling. Let's summarize from where we started, how we proceeded, where we are now and what would be our next steps". This approach has the advantage that both counsellor and client are prepared for the time when counselling would end. However, the disadvantage is that even by that time, the client may not be ready.

It is important to remember that in our counselling practice, we often encounter those "dependent" patients who test our skills as well as patience as they continually resist assuming personal responsibility for their life. These patients need to be identified from the beginning and termination should be clearly stated. However, after a considerable number of counselling sessions where the client has bared her or him self to the counsellor, it is expected that some amount of dependency would linger.

The counsellor may follow certain steps to bring about effective termination as discussed below:

Step 1→Verbal preparation: The client is reminded of the agreement regarding termination of sessions (pre-decided during interview sessions). Statements of client growth as a lead may be expressed. For example, "You seem to have achieved some important awareness about yourself and have even developed some realistic plans. Do you think you can carry alone from here?"

Step 2→The counsellor can then work out a "summary statement" with the client that includes short and long term goals, general review of accomplishments, arrangements for referrals or follow-ups, and preparation of a plan.

Step 3a→Follow-ups: Termination does not mean that the counsellor would not see the client again. It basically implies that instead of the usual, regular sessions, the client would be seen at "follow-ups" after longer intervals. Either it can be a "free door" policy, that ism the clients can walk-in whenever they want. Or it may be fixed, that ism appointment can be fixed for after 1 month and gradually that can also be increased.

Step 3b→A variation of step 3 is "Possible Referral" that is; if the counsellor feels that she or he has gone as far as possible and that the client would benefit from another therapist/counsellor, a referral can be prepared. It is important that the counsellor handles the referral in a way to permit easy transit for the client into the new relationship. Reasons for referrals should be discussed carefully with the client. For example, the counsellor may say, "Our team psychiatrist

would be a better person to guide us on this problem. Would you like to take an appointment with her or him?" In case, the client needs to be referred outside, the counsellor must be well-versed with all the technicalities and issues related to that.

Step 4→Formal leave-taking: This is essentially the session in which after all the sessions, the client is ready to say "goodbye".

It is important to remember that the steps cited above may not unfold smoothly and counsellor may have to face certain obstacles. However, one can learn to deal with these by experience and patience.

Check Your Progress Exercise 5

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) State 'True' or 'False':

i) Coping Skill Training (CST) primarily focuses on teaching the client those skills that are required to cope with a given stressful situation. _____

ii) Self-management method includes only behavioural strategies. _____

iii) Modeling has been found to be the key for effective learning process associated with thoughts, beliefs values, and perceptions. _____

2) What are the major steps of the termination process?

.....

.....

.....

.....

12.8 LET US SUM UP

This Unit reviewed strategies for facilitating and evaluating client change. At times, it has been found that using only one specific approach, like, behaviour therapy or psychodynamic therapy, may not yield fruitful results. Therefore, it becomes important to integrate these approaches in an empirical way so as to make them more effective. However, it is important to be cautious in forming an "integrative therapy" and the principles of specific therapies must not be combined loosely. Thus, some guidelines have been provided to the counsellors to develop their "integrative" approach. This chapter also focuses on discussing strategies for bringing about desirable changes in client's thoughts, feelings and behaviours. These strategies have been classified under three rubrics: (1) strategies for restructuring client's self-perception; (2) strategies for managing emotional and physiological distress and (3) strategies for planning and implementing behaviour

change. Once, the strategies have been implemented, it is also important to evaluate these changes. The Unit ended on the note of termination of sessions.

12.9 GLOSSARY

Adjunctive techniques : Any technique or treatment used with the primary treatments for the purpose of assisting the primary treatment.

Behavioural contract : A structure for setting treatment goals, anticipating interferences, and strategies for coping with it.

Covert conditioning : Conditioning in which a second response, which is incompatible with the first one, is added to an already conditioned response.

Hypnosis : A state of concurrent relaxation and concentration with an increased consciousness evoked from suggestion.

Interpretation : An attempt to impart meaning to the client's thoughts, actions and behaviours (either by client her or him self or by the counsellor).

Integrative psychotherapy : A systematic approach to therapy in which two or more models are combined, the synthesis of which is hoped to provide an improvement in treatment efficacy and/or effectiveness.

Manipulations : Patterns of survival by which people adapt to their environment.

Private logic : Goals, mistaken ideas, and attitudes towards life, and hidden reasons that people use to justify their behaviour.

Self-perception : An awareness of the characteristics that constitutes one's self; self-knowledge

Therapeutic metaphors : A kind of conceptual "metaphor" presented as a story or a parallel to an entire aspect of situation.

12.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. i) Reflection
   ii) Clarification
   iii) Confrontation

Check Your Progress Exercise 2

1. Following are the interpretations done is various stages of counselling:
   i) Initial phase - Reflection of feelings,
   ii) Middle phase - Clarification and confrontation,
   iii) Later phase - Interpretation from a theoretical standpoint
2. The three clarification methods are as follows:
   i) Associative type,
   ii) Suggestive type, and
   iii) Systemic interpretations.

Check Your Progress Exercise 3

1. Following are the various techniques utilizing client's interpretation:
   i) Experimental awareness techniques,
   ii) Cognitive techniques; and
   iii) Adjunctive techniques.
2. Steps for awareness of polarities are as follows:
   i) Describing interpersonal relationship patterns,
   ii) Restoring inner balance, and
   iii) Integration.

Check Your Progress Exercise 4

1. Following are the relaxation methods used:
   i) Progressive relaxation training,
   ii) Mediation,
   iii) Imagery,
   iv) Systematic desensitization, and
   v) Hypnotherapy.

Check Your Progress Exercise 5

1. i) True
   ii) False
   iii) True
2. The major steps of termination process are given below:
   i) Step 1 : Verbal preparation
   ii) Step 2 : Summary statement
   iii) Step 3a : Follow-up
   3b : Possible referral, and
   iv) Step 4: Formal leave taking.

12.11 UNIT END QUESTIONS

1. How do you define interpretive techniques?
2. State the principles of selecting intervention strategies.
3. Describe the techniques that utilize client's interpretation.
4. Explain the strategies for planning and complementing behaviour change.

12.12 FURTHER READINGS AND REFERENCES

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UNIT 13 BARRIERS TO ACTUALIZING THERAPEUTIC RELATIONSHIP

Structure

13.1 Introduction

13.2 Transference

- 13.2.1 Nature of Transference Feelings
- 13.2.2 Development and Resolution of the Transference Relationship
- 13.2.3 Implications for Counselling and Family Therapy
- 13.2.4 Therapeutic Functions of Transference Feelings for Counsellors
- 13.2.5 Working through Transference Feelings and Preventing Deep Transference Relationships

13.3 Countertransference

- 13.3.1 Nature of Countertransference Feelings
- 13.3.2 Sources of Countertransference Feelings
- 13.3.3 The Professional Identity Defense
- 13.3.4 Barriers Faced by Beginning Therapists
- 13.3.5 Signs of Countertransference Feelings
- 13.3.6 Resolution of Countertransference Feelings

13.4 Resistance

- 13.4.1 Nature of Resistance
- 13.4.2 Manifestation and Classification of Resistance
- 13.4.3 Positive Functions of Resistance
- 13.4.4 Techniques of Handling Resistance

13.5 Future Prospects of Counselling and Family Therapy

13.6 Let Us Sum Up

13.7 Glossary

13.8 Answers to Check Your Progress Exercises

13.9 Unit End Questions

13.10 Further Readings and References

13.1 INTRODUCTION

A strong therapeutic alliance is the foundation of an effective therapy process. The therapeutic process in turn may be facilitated or hindered by certain barriers central to the therapeutic alliance such as transference, countertransference and resistance. The Unit focuses on these aspects.

Objectives

After studying this Unit, you will be able to:

- Define transference, elaborate on its nature, development and resolution;
- Describe the nature, sources and resolution of countertransference feelings; and

- Explain the concept and functions of resistance as well the techniques for dealing with them in therapy.

13.2 TRANSFERENCE

Transference involves reliving past conflicts with significant others such as parental or authority figures. The feelings or behaviours belonging to early relationships are transferred to the therapist. This process thus involves a misperception of the therapist by the client in situations recreated in the therapeutic setting similar to ones experienced by her or him in the past.

For example:

Client: "You are just like my elder sister, she also dresses like this and looks like this. I can talk to her about anything".

13.2.1 Nature of Transference Feelings

These transference reactions may be positive or negative. Positive transferences usually occur when the client perceives the therapist as a nurturing parental figure. These feelings may take the form of affection or dependency. Negative transferences on the other hand may take the form of hostility or aggression expressed towards the therapist. These reactions may change from positive to negative depending on the situation recreated in the therapy setting. For example, the client may experience warm feelings while telling about break-up of a relationship but when she doesn't get reassurance from the therapist, she may express anger. Initially, the therapist encourages the development of transference as it serves as a vehicle to explore the client's problems as well as her or his relationships with significant others in the past. The client's communication plays a vital role in encouraging these feelings. This can be illustrated through the following examples of the therapist's dialogue in response to the above mentioned example:

Therapist: "Ok. Would you like to tell me more about her?"

(Encourages transference)

Therapist: "That's ok but I would like to remind you that I'm your therapist and not your sister."

(Discourages transference)

13.2.2 Development and Resolution of the Transference Relationship

As the client enters a therapeutic setting, she or he may experience mixed feelings while encountering the therapist. This is the step 0, where there is no communication between the therapist and client. In the initial contact, which marks the first step, the therapist makes the client comfortable in the therapeutic setting so as to ensure disclosure. This allows for the client's feelings to flow freely towards the therapist and sets stage for development of therapeutic relationship. This is the second step in development of transference, where the relationship bridge widens. The client allows for her or his needs of affection or dependency to cloud her or his perception of the therapist so as to transfer these feelings pertaining to early relationships. This is the third step and involves establishment of transference. Transference at times helps the client to build her or his own actualizing strength

by using that of the therapist. The fourth step in this process helps to distinguish psychotherapy from counselling. Counsellors develop close personal relationships with clients but this is not encouraged in psychotherapy, so intense transferences are discouraged as well. The fifth step involves resolution of transference or emotional detachment, in which the client moves away from the therapist and invests her or his feelings in other mature human relationships. These steps can be illustrated diagrammatically as Figure 13.1.

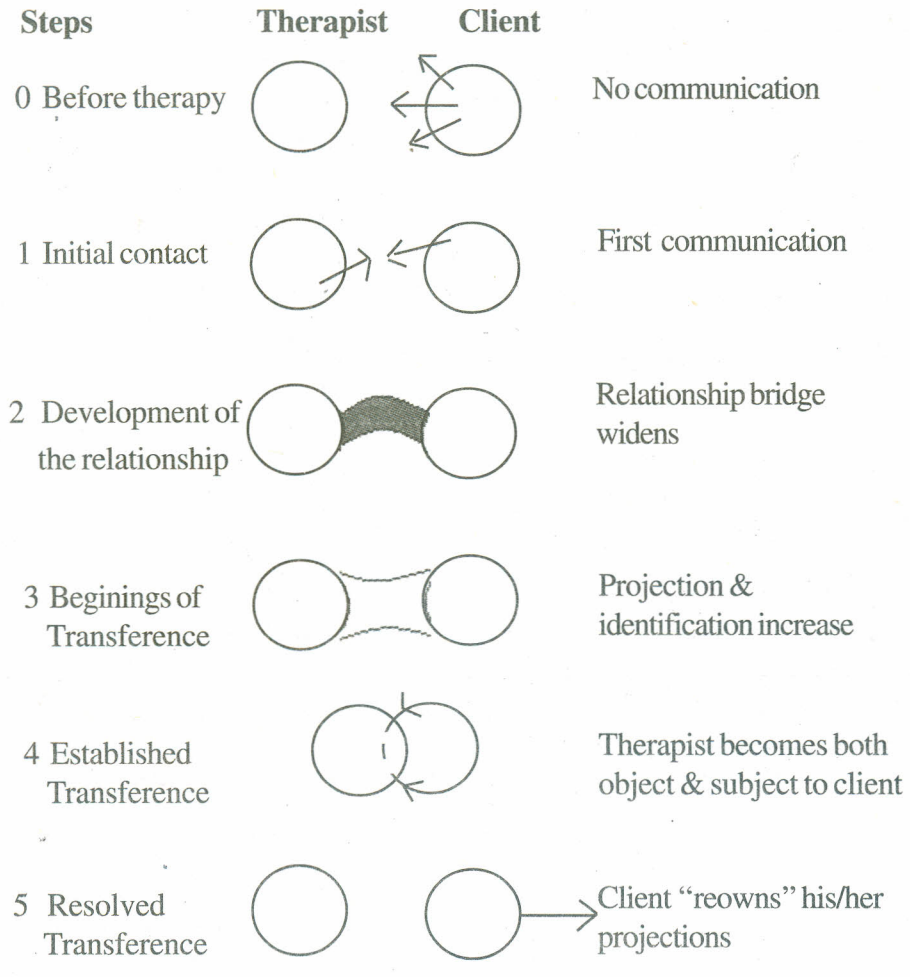


Fig. 13.1 : Development and resolution of transference relationship

13.2.3 Implications for Counselling and Family Therapy

Intense transferences may interfere with the effectiveness of counselling process but this may not hold for family therapy.

Counsellors usually regard transference reactions as resistances to maturing or growing up. They may choose to interpret or reflect these in order to help the client understand and accept these feelings and rationally perceive these feelings as a part of themselves rather than as those belonging to the counsellor. This helps to decrease the dependency on part of the client.

Family therapists help the client to recognise that the transference reactions may hold clues to the kind of person the client wants to be and to her or his interpersonal mechanisms. These reactions when timely interpreted by the therapist, help to further the understanding the client has of herself or himself and thus, sets stage for insight.

13.2.4 Therapeutic Functions of Transference Feelings for Counsellors

Transference reactions serve certain important functions in the therapeutic context. First, they help in building a therapeutic relationship as the client freely expresses her or his irrational feelings towards the therapist, which have been ways to allay anxiety in previous relationships. The therapist tries to respond in ways so as to not reinforce the transference.

Second, they help to enhance the emotional involvement of the client with her or his problems and if wisely handled by the therapist, increase the client's confidence in the therapist.

Third, transference helps the client become aware of the source of these feelings and their connection to the client's present life. Interpreting these helps the client to gain insight and help establish more mature relationships with others.

13.2.5 Working Through Transference Feelings and Preventing Deep Transference Relationships

The therapist aims to establish transference reactions; so as to further the client's understanding regarding her or his feelings or behaviours as well as her or his interpersonal mechanisms by offering timely interpretations. This can be achieved by successfully working through the transference reactions. This can be achieved by the following techniques:

- **Acceptance:** Acceptance of client's feelings helps her or him to express them and take them back. This helps the client to become aware that these feelings are a part of her or him and not of the therapist.
- **Clarification:** The therapist could try to clarify the forms of anxiety the client experiences. This can be done through questions.

  For example:

  Therapist: "You seem to smile from time to time when you speak about the hurtful things your boyfriend has said to you. Why do you think you do so?"
- **Reflection:** Reflection of the transference feelings may help facilitate the therapeutic process.

  For example:

  Client: "I don't know if I should be saying all this to you."

  Therapist: "You feel that it may make me uncomfortable if you share what you would want to say."
- **Interpretation:** The therapist may interpret transference feelings directly so as to understand the link between the client's past experiences and present behaviour. This also involves reassuring the client about these feelings and their resolution. These interpretations are presented at a time when the therapist has enough information about the client and when she or he can take them. The timing and communication are very important in making such interpretations. This can be illustrated by the following example:

  Therapist: "You've been telling me about how your wife has not been listening to you lately. Earlier you had told me that your mother was careless

in household chores. Could it be possible that these feelings towards your wife could be the ones you feel towards your mother?"

- **Focusing on the client's present feelings:** The therapist focuses on the client's present feelings rather on the source of feelings, till those feelings significantly affect the client.

- **Focusing on the negative transference:** At times the client may react in an opposite manner if all transference feelings are related to her or him by the therapist. So, the therapist may at times focus on the negative transference feelings rather than positive transference feelings unless there is some impediment in the therapy process.

- **Projection :** The transference reaction can be taken as a form of projection so as to ask the client to reverse the projection and repeat the same till she or he actually feels it.

  For example:

  Client: "I guess my mother hates me."

  Therapist: "Can you reverse this."

  Client: "That, I hate my mother."

  Therapist: "Yes, can you say it again?"

  Client: "I hate my mother."

  Therapist: "Is this right or not?"

  Client: "Yes, that's right."

- **Role reversal technique:** The transference feelings may be regarded as expressions of deficiency felt by the client. This may be interpreted by the therapist through adopting a role reversal technique. This can be illustrated through the following dialogue:

  For example:

  Client: "Why can't you just tell me what to do?"

  Therapist: "Ok. Lets reverse roles, if I was you and you were me. What would you tell me?"

  Client: "Well, you need to stop whining and start taking some responsibility for yourself. Like join the gym if you can't stop eating and still want to be fit."

  Therapist: "Now respond to this as you were you."

  Client: "Yeah, I think I can try that."

- **Referral**: The client may be referred for more extensive psychotherapy or family therapy in case the transference feelings expressed are beyond the counsellor's or therapist's competence and responsibility.

Overall, transference is reduced with increase on insight on part of the client into previous experiences and feelings which were distorted or ill - understood. These transference reactions do not exist in isolation and elicit certain reactions on the part of the therapist as well, which are known as *countertransference reactions,* which have been discussed in the next section.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What is transference?

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.....

2. Highlight the functions of transference for counsellors and family therapist.

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3. How can transference reactions be resolved?

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.....

13.3 COUNTERTRANSFERENCE

The client usually reacts towards a counsellor/therapist as an idealized other, parental figure or as a role model. These reactions elicit certain responses on the part of the therapist as well, who may project or transfer her or his own conscious or unconscious attitudes or feelings related to her or his significant others in the past onto the client.

13.3.1 Nature of Countertransference Feelings

Countertransference feelings are viewed as a character distortion on the part of the therapist. These are bound to arise as no therapist is totally free from their own immaturities, prejudices, anxieties, etc.

An example to illustrate a countertransference reaction is as follows:

Client: "Why can't my wife be as caring about her home as she is about her job?"

Therapist: "That's just the typical male response."

In the above dialogue, the therapist's reaction may be a part of her attitude towards men in general resulting from certain negative experiences with males in the past.

Countertransference feelings may be positive or negative in nature. Positive countertransference reactions may have a detrimental effect on the therapeutic process as they are not easily recognized by the therapist and when withdrawn, may upset the client. Negative countertransference reactions may heighten feelings of anger and hostility in the client towards the therapist, which may impede therapy. Disciplined self-observation on the part of the therapist as well as insight into one's interpersonal operations and unconscious dynamics may help the therapist to manage such reactions well.

13.3.2 Sources of Countertransference Feelings

The anxiety evoked in the therapist is the main source of the countertransference feelings. These may arise from unresolved parental problems of the therapist, situational pressures and communication of client's feelings through empathy. These can be resolved by various means. Some of the sources of countertransference feeling are discussed below:

- **Unresolved personal problems:** The unresolved personal problems can be addressed by the therapist by undergoing therapy herself or himself so as to understand these reactions and issues.
- **Situational pressures:** Situational pressures may take the form of pressing deadlines, increased sense of responsibility to the client and frustrations related to the work scenario. These may lead to excessive effort and long counselling hours which may result in fatigue and burn-out. Prolonged stress and fatigue may turn into mild depression or apathy which may at times even lead the therapist to quit her or his job. In order to prevent this, the therapists need to take a break like a vacation, or re-examine their basic life values and life-style competence as well as seek support from other mental health professionals.
- **Client's feelings towards the therapist:** Communication of the client's feelings towards the therapist may generate intense reactions on part of therapists, which may lead them to make certain impulsive verbalizations. These may at times disrupt the therapy process. This is related to the values which are conveyed by the therapist to the client, which are on how to live life and how to behave in a therapeutic setting. This issue can be resolved by the therapist being open that she or he has conveyed her or his values to the client and that the client is allowed to accept or reject them.

13.3.3 The Professional Identity Defense

This is a form of countertransference, which is an unconscious need to defend one's professional identity at the client's expense. This may take the form of blaming the client in case things in therapy don't go as planned or following a rigid therapy style. This form of countertransference can be prevented by trying out new therapy techniques from time to time. For example, in case the client is not able to do progressive relaxation, instead of reprimanding her or him, the therapist can suggest deep breathing instead.

13.3.4 Barriers Faced by Beginning Therapists

Therapists face certain barriers in the course of therapy. Beginning therapists face these relatively more in comparison to experienced therapists as they lack the skill and experience to manage these. The barriers are as follows:

- Tendencies towards passivity and submissiveness in therapists, which may bring out sadistic, hostile attitudes in the patient. This can be countered by being firm with the client.
- Impulses towards detachment on part of therapist may hinder establishing an effective therapeutic relationship with the patient.
- Personal issues or deprivation on part of therapist may lead her or him to focus on those aspects of the client or lead to over-identification with the patient which may impede therapeutic process.
- Neurotic ambitiousness that involves unrealistic expectations for client and perfectionism may lead to exerting the client beyond limits to achieve rapid results in therapy. This may also lead the therapist to make premature interpretations which may either lead to hostility feelings on the part of the client or increase resistance.

Other barriers may include unrealistic expectations of self, anxiety about silences or any hostile or sexual gestures and demanding behaviour on part of the client. Close supervision focusing on the therapist and the therapy process by an experienced therapist may help resolve these barriers.

13.3.5 Signs of Countertransference Feelings

Certain signs can help to identify countertransference reactions; these include:

- Feeling sleepy or inability to pay attention to what the client is saying,
- Denying feelings of anxiety aroused,
- Uneasiness and shifting postures between session or feeling of tightness in muscles,
- Feeling emotionally overwhelmed by listening to the client's issues and experiencing sympathy instead of empathy for her or him,
- Focusing on certain aspects and not others and then reflecting on the decision to choose those instead of others,
- Prematurely interpreting material brought forth in the session,
- Inability to experience the client's depth of feeling,
- Feeling intense feelings of dislike, anger or affection towards the client without any specific reason,
- Inability to identify the client in terms of not being able to emotionally respond to the client when she or he is feeling upset,
- Over-identifying with the client; for example, in case she cites being abused by her husband, the therapist vehemently reprimands him,
- Feeling defensive, aggressive or hostile when criticised by the client,
- Giving labels like best or worst to clients,
- Thinking about the client beyond the session time,
- Being late in starting sessions with clients or exceeding the time stipulated for the session,

- Trying to elicit some strong responses on the part of the client by making certain dramatic comments,
- Over-concern regarding confidential issues of clients,
- Feeling compelled to do something for the client or to make an impact on her or him,
- Pretending to be too busy to see the client or make excuses of other professional commitments so as to cancel appointments,
- Feeling physically or emotionally drained after conducting intensive sessions with the client, and
- Giving advice so as how the client should act or reprimanding her or him for certain ways of feeling or behaving.

13.3.6 Resolution of Countertransference Feelings

As it is important to work through transference feelings, it is essential to resolve countertransference feelings to be flexible, objective and empathic as well as ensure a working relationship. This can be achieved through the following ways.

1. **Locating Sources of Feelings**

In order to manage countertransference reactions, it is important for the therapist to check herself or himself with regards to her or his feelings. This can be done by the therapist by asking herself or himself some questions. Some of these include:

- How do I feel about the client?
- Do I look forward to seeing the client?

The therapist's reactions to the client can be further understood in the light of the remarks she or he makes during the course of therapy. These can be explored again through questioning oneself as suggested below:

- What was I trying to understand when I made that remark?
- Was I judgemental when I asked that to the client?
- What made me become so emotional when she or he said that?

A common practice followed by most therapists is to provide reassurance to their client. This can at times increase the client's anxiety or make the therapist's anxiety evident. The key to control against this is to recognize the client's feeling and tone down reassurance. This can be illustrated through the following dialogue:

> *Client:* "I feel like jumping off the roof. I just can't bear this pain anymore".
>
> *Therapist:* "I can imagine. It must be hard for you and to feel this way is natural." (Providing reassurance)
>
> *Therapist:* "These feelings can come up from time to time and may be hard to control." (Not giving reassurance)

2. Supervisory Assistance

When the therapists feel uncomfortable regarding the way they respond to the client, there is a possibility that they may be projecting their feelings or attitudes onto the client. Here, it may be helpful to admit these to a fellow colleague or an experienced supervisor so that these responses can be altered. This can be done either by referring the client in case the issues discussed are beyond the therapist's competence or by discussing these feelings with a colleague or supervisor without breaching confidentiality of the client.

3. Discussion with the Client

At times with certain clients, the therapist may discuss the countertransference feelings through mild reassurance or through rationalization of her or his intrusion. The manner in which these can be communicated to the client can be illustrated through the following dialogues:

> *Client*: "I just can't take his insults anymore. They just keep on getting worse by the moment."
>
> *Therapist:* "I can imagine. All this seems so unfair".
>
> (Therapist becoming anxious)
>
> *Therapist*: "Ok. You have told me all about your husband's behaviour. At times, you may notice that when you are telling me all this, I may get uneasy but I would still appreciate you not withholding anything from me due to this."
>
> (Controlling anxiety and discussing it with client)

4. Growth and Awareness

Therapists can use the understanding and awareness they have developed through the therapy process to grow personally and emotionally. Growth can be ensured by process of self-renewal and by taking time off for oneself so as to avoid becoming emotionally and physically drained out. This can be supplemented through the therapist's ability to constantly check the feelings she or he develops with respect to various clients in the course of therapy.

5. Referral to Group Therapy Setting

Countertransference reactions can be managed at times through the client verbalizing her or his problems in group therapy setting. It helps to reduce personalization of the issue and curbs possibility of unpleasant countertransference reactions. For example, a female client feeling intensely annoyed with her male therapist can discuss the problem in a group session so that any counter-hostile feelings of the therapist towards the client can be managed.

6. Exemplary Encounters

The therapeutic relationship between a client and therapist is not a static one. It needs to be conceptualized as a dynamic encounter in which the therapist's feelings are freely expressed and not constricted. At the same time, the therapist needs to be careful of how those feelings are expressed. In case the therapist feels anxious and fearful, she or he may induce further anxiety in the client, which may be potentially disruptive for an already anxious or suspicious client. On the other hand, excessive nurturance may emotionally overwhelm the client. These can be managed by being honest about those feelings and set appropriate boundaries.

7. Analysis of Tapes and Videotapes

Countertransferences can be detected and analysed through tapes used in therapy. In India, this practice is not common as clients are hesitant about the sessions being taped or notes being taken during sessions. In case certain clients may accept the sessions to be taped, the therapist can review them so as to avoid making projections onto clients.

In order to ensure an effective therapeutic relationship, the therapist should be able to manage countertransference feelings so that it may not pose as a source of resistance in therapy, which would be discussed in the next section.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Fill in the blanks:

i) _____ is therapist's projections of her or his attitudes and feelings onto the client.

ii) _____ is an unconscious need to defend oneself professionally at the client's expense.

iii) Locating sources of feelings, awareness and growth as well as referral to group settings are means of _____ countertransferences.

13.4 RESISTANCE

Resistance can be defined as an impediment to change in therapy process due to opposition pattern of interaction between the client and therapist. Let us discuss the nature, classification and functions of resistance.

13.4.1 Nature of Resistance

It was originally conceptualized by Freud as an inability to bring unconscious material to the consciousness due to regulatory mechanisms of the ego. It was initially considered as a special defensive form of transference. Different schools of thought have a different understanding of the nature of resistance. For example, phenomenological approaches consider it as an inability to support oneself in the therapy process. On the other hand, the behaviourists view it as non-compliance on part of client resulting from the therapist's inability to use therapeutic techniques well or plan well for change.

13.4.2 Manifestation and Classification of Resistance

Initially, Freud emphasized five types of resistances. First is the *repression resistance,* which protects the ego from anxiety. Second is the *transference resistance,* which is inability to give up hope to get nurturance by the therapist as well as have a desire to frustrate her or him. Third is *epinosic gain resistance,* which seeks to get secondary gains and advantages from symptoms. Fourth is

repetition compulsion resistance, which is desire to repeat certain neurotic impulses. Fifth, *need for punishment* is to appease guilt.

The major types of resistance may be discussed as follows:

- **Suppression and repression:** In this, emotionally disturbing material is pushed back into the unconscious and in case it is evoked, it causes intense anxiety. This may prove to be a resistance in therapy if it is brought up at a time when the client is not ready to handle it. For example, sexual issues are brought up with a woman who was sexually abused as a child.

- **Intensification of symptoms:** It refers to the emotional effects of reinforcing neurotic ways of feeling or behaving which helped the client to stay away from anxiety. For example, reassuring the client when she or he is crying that everything will be ok, may lead to increase of her or his pain symptoms.

- **Self devaluation:** This is the client's tendency to depreciate herself or himself so as to avoid change. For example, a client keeps on saying that she is a loser whenever the therapist tries to tell her to start something new.

- **Forced flight into health:** It is the client's insistence that she or he is well and doesn't want to continue with therapy even though the therapist feels that she or he is not making adequate progress. For example, the client undergoing a break up shows that she is coping well even though she is not able to attend her classes and when this is pointed out, she resists insisting that she is all right.

- **Intellectual inhibitions:** This stems from need to stay away from the therapist and may manifest in the form of missing or coming late for appointments, drifting off in daydreams or fantasy during sessions, inattention or complaining of inability to think, talk or feel. For example, when the client is faced with the interpretation that she is excessively dependent on her boyfriend, she may start coming late or complaining of her mind going blank during the session.

- **Acting-out:** This comprises of irrational behaviours or acts which the patient may indulge in everyday life so as to avoid verbalizing thoughts or impulses. For example, a client may get up and throw over the chair and walk out when issues related to his wife are brought up.

- **Insight:** The client assures the therapist in a coherent manner that she or he understands her or his problems well but still continues to behave in a neurotic manner in daily life. For example, the client says that she knows that her boyfriend has left her, hurt her and emotionally abused her but she still continues to meet him and spend time with him.

- **Dissociating the treatment session from daily life:** At times, the client may discuss certain issues in therapy like relationships but in real life is not able to maintain them or treats people with standards different to those discussed in therapy. For example, a client may discuss that he needs to work out issues with his wife and that women need to be treated with respect, but in daily life he may continue to beat up his wife.

- **Contempt for normality:** Some clients may resist assuming responsibility so as to substitute new patterns for old ones in the anxiety to cope with new

situations. For example, a client who was afraid of travelling in buses, after making 2 to 3 trips starts to resent it in front of the therapist.

- **Reluctance to give up rewards resulting from therapy:** These include dependency on therapist and nurturance derived from her or him. For example, a client may get reassurance in therapy, that she otherwise doesn't get from others.
- **Transference resistance:** Therapy may elicit certain unpleasant emotions, for which the client may use certain defenses to overcome them. For example, the client may start to feel intense anger towards the therapist when discussing issues with her mother, for which she may start to act in nurturing manner.

13.4.3 Positive Functions of Resistance

Resistance may not always be an impediment in the course of therapy as it serves certain positive functions as well apart from serving a protective or defensive function for the client. These can be discussed as below:

- It helps to indicate the progress in therapy in terms of diagnosis and prognosis as well as its identification helps to plan its management,
- It helps to highlight the client's defences as well as the issues she or he wishes to avoid, and
- It may help to teach more adaptive coping skills by changing the maladaptive ones.

13.4.4 Techniques of Handling Resistance

In order for therapy to progress effectively, resistances need to be identified and managed by the therapists. This can be achieved through the following ways:

- Slowing down the pace at which therapy is being conducted. This can be achieved through providing feedback regarding client's experiences so as to ensure trust and cooperation as well as providing interpretations at a time when the client can accept them,
- Reducing emotional impact on client by judicious use of humour, circular questions and shifting to a more intellectual topic,
- Increasing acceptance and emotional support,
- Interpretation of resistance through direct means can increase acceptance on the part of the client. Certain indirect means like reflection techniques, referral to other therapists or threats can be used,
- Personal encounter in terms of personal sharing of the affect of the client's behaviour on the therapist,
- Providing choices to the client and adopting a less authoritative stance,
- Experiencing the feelings associated with resistance in one's body,
- Reframing the meaning attributed to certain situations such as substituting certain experiences as helpful instead of unhelpful,
- Paradoxical methods like paradoxical intention that is, highlighting negative consequences, predicting failure and hopelessness, and

- Better implementation methods like breaking up difficult tasks into smaller and simpler sub-tasks.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Match the following columns

i. Impediment to change in therapy process	a. Type of resistance
ii. Intellectual inhibitions	b. Definition of resistance
iii. Reducing emotional impact	c. Method to resolve resistance

13.5 FUTURE PROSPECTS OF COUNSELLING AND FAMILY THERAPY

The processes of transference, countertransference and resistance are interlinked and have certain facilitating functions in counselling and family therapy as well as impeding characteristics. Further, the future prospects of effective counselling and therapeutic process involves, effectively managing these so called barriers so that the break through helps the client resolve the issues brought forth in therapy. These additionally include addressing certain factors like use of language which the client is comfortable with, understanding the issues in light of socio-cultural background of the client as well as being able to empathise with the client.

13.6 LET US SUM UP

In this Unit, we have learnt about the processes of transference, countertransference and resistance, which pose as barriers in actualizing therapeutic relationships. These can be summarized as below:

- Transference involves reliving past conflicts with significant others such as parental or authority figures. The feelings or behaviours belonging to early relationships are transferred to the therapist.
- It can be either positive or negative and can be viewed as either resistances to maturing or as clues to the client's interpersonal mechanisms.
- Transference can be resolved through acceptance, clarification, reflection, focusing on client's present feelings, focusing on negative transferences, treating them as projections, and using role reversal techniques.
- Countertransference involves that the therapist projects or transfers her or his own conscious or unconscious attitudes or feelings related to her or his significant others in the past onto the client.
- Countertransference may arise from unresolved personal conflicts, situational pressures and communication of client's feelings towards the therapist.

- It may manifest in various forms such as inattention, uneasiness, over concern towards the client, and intense feelings or dislike.
- It can be resolve through various means such as becoming aware of feelings, supervisory assistance, growth and awareness and discussions with the client.
- Resistance is an impediment to change in therapy process due to opposition pattern of interaction between the client and therapist.
- It may be of various types like repression and suppression, intensification and devaluation.
- It can be resolved through certain means such as slowing the pace of therapy, reducing the emotional impact and interpretations.

13.7 GLOSSARY

Acting-out : Carrying into action repressed impulses, which are brought to a conscious level in the course of analysis. These are the manifest behaviour of symbolic or an earlier behaviour pattern.

Anxiety : Feeling of mingled dread and apprehension about the future without specific cause for fear.

Character : A consistent and enduring property or quality by means of which a person, object, or event can be identified.

Conscious : Characterizing awareness or knowing.

Countertransference : The therapist's experience of emotional attachment to the patient.

Defense : Behaviour that protects the ego against guilt, anxiety and shame.

Dissociation : Separation from the personality as a whole of a complex pattern of psychological processes, which may then function independently of the rest of the personality.

Empathy : Projecting one's own feelings onto an event, a natural object, or an aesthetic product.

Interpretation : Explaining the meaning of freely associated material brought forth in therapy.

Neurosis : Incomplete insight into anxiety reactions, conflicts, nature of difficulty experienced.

Projection : Attributing one's own traits, attitudes or faults to others.

Reflection : Thinking about one's past experiences.

Repression : Pushing back painful impulses or memories from the conscious to the unconscious.

Resistance : Impediment to change in therapy process due to opposition pattern of interaction between the client and therapist.

Suppression : Conscious inhibition of impulses or ideas that are incompatible with the individual's evaluation of herself or himself according to the ego ideal.

Transference : The displacement of affect towards the parent to the therapist.

Unconscious : Region of the mind containing hidden painful memories or impulses.

13.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Transference involves reliving past conflicts with significant others such as parental or authority figures. The feelings or behaviours belonging to early relationships are transferred to the therapist. It can be either positive or negative and provide clues to interpersonal mechanisms and defenses used by clients.

2. Transference helps to build a therapeutic alliance, increase emotional involvement of client and trust in the counsellor/therapist. It further helps to bring out the defenses used by the client to allay anxiety in the past and gives insight into the interpersonal functioning of the client.

3. Transference reactions can be resolved by accepting the client's feelings, clarifying the anxiety felt, reflecting and interpreting these feelings, focusing on present feelings and negative transferences, regarding them as projections and using role reversal.

Check Your Progress Exercise 2

1. Countertransference

2. Professional identity defense

3. resolving

Check Your Progress Exercise 3

1. i.-b.

   ii.-a.

   iii.-c.

13.9 UNIT END QUESTIONS

1. What are the barriers to actualizing a therapeutic relationship?
2. What are the therapeutic functions of transference feelings for the counsellor/ therapist? Explain with the help of examples.
3. How can countertranferene feelings be resolved?
4. What is resistance? Explain different techniques of handling resistance.

13.10 FURTHER READINGS AND REFERENCES

Brammer, L.M., Shostrom, E.L., & Abrego, P.J. (1989). *Therapeutic psychology: Fundamentals of counseling and psychotherapy (5th Ed.).* N.J: Prentice Hall.

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UNIT 14 COPING WITH DIFFICULT SITUATIONS IN COUNSELLING AND FAMILY THERAPY

Structure

14.1 Introduction

14.2 The Principles of Basic Counselling

14.3 Situations Requiring Counselling Interventions

- 14.3.1 Counselling in Situation of Crisis
- 14.3.2 Counselling in Situation of Grief
- 14.3.3 Counselling in Situation of Abuse
- 14.3.4 Difficult Situations in Counselling

14.4 Family Therapy

- 14.4.1 How Family Therapy Works
- 14.4.2 Techniques Used in Family Therapy
- 14.4.3 Role of Family Therapist
- 14.4.4 Benefits of Family Therapy

14.5 Let Us Sum Up

14.6 Glossary

14.7 Answers to Check Your Progress Exercises

14.8 Unit End Questions

14.9 Further Readings and References

14.1 INTRODUCTION

Counselling is a short-term, theory-based, non-directive, non-judgemental process. During this process, a person (client) who is basically psychologically healthy and facing adjustment, developmental and/or situational concerns or problems is empowered to gain awareness of herself or himself and of her or his situation and to make decisions through the support and assistance offered by another person (counsellor) through their relationship.

Counselling focuses on development and on the prevention of serious mental health problems through education and short-term treatment. It emphasizes growth as well as remediation. Counselling differs from psychotherapy which focuses on serious problems associated with intra-psychic and personal issues and conflicts. Psychotherapy normally involves a long-term relationship (20 to 40 sessions over a period of 6 to 24 months) that focuses on reconstructive change.

There are many types of counselling depending on the issue to be dealt with and the desired achievements. These include supportive counselling, educational counselling, guidance counselling, career counselling, crisis counselling, grief counselling, post-traumatic counselling, management counselling, family counselling, marriage counselling, counselling in medical settings, rehabilitative and mental health counselling, etc.

Objectives

After studying this Unit, you will be able to:

- Review principles and stages of counselling;
- Understand certain difficult situations for which counselling is sought;
- Skills required by counsellor to deal with such situations; and
- Get an overview about family therapy.

14.2 THE PRINCIPLES OF BASIC COUNSELLING

Counselling aims to help people cope better with situations they are facing. This involves helping the individuals to cope with their emotions and feelings, and to help them make positive choices and decisions.

Doing this involves the following principles:

- Establishing a trusting relationships,
- Helping the clients tell their story,
- Listening carefully,
- Respecting the clients,
- Being non-judgementals,
- Providing confidentiality,
- Providing correct information,
- Helping the individuals make informed decisions,
- Helping the clients to recognize and build on their strengths,
- Helping the clients develop a positive attitude, and
- Maintaining a professional relationship.

It does not involve:

- Making decisions for the client,
- Judging, interrogating, blaming, preaching, lecturing or arguing,
- Making promises that you cannot keep, and
- Allowing clients to become dependent on you.

Counselling is an effective approach for assisting people during and in the immediate aftermath of a pandemic, to reduce initial distress, and to encourage short and long-term adaptive functioning.

Stages of the Counselling Process

The counselling process can be simply viewed as a three-stage process which involves initiating a counselling relationship, building and working in the relationship and terminating the relationship.

Initiating a counselling relationship involves:

- Meeting the client,
- Discussion of surface issues, and
- Setting limits and guidelines, for example, goals, meeting times, session duration, etc. for the process.

Building and working in the counselling relationship involves:

- Revelation of deeper issues,
- Ownership of feelings and possible emotional release,
- Generation of insight,
- Problem-solving and future planning, and
- Action by the client.

Termination of the counselling relationship involves:

- Review and reflection, and
- Disengagement from the counselling relationship by the client.

Now let us discuss some of the behaviours, which are considered unethical for a counsellor/therapist. These are as follows:

- Violation of confidentiality,
- Claiming expertise which one does not possess,
- Exceeding one's level of professional competence,
- Negligent practice,
- Imposing one's values on a client,
- Creating dependency in a client,
- Sexual activity with a client,
- Conflicts of interest, e.g., dual relationships,
- Charging excessive fees, and
- Improper advertising.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space ... provided below.

b) Check your answer with that provided at the end of thisUnit.

1. What are behaviours considered unethical for counsellors?

.....

.....

.....

.....

14.3 SITUATIONS REQUIRING COUNSELLING INTERVENTIONS

Matters of mind are actually a self initiative to get over the problem. But certain moments in our life are nerve racking and hence, we lose our destination for some time. There are certain situations in our lives which can be defined as having need for emergency psychological care aimed to assisting individuals in returning to normal levels of functioning and to prevent or alleviate potential negative psychological trauma.

14.3.1 Counselling in Situation of Crisis

Crisis which can be defined as one's perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms. The priority of crisis intervention or counselling is to increase stabilization. Crisis interventions occur at the spur of the moment and in a variety of settings, as trauma can arise instantaneously. Crisis counsellors must keep in mind that a crisis is temporary, no longer than a month, although the effects may become long-lasting.

Crisis can occur on a personal or societal level. *Personal trauma* is defined as an individual's experience of a situation or event in which she or he perceives to have exhausted her or his coping skill, self-esteem, social support, and power. These can be situations where a person is making suicidal threats, experiencing threat, witnessing homicide or suicide, or experiencing personal loss. While a person is experiencing a crisis on the individual level, it is important for counsellors to primarily assess safety. Counsellors are encouraged to ask questions pertaining to social supports and networks, as well as give referrals for long-term care.

Typical Responses to Crisis

Counsellors are encouraged to be aware of the typical responses of those who have experienced a crisis or are currently struggling with the trauma.

On the cognitive level, some of the responses to crisis are given as follows:

- The person may blame self or others for the trauma,
- Appears disoriented,
- Becomes hypersensitive or confused,
- Has poor concentration,
- Uncertainty, and
- Poor troubleshooting.

Physical responses to trauma include the following:

- Increased heart rate,
- Tremors,
- Dizziness,

- Weakness,
- Chills,
- Headaches,
- Vomiting,
- Shock,
- Fainting,
- Sweating, and
- Fatigue.

Emotional responses to trauma way include the following:

The person may experience:

- Apathy,
- Depression,
- Irritability,
- Anxiety,
- Panic,
- Helplessness,
- Hopelessness,
- Anger,
- Fear,
- Guilt, and
- Denial.

Typical responses to crisis include difficulty eating and/or sleeping, conflicts with others, withdrawal from social situations, and lack of interest in social activities.

Counsellor's Role

Crisis intervention is intended to be time limited and goal directed. Thus clinician has to plan and conduct a thorough *biopsychosocial* and *lethality or imminent danger assessment*; this should be done promptly at the time of arrival. Once lethality is determined, one should establish rapport with the victim(s) whom the clinician will be working with.

The *next phase* is to identify major problem(s), including what in their life has led to the crisis at hand. During this stage, is it is important that the clients are given the control and power to discuss their story in their own words. While the person is describing the situation, the intervention specialist should develop a conceptualization of the client's "modal coping style", which will most likely need adjusting as more information unfolds. This is referred to as *stage three.*

As a transition is made to *stage four* feelings will become prevalent at this time, thus dealing with those feelings will be an important aspect of the

intervention. While managing the feelings the counsellor must allow the client(s) to express her or his story, and explore feelings and emotions through active listening and validation.

Eventually, the counsellor will have to work carefully to respond to the client using challenging responses in order to help her or him work past maladaptive beliefs and thoughts, and to think about other options.

At *step five*, the client and counsellor should begin to collaboratively generate and explore alternatives for coping. Although this situation will be unlike any other experience before, the counsellor should assist the individual in looking at what has worked in the past for other situations; this is typically the most difficult to achieve in crisis counselling.

Once a list has been generated, a shift can be made to *step six*, that involves development of a treatment plan that serves to empower the client. The goal at this stage is to make the treatment plan as concrete as possible in an attempt to make meaning out of the crisis event. Having meaning in the situation is an important part of this stage because it allows for gaining mastery.

Finally, *step seven*, requires the intervention specialist to arrange for follow-up contact with the client to evaluate her or his post crisis condition in order to make certain resolution towards progressing. The follow up plan may include "booster" sessions to explore treatment gains and potential problems.

14.3.2 Counselling in Situation of Grief

After the passing of a loved one, family and friends may experience intense feelings of grief. Grief plagues them with hopelessness, anger, despair, loss of direction, deep sadness and a great feeling of loss. Losing a family member or close friend is not something that a person "simply gets over" or even "just gets through"; they must come to terms with the loss, recognize the positive aspects of the situation, and continue on with their life as a happy, healthy person.

The five stages of grief as:

- Denial,
- Anger,
- Bargaining,
- Depression, and
- Acceptance.

For most, the stages do not progress in a systematic manner. Any of the stages can happen at any time throughout the process, and avoiding grieving will only cause them to be prolonged.

The goal of grief counselling is to help a person reach the acceptance stage of grief. It is at this juncture that the person can experience sadness without it crippling their everyday functions. They can slowly begin to feel peace about the loss.

What Happens in Grief Counselling?

Grief counselling is a powerful tool that can help those who have lost loved ones regain hope and move positively through the five stages of grief.

Grief counselling addresses the challenges that present themselves after losing a loved one and confronts them head on. It helps the person cope with the natural reactions to loss in a way that allows them to continue with their everyday life. The counselling may be carried out through individual sessions but is most common in group sessions. Typically grief counselling in a group setting allows for people to share their similar feelings with one another and not feel so isolated by their situation.

What the Counsellor Does

- The counsellor teaches those who have lost someone close to them, methods to reduce unhealthy coping mechanisms. It allows the person to express her or his emotions and talk through the recovery process.
- The counsellor is to be there for the grieving person and actively listen to what they are expressing. This allows the person to expel the emotions in a healthy manner without rushing or avoiding the feelings, stages and overall process of grief.

Grief counselling differs from grief therapy in that the behaviour does not need to be stopped or changed. It is an excellent tool for those who are debilitated by grief in that it helps them regain hope and functionality in their lives.

14.3.3 Counselling in Situation of Abuse

Numerous questions may arise in the mind of the counsellor especially in the cases of abuse like: "Whom should I call?", "Do I need to tell someone about this case?", "Will I be legally liable in any way if the case is found to be untrue or unsubstantiated?", "What specific information do I need to report?" and "How will I feel in my future interactions with the suspected parents?".

These are the dilemmas that one faces. Sadly, the actual incidents of abuse are probably much higher, given that most abuse occurs in closed systems (families that remain distant and isolated from other families and social institutions), out of view of the public, thereby significantly reducing the likelihood of such cases being reported. However, the Counsellor needs an understanding of the potential long-term and short-term consequences of abuse in order to be able to identify the symptoms of maltreatment as early as possible and intervene appropriately. Early identification and intervention for these individuals may reduce the potential consequences of the abuse.

The long-term harm includes possible brain damage, developmental delay, learning disorders, problems forming relationships (interpersonal and social difficulties), aggressive behaviour, depression, low academic achievement, substance abuse, teen pregnancy, sexual revictimization, and criminal behaviour.

The more immediate effects include feeling helpless, hopeless, and ashamed. Victims may feel unworthy of having friends and fearful that their "family secret" will be revealed; therefore, they may isolate themselves and withdraw. Such students may have increasingly pessimistic feelings about themselves, leading to decreased self-worth, self-blame, guilt and shame, as well as negative feelings about their own bodies. In some cases, these destructive feelings about "self' can manifest in self-mutilation. Other abused clients may develop perfectionist tendencies and focus on overachievement as a form of escapism by concentrating on areas that may provide them with some sense of control (for example, school

success). This type of perfectionism may be accompanied by anxiety and inflexibility.

Role of Counsellor

Often it takes some time for a client to disclose abuse. Victimized clients often experience a great sense of helplessness and hopelessness and think that no one can help them. Clients may try to protect the abuser, or not report abuse for fear of what the abuser may do to them. A client may not report abuse for months and even years, particularly if the abuser is someone close to the client.

Client may disclose abuse in a variety of ways; these are:

- There could be a drawing "accidentally" left out for a teacher, counsellor, or trusted relative to see,
- A client may frequently go to the doctor complaining of vague, somatic symptoms, often without organic basis, hoping that the nurse will guess what has happened. They may blurt it out, especially in a safe, warm nurturing environment,
- They may come privately to talk directly and specifically about what is going on,
- Some clients while reluctant to report or discuss the abuse, may express apprehensions and anxieties about the perpetrator or the home situation, and
- In some cases, abused clients will make an outcry which may take the extreme form of a suicide gesture or attempt.

Other ways include the following:

Indirect hints : For instance, "I hate it when Uncle Joe visits." or "My babysitter keeps bothering me". A client may talk in these terms because she or he hasn't learned more specific vocabulary, feels too ashamed or embarrassed to talk more directly, has promised not to tell, or a combination of these reasons.

Appropriate responses could be invited to tell you more through open-ended questions such as "Can you tell me more?" or "What do you mean?". Gently encourage the client to be more specific.

It is important that the client use her or his own language, and that no additional words are given to the client.

Disguised disclosure: For instance, "What would happen if a girl told someone her mother beat her?" or "I know someone who is being touched in a bad way". The client might be talking about a friend or sibling, but could be talking about herself or himself. Encourage the client to tell you about the "other child". The client may eventually tell you about whom she or he is talking.

Disclosure with strings attached: For instance, "If I tell you my problem you have to promise not to tell". Most clients are very aware that some negative consequences will result if they break the secret of abuse. The abuser may threaten these consequences to keep the child silent. Let the child know you want to help. Tell them, from the beginning, that there are times when you too

may need to get help and that in order to help them, it may be necessary to get some special people involved. The fact that the client has chosen this particular moment to disclose is important. Assure the client that you will respect her or his need for confidentiality by not discussing the abuse with anyone other than those directly involved in getting help. And, if you can explain the process to them, it may help with their initial fear.

Steps to Responding to Disclosures

When talking to the client, DO:

- Find a private place to talk with the client,
- Sit next to the client, not across a table or desk,
- Use language the client understands; ask the client to clarify words you don't understand,
- Express your belief that the client is telling you the truth,
- Reassure the client that it is not his or her fault, and that she or he is not bad and did nothing to deserve this,
- Determine the client's immediate need for safety,
- Let the client know you will do your best to protect and support her or him,
- Tell the client what you will do, and who will be involved in the process, and
- Be kind, caring and reassuring about safety in your presence at all times.

When talking to the client, DON'T:

- Disparage or criticize the client's choice of words or language,
- Suggest answers to the client,
- Probe or press for answers the client is unwilling to give,
- Display shock or disapproval of parent(s), client, or the situation,
- Talk to the client with a group of interviewers, and
- Make promises to the client, about "not telling" nor about how the situation will work out.

Handling Disclosures

When a client discloses an experience of abuse, remember these following points:

- Reassure the client that it is okay to tell what happened,
- Tell the client what to expect. If you don't know, say so, but let the client know that she/he has your support,
- Project a calm, understanding and supportive attitude to the child,
- If possible, call in a support team in attending to the client's needs,
- Avoid having the client repeat her or his explanation to different members of the support team,

- Let the client know that you must tell authorities to get help, but you will tell only those who need to know and that each of them will keep her/ his story confidential,
- Reassure the client that it is not her or his fault,
- Trust your gut feelings,
- Understand the importance of early reporting,
- Respect the client's privacy by not discussing the situation outside the centre,
- Remember that reporting is merely a request for an investigation into a suspected case of abuse, and
- After reporting, it is important to maintain a supportive presence for the client,

14.3.4 Difficult Situations in Counselling

The situations given below can happen in any kind of counselling session.

1. Counselling in Situation When Client is Silent

The client is unwilling or unable to speak for some time. This is a common phenomenon among clients who are very anxious or angry, usually because they have been sent against their will. If it happens at the very beginning of a session it is best for the counsellor after a little while gently to call attention to it saying perhaps: "I can see that it is a bit difficult to talk. It's often that way when someone first comes to see me. I wonder if you'are not feeling a bit anxious." Or, alternatively, if the silence seems an angry one – for example, the adolescent is looking away from you, you might say "You know sometimes when someone comes to see me who doesn't really want to be here they decide not to say anything. I wonder if that's how you're feeling". These statements should be followed by another period of silence, with the counsellor looking at the adolescent and maintaining body language which indicates a sympathetic interest. Sometimes silence will occur in the middle of a session. In those circumstances the context is very important, and the counsellor will have to judge why it has occurred. It may be because the adolescent is finding it very hard to make an admission of a secret, or that she or he is unhappy with how the counsellor has just reacted to something. Generally, it is best to wait, as it is crucial that the young person makes the effort to express her or his feelings or thoughts, even though the counsellor may initially find it uncomfortable. There are times when a silence is the result simply of thoughtfulness on the part of the adolescent. There is no need to break the silence nor to indicate in any way that it is not acceptable.

2. Counselling in Situation When the Client Starts Crying

A client who starts to cry or sob may make the counsellor uncomfortable. A natural response is to try to stop it perhaps by comforting the client, but that is usually not best in the counselling session. Crying may occur for different reasons. For some it is a very helpful release of emotion and an appropriate response is to wait for a while, and if it continues say that

it is all right to cry, it's a natural reaction when you feel sad. This gives them permission to express their feelings. The crying will usually cease in a little while. Crying, however, sometimes occurs for another reason. It can be used to elicit sympathy or to stop any further exploration. It may be a way in which the client is trying to manipulate the counsellor much in the way she or he will do it at home, or with other adults. Again it is best to let the client cry indicating that although you are sorry they feel sad, it is nevertheless a good thing to express their feelings. If the client is being manipulative it will soon come to an end and the lesson learned that the counsellor cannot be manipulated in the same way that other adults have been. Some counsellors in some cultures will want to comfort the client by touching her or him. While it may be appropriate, touching a client especially of the opposite sex, should be treated with extreme caution. There are several reasons for this. Often the difficulties that the client is experiencing are sexual in nature and touching a client, even in a relatively non-sexual way, such as on the hand, or on the shoulder, may be misinterpreted and may frighten the client. The decision will be appropriate to the culture as well as to the gender and age of the counsellor and client, but it is important that a professional relationship is established, and not a social one.

3. Counselling in Situation When There is No Solution to the "Problem"

This is an anxiety often expressed by trainees and results in their becoming "stuck", that is not knowing how to proceed. It is important to remember that the primary focus of counselling is on the person, not the problem. Even the most intractable of difficulties, including the recognition by an adolescent that she or he is homosexually orientated when she or he doesn't wish to be; a young girl wanting to have an abortion when it is impossible to obtain one; or even a person facing untimely death in the knowledge that she or he has become infected with the HIV virus, do not mean that the counsellor cannot help the client. One of the most appropriate ways to deal with a client, who insists on a solution to the problem as she or he defines it, is to say that while you may not be able to change some things, in your experience getting to know the person better is always helpful, and sometimes the perspective on things change. In practice sessions it is not uncommon to see a participant role playing a counsellor quickly make some mistaken assumptions. A girl is anxious about what has happened with her boyfriend. The counsellor quickly jumps to the conclusion that she is pregnant. An adolescent hints at incestuous feelings; the counsellor assumes sexual intercourse has taken place; etc. The more the client is able to explore herself or himself, the more possibilities will exist for dealing with the difficulties including the underlying causes of it.

4. Counselling in Situation When the Client Threatens Suicide

This is perhaps the most anxiety provoking situation for a counsellor. Most young people who threaten suicide do not commit suicide, but nevertheless desperate enough to cry out for attention in this way. There are some things one needs to remember. It is virtually impossible to stop anyone from committing suicide who wishes to do so. A panic reaction on the part of the counsellor may be more frightening to the adolescent than a more measured one. It is appropriate to say that while no one can stop a person

from taking their own life, you would feel terribly sad if that were to happen. You are just getting to know each other and you see much that you like and admire in the person. Those who commit suicide are often hopeless. They feel that they have no relationship with anyone who cares. The lifeline that the counsellor throws to the person is that she or he does care and that may give them sufficient hope to continue. Some young people threaten suicide in a manipulative fashion to get their own way. They are equally in need of help but must be shown that there are other ways to get the attention and concern they need. An adolescent who was very little self-esteem will not believe that anything but a threat of suicide will matter to others – perhaps it has worked in the past, but it should not work in the same way with the counsellor. A comment indicating positive feelings about the client, not about the threat, is the most valuable approach. It is not uncommon for such a threat or hint of suicide to occur just at the end of a session. The reason for this is that the client feels "safe" enough to raise it because she or he knows the session is about to end and will not have to talk about it at that time. It is best for the counsellor to indicate that what the young person has said is very important, that you are glad she or he has been willing to share her or his feelings with you on such an important issue, and that now that it has been raised it should be looked at together when the client comes to the next session. It is then important to confirm the next session with the client. An inappropriate reaction is to panic and say – "Well, you feel that way, don't go! We had better do something about it right away". Even if you prolong the session at that point, it may communicate panic and not be as helpful as the measured reaction that expresses concern and faith that the person will return.

Because suicide is so tragic in the young, each counsellor will have to make his or her judgement as to the best way to deal with it. The better the rapport with the client, the less likely it is to occur, so that much emphasis needs to be placed from the very outset of the first session on the establishment of that rapport. It is the best protection against suicide in the client.

5. Counselling in Situation When the Counsellor Made a Mistake

There are many ways in which the counsellor can make a mistake. She or he may make a factual error about something the client has said earlier. The counsellor may become inappropriately embarrassed or angry at something the client has said. The single most important rule in establishing a good relationship with the client, the kind of relationship that you want her or him to have with other people, is to be honest. Basic respect for the client is one of the key principles of counselling. That respect and confidence in the client can be best demonstrated by admitting that you have been mistaken. An apology is appropriate if you were wrong. Factual errors are easiest to deal with. You might say: "I am sorry; I'd forgotten that you told me you had a younger brother". If you do something which you regret – perhaps getting angry at a client who is being provocative, it is also appropriate to acknowledge that. You might say: "You know, a moment ago when you said that you didn't see how I could help anyone of your age because I was too old to know how a young person feels, I was very angry for a moment. Perhaps you noticed it. It's a natural way to react, but it's not being really fair to you. After all why wouldn't you

think that? I have a different idea about that since I think that people have the same kinds of feelings at any age, although the things they care about may be different. Would you like to talk about that?". You can be sure that any emotional reaction you express unwittingly or otherwise, will be perceived by the client in some manner even without being fully aware. The more openly you can deal with your feelings when it is appropriate (without making personal revelations about your life outside the session) the better example you will be providing to the client to do the same thing. The counsellor's mistake can be turned to the good of the client.

6. Counselling in Situation When the Counsellor Does Not Know the Answer to a Factual Question

This is a common anxiety expressed by counsellors, but, as with the above circumstance, it is perfectly appropriate to say that you don't know the answer but will try to get the information for the client if it is appropriate for you to do so, or alternatively identify another source of that information for the client. Evading the question or answering without adequate knowledge will do far more harm to the all - important relationship you are establishing with your client than simply admitting your lack of knowledge.

7. Counselling in Situation When the Client Refuses Help

Many clients are sent for help when they may not want help. Helping the young person say why they are there will usually open the subject up. It is then appropriate to say something like: "Well, I can understand how you feel. I'm not sure whether I can help, but perhaps we could take a few minutes just to see what you think, and together we can decide whether it might be worthwhile talking a bit more". Often the client will say that something like "My father thinks I have a problem with this boy, but I really don't. He just won't listen when I tell him". The client may be quite right, but she or he may instead be experiencing difficulties in her relationship with her or his father, and the skilled counsellor may be able to help her or him remain in counselling to deal with that. If the client is completely unwilling to talk, stress the positive that at least she or he did come, you've met each other now, and maybe she or he might like to reconsider. Suggest another appointment and try, if possible to leave it open. The client then has a "lifeline" and may indeed return.

8. Counselling in Situation When the Client is Uncomfortable with the Counsellor's Gender

This difficulty may be made explicit if the client says, "I don't think I can talk to a woman (or man) about this" or "I was expecting a woman (or man)". It may not be stated but sensed by the counsellor. If this is the case, it is best for the counsellor to raise the issue by saying something like – "I wonder if you were expecting to see a man (or woman)?". Once the issue is in the open it is appropriate to say something like, "Some young people are, at first, more comfortable with someone of the same (or opposite) sex, but in my experience that usually becomes less important once they get to know each other. Why don't we try to continue, and see how we get on?" .

The client will usually accept that and the problem is likely to vanish if the counsellor is attentive, respects the client and is non-judgemental. The

use of encouragers and reflections are particularly helpful since they give the client a sense that what she or he is saying is acceptable. If the client, from the outset is adamant that they wish to see someone of the other sex, and if it is possible to arrange that before going any further, it may be necessary to try. But, in fact, it would probably be better for the client to learn to work with a person of the sex which makes him or her uncomfortable. The counsellor should therefore first see if the client can be given sufficient confidence to try.

9. Counselling in Situation When the Counsellor is Short of Time

It is always of benefit to the client to know approximately how much time she or he will have with the counsellor, and it is best if that amount of time remains more or less constant. On occasion, it may happen that the counsellor has less time than usual. It is then extremely important to say so at the outset, provide the reason, if that is feasible, and apologize, indicating that she or he will hope to meet the client again at a specific time. A great deal can be accomplished even in a few minutes. It is best to make use of that time rather than send the client away.

10. Counselling in Situation When the Counsellor Cannot Establish Good Rapport

Sometimes it may be very difficult to establish satisfactory rapport with the client. This is not necessarily a reason for ending counselling or referring the individual to someone else. Rather the counsellor should ask for help from others in reviewing the sessions to understand better where the difficulty may lie. If there is something about the client which the counsellor finds himself rejecting, it is essential that it be dealt with, if at all possible. One of the important aspects of training is for the counsellor to learn what may make him or her uncomfortable and try to deal with those issues before beginning counselling, or, at least, seek help while working with someone with whom it is difficult to establish rapport. If, after discussing it with an experienced counsellor, the difficulty appears to be that the client has never been able to have a close relationship with anyone, sending the client away or to someone else will not help, but is likely to damage the client. It is far better to try to communicate especially by helping the client to feel better about hereself or himself.

11. Counselling in Situation When the Counsellor and Client Know Each Other Socially

It is quite common in small communities that the client will know who the counsellor is and may know her or him quite well. If the relationship is a casual one, it may be possible to serve as a counsellor, but it must be made clear early on that confidentiality will be totally respected, and that the way you will relate to your client is quite different from the way you would relate to a friend or acquaintance. If, however, you are well known to each other, it is not possible to serve as a counsellor. It will be necessary to explain that to the client and arrange for someone else to help. The counsellor must indicate that in her or his experience it is not helpful to work with someone she or he knows socially because it is a different kind of relationship. While a friend might want to be comforting or one might get angry or be embarrassed by something he doesn't like,

the role of a counsellor is a different one. It isn't possible to change roles when meeting outside the counselling session, and this will inevitably give rise to confusion and hurts feelings.

12. Counselling in Situation When the Client Talks Continuously and Inappropriately

This is the opposite of a client being unduly silent or refusing to talk, but it may arise from the same kind of anxiety which makes talking difficult. If a client persists in talking continuously and saying things that are essentially trivial (to the client) and repetitive, it is appropriate to interrupt after some time, and say, for example, "Excuse me Mary, but I wonder if you realize that for some time now you have been repeating the same thing? Are you feeling a bit nervous or finding it hard to talk about other things?" This may help to alter the focus of the conversation from something outside the session to the client herself or himself which may be sufficient to halt the flow of inappropriate talk.

13. Counselling in Situation When the Client Asks a Personal Question to the Counsellor

A counsellor-client relationship is a professional one, not a social one. That is a valuable aspect, because it enables the counsellor to react in different ways from the other people in the person's life, and can help them to learn more constructive and rewarding ways of relating to people. This may be difficult for the client to understand at first, especially if the counsellor is being warm and caring at the same time. One hazard to this relationship is responding to personal questions from the client about oneself. This is almost never advisable for several reasons. It takes attention from the client. It may lead to a series of questions which while starting innocuously may end with very private matters which the counsellor then refuses to answer. This gives the wrong message to the client suggesting that something is wrong either with the counsellor, or with the client for being concerned about such things. Sometimes the client will want to know if the counsellor has the same problem. Saying "yes" may make the client feel that the counsellor cannot help because she or he has not "solved the problem"; saying 'no' may make the client feel the counsellor does not understand the problem. It is far better to respond to a personal question by saying that it is not helpful to the client if the counsellor talks about herself or himself and that is why she or he makes it a rule not to. The client will accept that rule. It is far better than either answering some but not all questions, or, worse, evading the issue which will destroy the honesty of the relationship.

14. Counselling in Situation When the Counsellor is Embarrassed by the Subject Matter

It may happen that something the client says embarrasses the counsellor. The more training she or he has had in sensitive subjects, the better she or he will be able to identify areas in which they feel most vulnerable and the less likely they are to be unprepared. Nevertheless, they may be embarrassed. It is always best for the counsellor to be honest with the client especially if they have responded emotionally, since the client will anyway be aware of it. This can be turned into advantage, by acknowledging

having had such a feeling and then returning to the subject if the client has raised it. The counsellor may wish to say something like: "You may have noticed that when you mentioned the fact that you were masturbating, for a moment I was taken aback. That sometimes happens when people aren't expecting something but in fact, I'm glad you brought it up and maybe it would be useful to talk about that". After the session it may be helpful to talk with whoever is providing supervision about what happened, and see if such uncomfortable feelings can be overcome.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What should the counsellor do when the client asks a personal question to the counsellor?

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2. As a counsellor, how would you handle a situation if a person who has been subjected to abuse comes and discloses to you?

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14.4 FAMILY THERAPY

Family therapy is designed to help families cope with both large-scale problems and smaller, everyday problems. The purpose of family therapy is to remedy issues within a family or to contribute to overcoming existing dysfunction within a family. It offers an open forum for family members to discuss their thoughts and feelings without fear of being physically or verbally attacked. Therapists help family members cope with personal problems as well as the problems of other family members and the dynamics of the family's situation by offering a place for family members to open up thoroughly and thus help in creating a more pleasant living situation.

Family therapy is based on the belief that the family is a unique social system with its own structure and patterns of communication. These patterns are determined by many factors, including the parents' beliefs and values, the personalities of all family members, and the influence of the extended family (grandparents, aunts, and uncles). As a result of these variables, each family develops its own unique personality, which is powerful and affects all of its members.

14.4.1 How Family Therapy Works

Though the number of sessions involved in family therapy depends on the situation, but the average is usually 15 to 20 sessions. A family therapist usually meets several members of the family at the same time. This has the advantage of making a difference in the ways family members perceive mutual relations and interact with each-other. Futher, interaction patterns in the session become apparent both for the therapist and the family. These patterns frequently mirror habitual interaction patterns at home, even though the therapist is now incorporated into the family system.

The distinctive feature of family therapy is its perspective and analytical framework rather than the number of people present at a therapy session. Family therapists tend to be more interested in the maintenance and/or solving of problems rather than in trying to identify a single cause. Some families may perceive cause-effect analyses as attempts to allocate blame to one or more individuals, with the effect that for many families a focus on causation is of little or no clinical utility.

14.4.2 Techniques Used in Family Therapy

The following techniques are usually used with families to stimulate change or gain greater information about the family system.

1. **The Genogram**

   The genogram, a technique often used early in family therapy, provides a graphic picture of the family history. The genogram reveals the family's basic structure and demographics. Through symbols, it offers a picture of three generations. Names, dates of marriage, divorce, death, and other relevant facts are included in the genogram. It provides an enormous amount of data and insight for the therapist and family members early in therapy. As an informational and diagnostic tool, the genogram is developed by the therapist in conjunction with the family.

2. **The Family Floor Plan**

   The family floor plan technique has several variations. Parents might be asked to draw the family floor plan for the family of origin. Information across generations is therefore gathered in a nonthreatening manner. Points of discussion bring out meaningful issues related to one's past.

   Another adaptation of this technique is to have members draw the floor plan for their nuclear family. The importance of space and territory is often inferred as a result of the family floor plan. Levels of comfort between family members, space accommodations, and rules are often revealed. Indications of differentiation, operating family triangles, and subsystems often become evident. Used early in therapy, this technique can serve as an excellent diagnostic tool.

3. **Reframing**

   Most family therapists use reframing as a method to both join with the family and offer a different perspective on presenting problems. Specifically, reframing involves taking something out of its logical class and placing it in another category. For example, a mother's repeated questioning of her daughter's behaviour after a date can be seen as genuine caring and concern rather than that of a nontrusting parent. Through reframing, a negative often

can be reframed into a positive.

4. Tracking

Structural family therapists see tracking as an essential part of the therapist's joining process with the family. During the tracking process the therapist listens intently to family stories and carefully records events and their sequence. Through tracking, the family therapist is able to identify the sequence of events operating in a system to keep it the way it is. What happens between point A and point B or C to create D can be helpful when designing interventions.

5. Communication Skill-building Techniques

Communication patterns and processes are often major factors in preventing healthy family functioning. Faulty communication methods and systems are readily observed within one or two family sessions. A variety of techniques can be implemented to focus directly on communication skill building between a couple or between family members. Listening techniques including restatement of content, reflection of feelings, taking turns, expressing feelings, and nonjudgemental brainstorming are some of the methods utilized in communication skill building.

In some instances the therapist may attempt to teach a couple how to fight fair, to listen, or may instruct other family members how to express themselves with adults. The family therapist constantly looks for faulty communication patterns that can disrupt the system.

6. Family Sculpting

Family sculpting provides for recreation of the family system, representing family members' relationships to one another at a specific period of time. The family therapist can use sculpting at any time in therapy by asking family members to physically arrange the family. Adolescents often make good family sculptors as they are provided with a chance to nonverbally communicate thoughts and feelings about the family. Family sculpting is a sound diagnostic tool and provides the opportunity for future therapeutic interventions.

7. Family Photos

The family photos technique has the potential to provide a wealth of information about past and present functioning. One use of family photos is to go through the family album together. Verbal and non-verbal responses to pictures and events are often quite revealing. Adaptations of this method include asking members to bring in significant family photos and discuss reasons for bringing them, and locating pictures that represent past generations. Through discussion of photos, the therapist often more clearly sees family relationships, rituals, structure, roles, and communication patterns.

8. The Empty Chair

The empty chair technique, most often utilized by Gestalt therapists has been adapted to family therapy. In one scenario, a partner may express his or her feelings to a spouse (empty chair), then play the role of the spouse and carry on a dialogue. Expressions to absent family, parents, and children can be arranged through utilizing this technique.

9. Family Choreography

In family choreography, arrangements go beyond initial sculpting; family members are asked to position themselves as to how they see the family and then to show how they would like the family situation to be. Family members may be asked to reenact a family scene and possibly resculpt it to a preferred scenario. This technique can help a stuck family and create a lively situation.

10. Family Council Meetings

Family council meetings are organized to provide specific times for the family to meet and share with one another. The therapist might prescribe council meetings as homework, in which case a time is set and rules are outlined. The council should encompass the entire family, and any absent members would have to abide by decisions. The agenda may include any concerns of the family. Attacking others during this time is not acceptable. Family council meetings help provide structure for the family, encourage full family participation, and facilitate communication.

14. Strategic Alliances

This technique, often used by strategic family therapists, involves meeting with one member of the family as a supportive means of helping that person change. Individual change is expected to affect the entire family system. The individual is often asked to behave or respond in a different manner. This technique attempts to disrupt a circular system or behaviour pattern.

12. Putting the Client in Control of the Symptom

This technique, widely used by strategic family therapists, attempts to place control in the hands of the individual or system. The therapist may recommend, for example, the continuation of a symptom such as anxiety or worry. Specific directives are given as to when, where, and with whom, and for what amount of time one should do these things. As the client follows this paradoxical directive, a sense of control over the symptom often develops, resulting in subsequent change.

The techniques suggested here are examples from those that family therapists practise. Counsellors will customize them according to presenting problems. With the focus on healthy family functioning, therapists cannot allow themselves to be limited to a prescribed operational procedure, a rigid set of techniques or set of hypotheses. Therefore, creative judgement and personalization of application are encouraged.

However, during therapy sessions, the family's strengths are used to help them handle their problems. All members take responsibility for problems. Some family members may need to change their behaviour more than others.

Family therapy is a very active type of therapy, and family members are often given assignments. For example, parents may be asked to delegate more responsibilities to their children.

14.4.3 Role of Family Therapist

Family therapists carry out following tasks to help the family:

- Teach family members about how families function in general and, in particular, how their own functions.

- Help the family focus less on the member who has been identified as ill and focus more on the family as a whole.
- Assist in identifying conflicts and anxieties and help the family develop strategies to resolve them.
- Strengthen all family members so they can work on their problems together.
- Teach ways to handle conflicts and changes within the family differently. Sometimes the way family members handle problems makes them more likely to develop symptoms.

14.4.4 Benefits of Family Therapy

1. **Resolving family issues:** Most families who go into family therapy have issues to resolve. Going to family therapy will help them get through the conflict. The family therapist will guide them using a structural way to solve the conflicts. Resolving family issues will make the family more functional.
2. **Open communication:** While undergoing group therapy, the family will find it easier to communicate with each other. They will have a stronger family bond, and this will improve the overall relationships that they have with each other. As time passes, family members will eventually learn healthy communication with each other even outside the family therapy setting.
3. **Individual issues:** Family therapy not only addresses the problems that are affecting the whole family, but also addresses the problems for each member of the family. It is possible that a member of the family has personal issues that are affecting the whole family or even people outside the family.
4. **Strategic discussion:** Another benefit of going into family therapy is having a therapist to conduct the discussion and approach the problems in an objective manner. This way, every member of the family will be able to voice their feelings and opinions about certain family issues. This is better than resolving family matters on their own, as family discussions often end without having the problem resolved.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. When should one go for family therapy?

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14.5 LET US SUM UP

In the Unit, we learnt that:

- Counselling aims to help people cope better with situations they are facing. This involves helping the individual to cope with their emotions and feelings and to help them make positive choices and decisions.
- The counselling process can be viewed simply as a three-stage process which involves initiating a counselling relationship, building and working in the relationship and terminating the relationship.
- Grief counselling is a powerful tool that can help those who have lost loved ones regain hope and move positively through the five stages of grief.
- The priority of crisis intervention/counselling is to increase stabilization. Crisis interventions occur at the spur of the moment and in a variety of settings, as trauma can arise instantaneously.
- Family counselling is a wonderful way to help individuals within a family system get past certain difficulties that face all families: death, divorce, empty-nest and births.
- The distinctive feature of family therapy is its perspective and analytical framework rather than the number of people present at a therapy session.
- There are different techniques that family therapists practise and these are customized according to presenting problems.

14.6 GLOSSARY

Disclosure : The act or process of revealing or uncovering.

Empathy : Capability to share another being's emotions and feelings.

Insight : Capacity for understanding one's own or another's mental processes.

Rapport : A feeling of comfort and connectedness between the counsellor and the client.

Therapist : A person skilled in a particular type of therapy.

14.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Following are the various behaviours that are considered unethical for counsellors:
   - Violation of confidentiality,
   - Claiming expertise which one does not possess,
   - Exceeding one's level of professional competence,

- Negligent practice,
- Imposing one's values on a client,
- Creating dependency in a client,
- Sexual activity with a client,
- Conflicts of interest, e.g., dual relationships,
- Charging excessive fees, and
- Improper advertising.

Check Your Progress Exercise 2

1. A counsellor/client relationship is a professional one, not a social one. This may be difficult for the client to understand at first, especially if the counsellor is being warm and caring at the same time. Sometimes the client will know about the counsellor's personal life. It is far better to respond to a personal question by saying that it is not helpful to the client if the counsellor talks about herself and that is why she or he makes it a rule not to. The client will accept that rule. It is far better than either answering some but not all questions, or, worse, evading the issue which will destroy the honesty of the relationship.

2. As a counsellor, you should:

   - Find a private place to talk with the client,
   - Sit next to the client, not across a table or desk,
   - Use language the client understands; ask the client to clarify words you don't understand,
   - Express your belief that the client is telling you the truth,
   - Reassure the client that it is not his or her fault, and that she or he is not bad and did nothing to deserve this,
   - Determine the client's immediate need for safety,
   - Let the client know you will do your best to protect and support her or him,
   - Tell the client what you will do, and who will be involved in the process, and
   - Be kind, caring and reassuring about safety in your presence at all times.

Check Your Progress Exercise 3

1. Family therapy is indicated when a change is desired in the way a family functions. Usually someone comes, or is brought, with particular symptoms or behavioural problems. It is individuals that change, and change in the family system is a result of the changed behaviour of the individuals in it. Intervention in the system, which is the basis of so much family therapy, is not always the best way of promoting change. With this in mind, family therapy can be a powerful treatment when properly used in the right cases.

However, it should only be embarked upon after careful consideration of the relative merits of the full range of available treatments.

Family therapy should be considered when: (1) there is a malfunctioning family group; and, (2) the problems which therapy is to address are related to the functioning of the family. It is likely to be of value when the presenting problems concern children or adolescents; when families present complaining that members have problems in relating to each other; and when a family appears to be having difficulty making the changes required to pass from one developmental stage to the next – for example when adolescents start to become more autonomous.

14.8 UNIT END QUESTIONS

1. What personal attributes of an effective counsellor do you possess? What skills do you need to acquire?
2. What therapist and client factors contribute to the effectiveness of family therapy?

14.9 FURTHER READINGS AND REFERENCES

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Notes

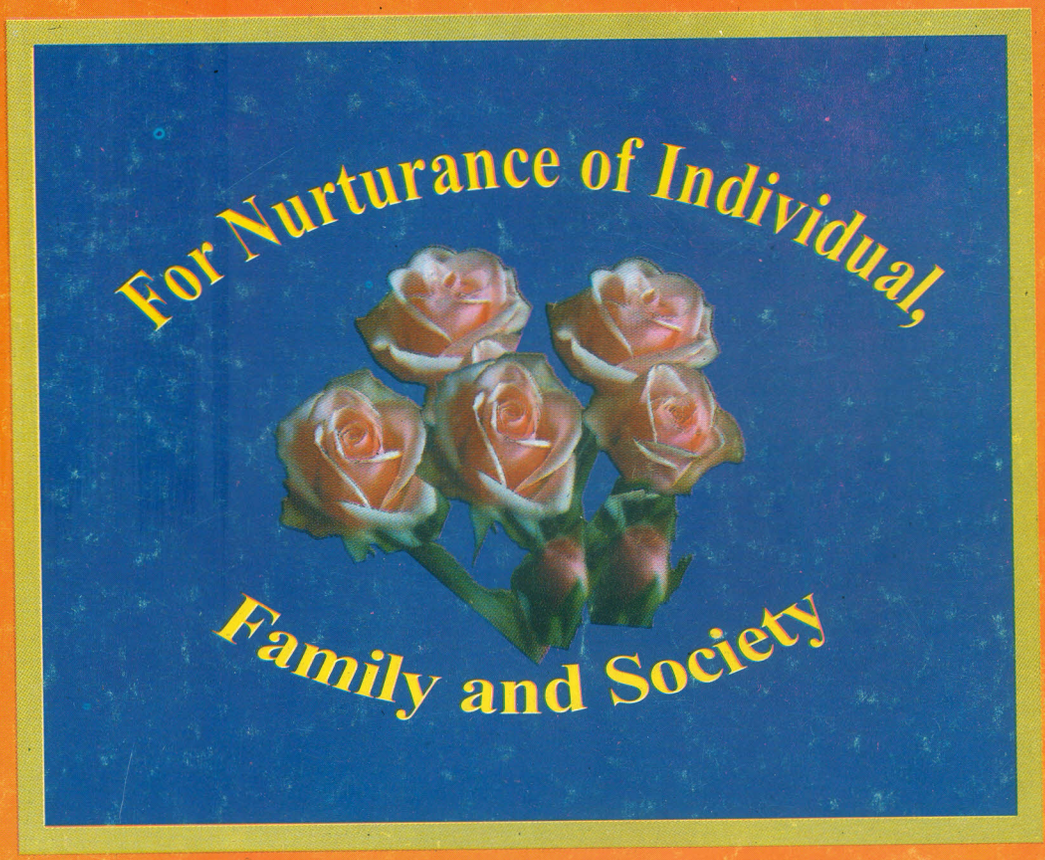
MCFT-004

COUNSELLING AND FAMILY THERAPY: APPLIED ASPECTS

BLOCK 1	:	**PROFESSIONAL ISSUES IN COUNSELLING AND FAMILY THERAPY**
Unit 1	:	Essentials for a Counsellor and Family Therapist
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Unit 5	:	Creating a Therapeutic Climate
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BLOCK 3	:	**PRACTICAL ASPECTS OF COUNSELLING & FAMILY THERAPY-II**
Unit 10	:	Reflective Relationship Techniques
Unit 11	:	Relationship Building Strategies
Unit 12	:	Strategies for Facilitating and Evaluating Change
Unit 13	:	Barriers to Actualizing Therapeutic Relationships
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BLOCK 4	:	**PROCESSES OF COUNSELLING AND FAMILY THERAPY**
Unit 15	:	Referral and Intake
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MANUAL FOR SUPERVISED PRACTICUM (MCFTL-004)

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