Psychology and guidance

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CONTENT

WHAT IS PSYCHOLOGY

Having a good grasp of what psychology is all about is essential for anybody wanting to explore the topic in greater depth. Now this may sound like a really obvious thing to state but psychology is one of those terms that is often banded around without any real consideration as to its actual meaning.

A classic case in point being the usual response you get from people when you tell them that you teach psychology; namely, "I better be careful what I say", or "so do you know what I'm thinking then?" I know I shouldn't but my stock reply to these reactions tends to be "Absolutely" and "Not at all...but then I would say that, wouldn't I"

It's actually a serious point though because there is obviously a lot of confusion surrounding psychology. Indeed, I've met psychology students coming towards the end of their degree that have admitted that they are still not 100% sure what psychology is!

To help understand the ambiguity surrounding psychology, let's start by taking a look at some definitions of psychology.

Psychology is the scientific study of people, the mind and behaviour. It is both a thriving academic discipline and a vital professional practice. (The British Psychological Society)

The scientific study of the behavior of individuals and their mental processes. (American Psychological Association)

Psychology is an academic and applied discipline involving the scientific study of mental processes and behavior. (Wikipedia)

The constant theme across these definitions is that psychology is fundamentally concerned with understanding Behavior

Within psychology there are multiple and often competing levels of explanation when it comes to understanding behavior. When you begin studying psychology you quickly realize what a disparate topic area it is, and at times it can almost be overwhelming.

Particularly when you're starting out. Just keep hold of the notion that psychology is basically about behavior. You can't be expected to know all the different ways there are to explain behavior straight away; but as you are introduced to more and more you'll find that you'll soon be able to place a behavioral explanation within an appropriate psychological framework.

If you would like to find out more about the different levels of explanation within psychology, you can do so by visiting the types of psychology. Please note that this page is very much work in progress and will take some time to complete. However, eventually it will cover all the major branches and sub-divisions within psychological theory and practice.

Another common misconception about psychology is that it is very similar, if not synonymous with psychiatry. It is not. Psychiatry is a distinct medical specialism (all psychiatrists have a medical degree) that is fundamentally concerned with mental disorder. Psychology has a much broader focus and is not inextricably linked to the concept of mental illness.

WHAT IS PSYCHOLOGICAL ADVISING?

In simple terms, Psychological Advising involves one person (the advisor) helping another person (the client) to work through some difficult or painful emotional, behavioural or relationship problem or difficulty. That is the form of individual psychological advising.

It is a wonderful twentieth-century invention. We live in a complex, busy, changing world. In this world, there are many different types of experience that are difficult for people to cope with. Most of the time we get on with life, but sometimes we are stopped in our tracks by an event or situation that we do not, at that moment, have the resources to sort out. If we cannot find ways to sort this out in our family, with our friends, or with a priest or doctor, etc., then psychological advising is a really useful option at these moments.

An advisor may also see a couple, especially a married or cohabiting couple, to help them with their relationship. And some advisors help whole families to work on their relationship problems.

Advising is concerned with a number of different tasks. These can be summarized as follows: The term Advising includes work with individuals and with relationships, which may be developmental, crisis support, psychotherapeutic, guiding or problem solving … The task of advising is to give the client an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully.

Advising takes place in a confidential meeting, in a quiet room, and is subject to a code of ethics which specifies what the advisor can and cannot morally do in that context.

Advising and psychotherapy come in many forms.

There are, of course, different approaches to advising, with some being quite passive, listening forms of advising; while others are more analytical of the sources of the presenting problem; and others quite philosophical and into teaching the client the philosophical wisdom of the ages.

There is now a well researched and documented argument that all systems of advising and psychotherapy are broadly equivalent in terms of the outcomes they achieve.

Carl Rogers was the father of non-directive counseling, in the USA, where he could not practice more active forms of psychoanalysis or psychotherapy, because he did not have a psychology degree. He therefore created a system which depended upon active listening to help the client to clarify their own issues, and extending three core conditions towards the client: genuineness; empathy and non-possessive caring.

"Advising takes place when an advisor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be 'sent' for advising".

"By listening attentively and patiently the advisor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly, possibly from a different perspective. Advising is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Advisors do not judge or exploit their clients in any way".

Some eliciting phrases/ question to help the client 'open up' and feel at ease.

1. Where are you up to right now?

2. Where are you trying to get to?

3. What actions could you take to bridge that gap between where you are and where you want to be?

And, again in the Egan model, the advisor helps the client to see beyond their 'blind spots', and to identify their resources.

And, in the Reality Therapy model, the questions are:

1. What do you want?

2. What are you doing (or have you been doing) to get what you want?

3. Lets evaluate how well that is going.

4. Let's produce a new plan, (if the current one is not working well).

The relationship between advisor and client: Attachment theory in counselling and psychotherapy

Firstly, we can say that attachment theory has identified what is essential for healthy psychological development of every individual:

(a) Initially, Dr John Bowlby gave emphasis to the idea that the parents should be accessible to the child at all times of need; and:

(b) Later on, he emphasized that parents must be responsive as well as accessible. (This change was prompted by the research findings of Mary Ainsworth, who described the importance of the parents' sensitive responsiveness to the child's nonverbal signals).

Secondly, when babies receive the attention they crave, they prove to be less needy than those babies who do not receive sensitive responsiveness when they cry. From this I infer that client's who get the kind of attention they need, will move on through their therapy much quicker, and more surely, than those clients who meet with cool and less responsive therapists.

Third, Attachment theory suggests that collaborative communication is about getting to know the mind of another human being. (We may not consciously know that that is what is happening, and we might not use those verbal labels, but that, it seems, is what is nonverbally, and non-consciously, happening).

The client needs to know which of their statements or actions produces which responses in the therapist. The therapist must be transparent in showing the contingency (or dependence) of a particular response upon a particular stimulus from the client. This is what helps the client to construct a model of 'what is going on' in the mind of the other, reflected in their own mind.

Fourth, it seems important to help the client to "feel felt" - that is, to see their nonverbal affective behaviours reflected in the nonverbal affective responses

of the therapist. If the client cries, the therapist may reflect this by showing a sad face, 'marked as' a reflection.

Therapeutic communication needs to be collaborative - or shared - as well as contingent (each stimulus is shown a specific response; and each response produces a new reflection). In this process of collaboration and revealing the connections between stimulus and response, the therapist must aim for a high level of affective attunement: or 'getting the client's emotional state' and reflecting it back in a different register.

This process of providing affectively attuned responses to the client, which helps them to feel felt, probably depends upon intuitive right-brain communication, which depends less on words than on reading faces and body language, and responding with a good reflection of what is sensed. There is recent research from Germany that seems to suggest that this might be best facilitated by the kind of 'mindfulness' which comes from having the therapist practice regular meditation. When a client gets repeated experiences of this kind of emotionally attuned responsiveness, this may generate positive expectations of 'feeling felt' - feeling understood and accepted by others - which may sediment into a secure model of a sensitive relationship; a working model of secure attachment.

What is not Psychological Advising?

The primary difference between Advising and other forms of helping is the way in which the advisor and client communicate and relate. At times advising becomes a generic word and also gets diluted. Thus it is essential to know what is not Psychological Advising.

■ Advising is not giving advice: Advice is mainly one-way. Advising is a two-way interaction.
■ Advising is not guidance: The advisor avoids telling the client how to solve the problems or what decisions to make or actions to take.
■Advising is not health education: Although education can be an important part of advising, the information provided in advising is tailored to the needs of an individual client.
■ Advising is not ongoing therapy: The advising intervention focuses on an immediate problem.
■ Advising is not a mere conversation: It is not just people exchanging information and opinions.
■Advising is not interrogation: The client is not being questioned to find out the truth.
■ Advising is not preaching: It should not be a forum to voice or promote a counsellor's opinions.
■ Advising is not a confession: The client is not being pardoned or absolved.
■ Advising is not just information giving: The client does not come to the Advisor solely for information, though information may be given sometimes.

WHAT IS A PSYCHOTHERAPIST?

The term therapist, psychotherapist or counselor may refer to any of the professions listed below. However some professionals choose their professional or educational title, or designation, when they refer to themselves. The latter are usually from those professions that are regulated by law.
For example, as a psychologist, I have refered to myself as a psychotherapist only occasionally. I ususally refer to myself as a psychologist. Similarly, a psychiatrist probably uses the term psychiatrist over the term psychotherapist.
Highly-trained psychotherapists are more likely to work with populations who are suffering from severe problems, particularly if medications are involved in the treatment.

So for example a psychiatrist is more likely to work with someone who is suffering from psychosis than a Master's level counselor. However, there are no hard and fast rules on the matter.
Generally speaking you are more likely to see a psychiatrist if you are receiving medication. But in recent years in a few selected states, psychologists have been allowed by law to prescribe medication to their clients.

Here's a few of the professions that refer to themselves as psychotherapists.

- **Clinical social worker**
- **Associate clinical social worker**
- **Pastoral Counselor**
- **Marriage and family therapist**
- **Marriage and family therapist registered intern or trainee**
- **Physician specializing in the practice of psychiatry or practicing psychotherapy**
- **Psychologist**
- **Psychological assistant**
- **Psychiatric Nurse**
- **Psychiatrist**

What is a Psychiatrist?

A psychiatrist is a physician (a medical doctor--either an MD or a DO) who specializes in the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders.

Psychiatrists are trained in the medical, psychological, and social components of mental, emotional, and behavioral disorders and utilize a broad range of treatment modalities, including diagnostic tests, prescribing medications, psychotherapy, and helping patients and their families cope with stress and crises. Psychiatrists increasingly work in integrated settings and often lead or participate on treatment teams and provide consultation to primary care physicians and other medical specialties.

> **A psychiatrist must complete an M.D. or D.O. degree from an accredited school of medicine or osteopathy (or international equivalent). In order to obtain a license to practice medicine, physicians must a pass the United States Medical Licensing Exam, a multi-part professional exam sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners. Psychiatrists must then complete at least 4 years of accredited residency training, including a minimum of 3 years in psychiatry.**

Subspecialty board certification requires additional training. Board-certifiable subspecialties include:

- **Addiction Psychiatry**
- **Child and Adolescent Psychiatry**
- **Forensic Psychiatry**
- **Geriatric Psychiatry**
- **Pain Medicine**
- **Psychosomatic Medicine**
- **Sleep Medicine**

A psychiatrist has completed medical school and holds an M.D. (Doctor of Medicine) degree or a D.O. (Doctor of Osteopathic Medicine) degree. In Residency, he or she received specialized training in the field of psychiatry. As physicians, psychiatrists have achieved a rigorous medical

education and abide by the medical traditions of professional ethics and medical responsibility for providing comprehensive care.

A psychologist may have completed a master's degree, or if fully licensed, holds a doctorial degree from a university or a professional school, a Ph.D. (Doctor of Philosphy) or a Psy.D. (Doctor of Psychology), or an Ed.D. (Doctor of Education). Generally, if he or she is in clinical practice, the degree will be in Clinical Psychology. Psychologists treat mental and emotional disorders with psychotherapy. Clinical Psychologists also specialize in psychological testing and evaluation.

What is a psychologist?

منسّق:بلا تسطير

Psychologists study mental processes and human behavior by observing, interpreting, and recording how people and other animals relate to one another and the environment. To do this, psychologists often look for patterns that will help them understand and predict behavior using scientific methods, principles, or procedures to test their ideas. Through such research studies, psychologists have learned much that can help increase understanding between individuals, groups, organizations, institutions, nations, and cultures.

Like other social scientists, psychologists formulate theories, or hypotheses, which are possible explanations for what they observe. But unlike other social science disciplines, psychologists often concentrate on individual behavior and, specifically, in the beliefs and feelings that influence a person's actions.

Research methods vary with the topic which they study, but by and large, the chief techniques used are observation, assessment, and experimentation. Psychologists sometimes gather information and evaluate behavior through controlled laboratory experiments, hypnosis, biofeedback, psychoanalysis, or psychotherapy, or by administering personality, performance, aptitude, or intelligence tests. Other methods include interviews, questionnaires, clinical studies, surveys, and observation—looking for cause-and-effect relationships between events and for broad patterns of behavior.

Research in psychology seeks to understand and explain thought, emotion, feelings, or behavior. The research findings of psychologists have greatly increased our understanding of why people and animals behave as they do. For example, psychologists have discovered how personality develops and how to promote healthy development. They have gained knowledge of how to diagnose and treat alcoholism and substance abuse, how to help people change bad habits and conduct, and how to help students learn. They understand the conditions that can make workers more productive. Insights provided by psychologists can help people function better as individuals, friends, family members, and workers.

Psychologists may perform a variety of duties in a vast number of industries. For example, those working in health service fields may provide mental healthcare in hospitals, clinics, schools, or private settings. Psychologists

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Clinical Psychologists - who constitute the largest specialty - are concerned with the assessment, diagnosis, treatment, and prevention of mental disorders. While some clinical psychologists specialize in treating severe psychological disorders, such as schizophrenia and depression, many others may help people deal with personal issues, such as divorce or the death of a loved one. Often times, clinical psychologists provide an opportunity to talk and think about things that are confusing or worrying, offering different ways of

interpreting and understanding problems and situations. They are trained to use a variety of approaches aimed at helping individuals, and the strategies used are generally determined by the specialty they work in.

Clinical psychologists often interview patients and give diagnostic tests in their own private offices. They may provide individual, family, or group psychotherapy and may design and implement behavior modification programs. Some clinical psychologists work in hospitals where they collaborate with physicians and other specialists to develop and implement treatment and intervention programs that patients can understand and comply with. Other clinical psychologists work in universities and medical schools, where they train graduate students in the delivery of mental health and behavioral medicine services. A few work in physical rehabilitation settings, treating patients with spinal cord injuries, chronic pain or illness, stroke, arthritis, or neurological conditions. Others may work in community mental health centers, crisis counseling services, or drug rehabilitation centers, offering evaluation, therapy, remediation, and consultation.

Areas of specialization within clinical psychology include health psychology, neuropsychology, geropsychology, and child psychology. Health psychologists study how biological, psychological, and social factors affect health and illness. They promote healthy living and disease prevention through counseling, and they focus on how patients adjust to illnesses and treatments and view their quality of life. Neuropsychologists study the relation between the brain and behavior. They often work in stroke and head injury programs. Geropsychologists deal with the special problems faced by the elderly. Work may include helping older persons cope with stresses that are common in late life, such as loss of loved ones, relocation, medical conditions, and increased care-giving demands. Clinical psychologists may further specialize in these fields by focusing their work in a number of niche areas including mental health, learning disabilities, emotional disturbances, or substance abuse. The emergence and growth of these, and other, specialties reflects the increasing participation of psychologists in direct services to special patient populations.

Often, clinical psychologists consult with other medical personnel regarding the best treatment for patients, especially treatment that includes medication. Clinical psychologists generally are not permitted to prescribe medication to treat patients; only psychiatrists and other medical doctors may prescribe most medications. (See the statement on physicians and surgeons elsewhere in the Handbook.) However, two States - Louisiana and New Mexico - currently

allow appropriately trained clinical psychologists to prescribe medication with some limitations.

Counseling Psychologists advise people on how to deal with problems of everyday living, including problems in the home, place of work, or community, to help improve their quality of life. They foster well-being by promoting good mental health and preventing mental, physical, and social disorders. They work in settings such as university or crisis counseling centers, hospitals, rehabilitation centers, and individual or group practices. (See also the statements on counselors and social workers elsewhere in the Handbook.)

School psychologists work with students in early childhood and elementary and secondary schools. They collaborate with teachers, parents, and school personnel to create safe, healthy, and supportive learning environments for all students. School psychologists address students' learning and behavioral problems, suggest improvements to classroom management strategies or parenting techniques, and evaluate students with disabilities and gifted and talented students to help determine the best way to educate them.

They improve teaching, learning, and socialization strategies based on their understanding of the psychology of learning environments. They also may evaluate the effectiveness of academic programs, prevention programs, behavior management procedures, and other services provided in the school setting.

Industrial-Organizational Psychologists apply psychological principles and research methods to the workplace in the interest of improving the quality of worklife. They also are involved in research on management and marketing problems. They screen, train, and counsel applicants for jobs, as well as perform organizational development and analysis. An industrial psychologist might work with management to reorganize the work setting in order to enhance productivity. Industrial psychologists frequently act as consultants, brought in by management to solve a particular problem.

Developmental Psychologists study the physiological, cognitive, and social development that takes place throughout life. Some specialize in behavior during infancy, childhood, and adolescence, or changes that occur during maturity or old age. Developmental psychologists also may study developmental disabilities and their effects. Increasingly, research is

developing ways to help elderly people remain independent as long as possible.

Social Psychologists examine people's interactions with others and with the social environment. They work in organizational consultation, marketing research, systems design, or other applied psychology fields. Many social psychologists specialize in a niche area, such as group behavior, leadership, attitudes, and perception.

Experimental or Research Psychologists work in university and private research centers and in business, nonprofit, and governmental organizations. They study the behavior of both human beings and animals, such as rats, monkeys, and pigeons. Prominent areas of study in experimental research include motivation, thought, attention, learning and memory, sensory and perceptual processes, effects of substance abuse, and genetic and neurological factors affecting behavior.

Forensic Psychologists use psychological principles in the legal and criminal justice system to help judges, attorneys, and other legal professionals understand the psychological findings of a particular case. They are usually designated as an expert witness and typically specialize in one of three areas: family court, civil court, and criminal court. Forensic psychologists who work in family court may offer psychotherapy services, perform child custody evaluations, or investigate reports of child abuse. Those working in civil courts may assess competency, provide second opinions, and provide psychotherapy to crime victims. Criminal court forensic psychologists often conduct evaluations of mental competency, work with child witnesses, and provide assessment of juvenile or adult offenders.

What is a Psychoanalyst?

Graduate Psychoanalysts are licensed mental health professionals who have completed four to five years of additional post-graduate course-work, obtained clinical supervision from qualified psychoanalysts on multiple training cases while undergoing his or her own personal analysis. Immersion in such a program deepens one's awareness and respect for the human psyche, and enriches one's understanding of the influence of both the conscious as well as unconscious mind.

Psychoanalysis fosters deep appreciation for the power of the internal world as a resource for change and healing, the outcome of which is often a deep sense of connection with humanity and a greater understanding of the human condition. Most analysts are committed to their own personal and professional growth and recognize the complexity and uniqueness of each individual with whom they work. Psychoanalytic Institutes offer some of the most rigorous, intensive and profound training programs available to mental health clinicians. Whether you choose to come for psychotherapy, couples' counseling, or psychoanalysis, you get the advantage of my training.

Psychoanalysis and psychoanalytic therapy are unique forms of intensive psychotherapy that foster personal development and liberation from unsatisfying or painful patterns of living. In pursuit of those goals, the individual in a psychoanalytically informed therapy and the therapist work together in close collaboration. They pay careful attention to the interactions of personal and interpersonal experience, of past and present, of body and mind, of fantasy and reality. It is expected that such an in-depth exploration can set in motion a process of personal transformation.

People seek psychoanalytically informed treatment for many reasons. Some want help with specific emotional problems like depression, anxiety, or stress or are seeking to come to terms with a painful or traumatic personal history. Others may feel stuck in distressing patterns that prevent them from feeling satisfied, from feeling connected with others, or from finding meaning in their lives. Many people simply desire a deeper self-understanding or greater creativity in their personal lives.

The process of psychoanalysis depends on the establishment of a safe, confidential, and collaborative therapeutic relationship.” The frequency of sessions is one of the differences between psychotherapy and psychoanalysis.

In therapy one can expect to meet once to twice weekly, whereas psychoanalysis is often three to five times a week. “Frequent sessions allows the patient’s dilemmas to come to life in the intricacies of the psychoanalytic relationship.

Patient and therapist work together to understand the meaning of the patient’s emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love, and creativity.

Many individuals find that the use of an analytic couch allows them to speak more freely about their most personal concerns and to access unconscious experience. For others, the experience of a face-to-face dialogue seems essential to the unfolding of the therapeutic process.

The psychoanalytic process weaves a complex tapestry in which therapist and patient can explore the rich and intricate texture of human relationship. This process can be expected to unfold over a considerable period of time. A decision to enter into a psychoanalytically informed treatment represents a mutual agreement between patient and therapist. Decisions about the frequency of sessions needed to sustain the process are reached jointly.

….psychoanalytic tradition and technique are valuable resources for understanding the psychological processes of personal development and social interaction. Contemporary psychoanalysis draws on a vast body of knowledge–both within psychoanalysis and across disciplines–to understand their patients compassionately and to respond effectively to the broader communities in which they live and work.

Psychoanalysis is also engaged in dialogue with other disciplines like science, history, philosophy, gender studies, visual arts, literature, poetry, music, and film. As an evolving domain in its own right, psychoanalysis continues actively to address a wide range of current issues, such as changing social structures, individual alienation, identity and diversity, political violence, and emerging cultural realities. In addition, there has been a long tradition of reciprocal influence between psychoanalysis and psychological research, especially in the areas of human development, cognitive science, and social psychology.

What is the difference between psychotherapy and Psychological Advising?

This is a question for which there is no clearly defined answer. So I'll tell you what I believe most have traditionally seen as the difference. The differences are reflected in the range of problems that are treated.

Psychological Advising is considered to be of a short term duration and more proactive in dealing with the effects of a problem. Let's say you're in an abusive relationship. An advisor might help you extricate yourself from the relationship and help you get set up in a better living situation. She might offer suggestions for support groups, or recommend agencies who deal with special housing needs or alternative funding sources for education.

An advisor also makes very specific recommendations based on the problem you are addressing. So a career advisor might recommend doing some information interviews. or an addictions counselor might help you identify specific tasks associated with a 12 step program.

Psychoherapy might also include the above elements but the pace of the therapeutic process is usually slower. In the example above, a therapist would help you to identify the pattern in your relationships and promote changes within you so you are at less risk for finding yourself in the same situation in the future. The root of the problem might stem from a poor sense of self worth but the effect of the problem is a bad relationship.

There is considerable overlap between the two professions. Some advisors do deep therapeutic work, and quite a few psychotherapists do short term work. Neither profession requires a specific level of education.

How does Psychological Advising help?

Psychological Advising can help in a number of different ways: with emotional functioning; behavioural functioning; relationship management and communication; goal setting and pursuit; refining problems; identifying solutions; promoting efficient and effective actions; and so on.

Outcomes can include that the client...:

1. ...thinks more clearly, or to better effect;

2. ...manages their emotions better, in that they no longer over-emote, nor under-emote, relative to their environmental situations;

3. ...behaves more effectively at home and at work;

4. ...feels happier; more alive; more integrated; more in control; more goal oriented; and so on.

I do not deal with "severe mental disorders", like major depression, schizophrenia, extreme bipolar disorder, and so on.

I deal with a range of client goals which have been classified as "remedial, developmental and growth (goals)"

1. **"Remedial goals focus on helping clients overcome deficiencies in normal functioning. Such clients, who form a minority of the population, may be anywhere from severely to moderately disturbed in their ability to function effectively". For example, about one third of the population will apparently suffer from anxiety or depression at some time in their lives; and more than a quarter of my clients tend to come from this group. In my experience, most of those who have come to see me can quickly get over problems of anxiety and/or depression (or anger/rage) with a few sessions of cognitive-emotive psychological advising.**
2. **2. "Developmental goals focus on the needs of (people who are not part of) the more disturbed minority". (However, in my [JB's] experience, virtually all of my clients are somewhat disturbed, or disturbable, and all of them are seeking some kind of help with 'problems of daily living'; and, though some may have goals that are more remedial, and some**

may be more developmental, the differences between them is not huge). Such goals may focus on preventing negative outcomes and on promoting positive changes associated with developmental tasks at various stages over the life-span: for instance, making friends at school, leaving home, finding a partner, establishing a career, raising children and adjusting to old age. Growth goals focus on helping clients attain higher levels of functioning than the average". More than half of my clients fit into this group of people who are seeking to satisfy developmental goals - often in connection with relationships, or careers, or life challenges.

3. "Growth goals focus on helping clients attain higher levels of functioning than the average". Less than a quarter of my clients tend to come from this group.

Overall, my perception is that most of my clients come to me with a mixture of remedial goals and developmental goals; and we can quickly clarify their goals, and they can quickly achieve them too, in just a few sessions of cognitive advising. (That means, they leave me with a solution in hand, which they must continue to implement over the medium to long term, in order to sustain their advice

منسّق:الخط: (افتراضي) Roman weN semiT، 14 نقطة، خط اللغة العربية وغيرها: weN semiT Roman، 14 نقطة

- **Addresses psycho social elements related to sexual and reproductive health**
- **Improves health**
- **Increases acceptance**
- **Reduces conflicts and helps client make decisions**
- **Removes misconceptions**
- **Promotes effective compliance with treatment of reproductive health**
- **Increases client satisfaction**
- **Improves self esteem and confidence**

منسّق:الخط: (افتراضي) Roman weN semiT، 14 نقطة، خط اللغة العربية وغيرها: weN semiT Roman، 14 نقطة

- **Improves quality of life**

منسّق:الخط: Roman weN semiT، 14 نقطة، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

Outcomes or results of Psychological Advising and therapy

منسّق:الخط: Roman weN semiT، 14 نقطة، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

The main benefits that clients gain from psychological advising and therapy in general include the following:

منسّق:الخط: Roman weN semiT، 14 نقطة، غامق، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

منسّق:الخط: Roman weN semiT، 14 نقطة، غامق، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

1. A listening ear. We all know that a problem shared is a problem halved. And being listened to by a professional advisor can help you to clarify for

منسّق:الخط: Roman weN semiT، 14 نقطة، غامق، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

yourself exactly what is bothering you, and what your goals are in relation to that clarified problem.

2. Reassurance: When you consult a reputable advisor and talk about your problems, you can feel very reassured that your situation is probably not as hopeless as you had thought.

3. Appropriate advice: If you go to a cognitive advisor you will get advice on how to improve your situation by changing some specific aspect of your thinking, or your behaviour. When you change your thinking and behaviour, your emotions tend to fall in line.

If you consult me you will get all three of those benefits: a listening ear; reassurance; and appropriate advice. In addition, I will help you to:

- **1. Identify what went wrong in your past.**
- **2. Understand how that has affected you.**
- **3. And to complete your experience of what went wrong, so you can digest it and let it go.**

I will also provide you with written materials that provide detailed background information of how particular emotions are created, and how to manage and reduce them; how behaviour is related to thinking; and so on.

You will also get an attentive relationship of care and consideration.

Here are a further eight aims and benefits of psychologycal advising,

1. Insight into how emotional disturbances are caused, and how to think your way out of emotional difficulties.

2. Developing the ability to relate better to significant others - to develop relationship skills.

3. Becoming more aware of your own thoughts and feelings, so you can manage them better.

4. Learning to accept yourself with all your faults and frailties as being okay and acceptable.

منسّق:الخط: Roman weN semiT، 14 نقطة، غامق، لون الخط: Text 1، خط اللغة العربية وغيرها: 14 نقطة

5. Developing solutions to specific problems, and becoming a more effective problem solver.

6. Learning psychological models to understand and control your behaviour.

7. Learning how to identify and change irrational beliefs, or faulty lenses through which you view your world.

8. Learning how to identify and change maladaptive or self-defeating behaviours.

How is a Psychological Advisor Trained?

Once you decide to become a Psychological Advisor, you'll need to understand the differences between the many specialty areas in advising.

Read on to learn about fields of psychological advising you can earn your degree in, including mental health advising, school advising, community advising, rehabilitation advising, substance abuse advising, guidance advising and vocational advising.

How to Become an Advisor: Find a Specialty

- **Mental Health Advisors help people cope with emotional and mental trauma such as depression, stress, addictions and substance abuse.**
- **Rehabilitation Advisors help people deal with the personal, social, and vocational effects of disabilities.**
- **School Advisors are trained to facilitate the academic, personal/social, and career development of children and young adults in school settings.**

Psychologist vs. Advisor

Both psychologists and advisors help people cope with emotional stress, but licensed clinical, counseling, or educational psychologists must have a doctorate in psychology, which requires 5-to-7 years of postgraduate work. More than half of licensed advisors have master's degrees.

Become an Advisor: Job Description

Once you become an advisor, you'll generally divide your time between advising patients, researching mental health issues and analyzing patient conditions. You'll work with people who are suffering from a wide variety of conditions ranging from career and stress management issues to more serious conditions like chemical addiction and suicidal depression.

Marriage and family therapists use therapeutic techniques to treat individuals, family groups, or couples. They are concerned with modifying behavior and enhancing communication and understanding among all family members. Some MFTs use psychotherapy of a non-medical nature, referring patients to psychiatrists for medication.

Different Types of Therapists

- **Clinical psychologists (PhD, EdD, or PsyD): Trained in psychological theories and methods.**
- **Psychiatrist (MD): Trained medical doctor with a specialty in psychiatry. Emphasis on the biological causes of mental disorders. Treats patients with medication.**
- **Psychoanalyst (MD or PhD): Trained in psychoanalysis.**
- **Licensed Social Worker (LSW/MSW- MS, MA, PhD): LSWs have supervised internship requirements similar to psychologists.**
- **School Psychologist (MA, MS, EdS): Trained in psychology with an education and child development emphasis.**
- **Marriage, Family, and Child Counselor (MFT, MFCC- MA, MS):Training in psychology or social work.**

Become an Advisor: Education & Training

Most Advisors have a post-bachelor's graduate degree (MA or PhD) from a Council for Accreditation of Advising and Related Educational Programs (CACREP) accredited program. However, some alcohol and other drug abuse (AODA) counselors may only need an associate's degree to practice.

Coursework generally includes psychology, sociology, child development, statistics, in addition to research and advisory techniques. After receiving your degree you'll need at least two years of clinical training.

What qualities are needed for a competent Psychological Advisor Trainee?

Qualities and attitudes of an effective advisor:
The advisor can learn the skills by practice and observation but in order to become an effective
advisor it is essential to have certain qualities which can make the client feel comfortable and confident to work for self development.
Following are some of the practical qualities and attitude required for successful Advising:

- **Understands and respects the client's rights.**
- **Demonstrates patience and tolerance.**
- **Has vast knowledge about human behaviour and issues concerning the clients.**
- **Earns the client's trust by showing genuine interest.**
- **Understands the cultural and emotional factors that affect a client.**
- **Uses non judgmental approach.**
- **Listens actively.**
- **Understands the effects of non- verbal communication.**
- **Recognizes his/her limits and is willing to make referrals when needed.**

Being in touch with your potential exercise

30 minutes

This activity helps the trainees to discover their own achievements which are usually ignored in one's day to day life.
Divide the participants in 3-4 groups.
Instruction:
Each one of you should make a list of up to 50 things you have accomplished in your life- up to 50 things you have learned or done well. Begin with the things you've done recently. Then share it with your group. You
will find yourself jotting down forgotten memories, surprising yourself with activities from your childhood.
Share your experiences with the small group and one of the representatives should present the group outcomes with the larger group.

Body Mapping exercise
45 – 60 minutes

The outcome of this activity will be improved self esteem, awareness of one's self and others, socially appropriate feedback and team work.
Material: Large roll of paper, scissors, markers
Preparation and Procedure:
Participants should lie down on a piece of paper that is as big as their body size. They are encouraged to lie in the position in which they are most comfortable. Their body is outlined by another participant, and then this outline is cut out.
Participants are then asked to write their first name, and draw a picture or write a word that best describes what they feel is their most positive attribute. Other participants then 'make rounds' around the room, writing something POSITIVE that they feel or know about that person. All the groups come together to review how this activity helped.
Please Note: This activity can be modified as per the availability of time and group size. In a group size of more than 20, participants can be divided into smaller groups and one cut out can be made for each group by requesting any one to be a volunteer. Participants as a group could contribute and build a story of an imaginary person by writing the attributes on the cut out and then present it to the large group.

Promoting Self-Worth Exercise
60 min

The objective of this activity is to identify self strengths for enhancing self esteem.
Materials: Magazines, scissors, glue, paper, markers, pencils
Preparation and Procedure
Introduce the group to advertisements. Talk about their purpose and the method in which
advertisements get the message across- visually and with words.
Advertisements promote positive aspects of a product, the finer qualities. They also persuade a person into buying the product. The individual's task in this project is to come up with an advertisement persuading someone to be their friend. Individuals should depict positive aspects of themselves through pictures, words, or a combination of the two.
If an individual has a difficult time thinking of reasons someone would want to be their friend, have them think of characteristics they look for in a friend.

At the end of the session, have participants share advertisements with one another. Let other participants confirm the positive qualities of the presenter.

<u>Recognising your qualities exercise</u>

30-40 minutes

This exercise helps the trainees to introspect about their uniqueness and qualities. Additionally, one proceeds to prepare an action plan for self enhancement.
Divide the participants into pairs. Ask them to work on the given worksheet and complement their partner during the exercise.

Worksheet:
The words I would use to describe the negative aspects of my personality:

1. _____ The feeling I experience most.
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____ The feeling I experience the least.

After filling the above worksheet the partners should sit together and the following questions
should be asked to one another:

■ Give reasons, why you chose those words to describe yourself.
■ Think of situations where you experience the negative aspects of your personality.
■ Spend time thinking how you could change the negative to positive.
■ How can you fullfil your expectations by changing your self talk?
Similarly as a second step, one should identify the self valued associates. The best way is to choose the words from the internal self talk and put them in a serial order:

Worksheet

The words I would use to describe the positive aspects of my personality:

1. _____ My most positive quality.
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____ My least positive quality.

After filling the above worksheet the partners should sit together and the following questions should be asked to one another:

■ Give reasons, why you chose those words to describe yourself.
■ Think of situations where you experience the positive aspects of your personality.
■ Spend time thinking about the feelings associated with the above experience.
■ How can you spend more time by thinking and self talking about your good qualities and accordingly prepare a work plan?

What approaches are there in Psychological Advising?

Types of Advising:
There are different models of advising which can be used by the advisors. However, one has to select the method as per the needs and issues related to the problems:

■ Psycho Educational Model:

Involves active listening, encourages client participation, helps remove misconceptions.
In this technique, the advisor uses directive methods for helping and provides information related to the issues for enhancing understanding of the clients. The advisor focuses on the needs of the client and spends time for understanding the needs for which active listening, empathy and effective communication skills are used.
E.g.: In contraception advising, girls and women often have myths and misconceptions about contraception. According to the above model, the advisor should inquire what the main problem is, and listen without bias or forming any conclusions. The advisor should then scientifically educate the client about the benefits and limitations of all contraceptive methods, offer different types of family planning methods and provide the client the freedom to choose.

■ Behaviour Therapy:

Issue focused, solution oriented, helps client arrive at own decision.

Behaviour therapy focuses on changing behaviour for a target or issue. Steps are explained and process is discussed with the client with some focused outcomes.

E.g.: A depressed person can be helped in understanding how change in behaviour leads to change in feeling.
Some techniques are:
Self monitoring: Keeping a detailed log of activities so that the advisor knows what the client is doing the whole day.
Schedule of new activities: This is where the client and advisor work together to develop new activities that will provide the client with chances for positive experience.

Role playing: The advisor and client practice with each other how to face a social situation.

■ Supportive Therapy:

Advisor is used in dealing with acute crisis issues. Helps build motivation and break down resistances. It allows building of close and supportive relation between the counsellor and client.
In the time of crisis which may result from gender based violence, knowing HIV status, early marriage, unmarried and adolescent pregnancies, exposure to sexual violence, are some of the examples where supportive therapy can be used. The advisor 'supports' the client's ego and gives her/him the resource tools to help and deal with the difficulty
E.g.: A woman with home based violence is reminded of similar past situations where she was able to handle the task effectively and felt her skills were successful. Those self- skills can be discussed to develop confidence for dealing with the current situation effectively.

■ Cognitive Therapy:

It helps the client to uncover and alter distortion of thoughts and perceptions which cause psychological problems. The advisor guides the client to change maladaptive thoughts to adaptive ones.
Cognitive therapists work with the person to challenge his/her thinking pattern. The therapist or advisor helps the client to review the situation from another perspective. The client works on alternative ways of viewing a situation and ultimately the thoughts change from maladaptive to adaptive mode.

■ Family Advising:

Family advising concentrates on the role of family for resolving the client's problem by involving
significant people in the family. The family members are given an active role to jointly review the
situation and make decisions for resolving the current issue or problems. It is problem focused and the advisor does not probe deeply to make in-depth analysis. The advisor focuses in the here and now of the situation and focuses on the problem from the interpersonal context.
■ Group Advising:

Cost effective, helps normalize and reduce negative feelings. Group advisor is most effective while working with people with similar problems e.g. women attending reproductive health clinics, individuals attending programmes for rehabilitation from alcohol and drug use and groups of other vulnerable population. In group advisor clients learn about themselves by interacting with others. They also come to understand that they are not alone in their problems. In addition, they learn social and communication skills that allow them to make better use of self-help programmes.

Challenges in Psychological Advising

The most important component of psychological advising is to achieve the advising goals by sustaining the motivation of the client for the behaviour change. The most compelling dilemma an advisor faces is high attrition rate of clients. Other challenges are overdependence of clients on the advisor, inability to follow up and maintain regular monitoring of advising outcomes. Advising sessions sometimes remain inconclusive and incomplete due to the following reasons:

- **Diverse cultural practices**
- **Touching on very sensitive issues without adequate background e.g. sexual practices which people are inhibited to open up**
- **Inadequate training for handling sex and sexuality**
- **Insufficient supervision**

Elements of Good Psychological Advising

Several agreed-upon elements are necessary to ensure effective advising:

Sufficient time:
Providing the client with adequate time is important from the very beginning. The Advisory process process cannot be rushed: time is necessary to build a helping relationship.

Acceptance:
Advisors should not be judgmental of clients, but rather should try to accept clients, regardless of their socioeconomic, ethnic, or religious background, occupation, or personal relationships.

Accessibility:
Clients need to feel they can ask for assistance or call on an advisor at any time. Advisors need to be available to clients at appropriate times and should have systems in place to respond to clients' needs as appropriate (e.g., provide services after hours or work during lunchtime on a rotating system).

Consistency and accuracy:
Information provided through advising should be consistent both in content and over time.

Confidentiality:
Trust is the most important factor in the counsellor-client relationship. Effective advising involves, trust, communication, empathy, understanding, and action.

Showing empathy:
The ability to empathize is one of the most essential advisory skills. Empathy involves identifying with the client, understanding their thoughts and feelings, and communicating that understanding to the client. Empathy requires sensitivity and a moment-by-moment awareness of fear, rage, tenderness, confusion, or whatever the client may be experiencing. To understand what the client is feeling, the advisor must be attentive to the client's verbal and nonverbal cues.

The advisor needs to ask himself/herself: "*What feelings is the client expressing?*" "*What experiences and behaviours underlie these feelings?*" "*What is most important in what the client is saying to me?*"
For example if the client is narrating an incident which has caused her/him a great emotional pain and the client is also crying A few words like ," *I can understand what you are going through* ", " *It is perfectly ok if you cry, it hurts when you have undergone such experience.*"
As discussed earlier reflection technique is a powerful technique to make a client feel that she/he has been accepted and understood.

Acknowledging difficult feelings:
The presence of difficult feelings is a substantial and unavoidable component of psychological advising. To help address difficult feelings, advisors should:

■ Be aware of their own feelings
■ Acknowledge clients' feelings and realities
■ Understand that it is not the advisor's job to take feelings away or to fix them
■ Articulate and respond to non-verbal messages
■ Normalize and validate clients' feelings

Offering acceptance:
For clients to be honest in describing their problems and concerns during advising, it is critical that he/she feel acceptance. The advisor can facilitate this by being non-judgmental and accepting, irrespective of socioeconomic, ethnic or religious background, occupation, or personal relationships.
Advisors should recognize feelings such as anger, sadness and fear in a direct, unemotional way, indicating in words and behaviour, "*Your feelings are very strong. I accept them, and I accept you.*"
Using a non-directive approach: Exploring options rather than issuing directives minimizes the chance a power struggle between the advisor and client. When discussing behaviour change, advisors should avoid such directive statements as, "*You have to use a condom every time you have sex!*"
Instead they can put responsibility in the client's hands by asking, for instance, "*What do you think you could do to protect yourself?*"

The Advisor's Self-Awareness and It's importance

It is useful for advisors to assess their own needs and feelings continually and discuss them with peers and supervisors. The following questions will aid advisors in increasing self-awareness:

■ 'Do I feel uncomfortable with a client or with a particular subject area?' Often, advisors are uneasy with a certain type of client, or with controversial subjects such as drugs or sex. It is important for advisors to recognize this discomfort and decide on an honest approach to deal with it. If an advisor feels he/she cannot overcome an issue, the client should be referred to another advisor.

■ 'Am I aware of my own avoidance strategies?'

It is important for advisors to recognize when they avoid certain topics. Advisors aware of their own avoidance strategies can say to themselves, "This seems to be really bothering me. I'd better figure out what's going on so that I can really be helpful to this client." Advisors unaware of their own avoidance strategies will not be able to serve the client properly because they will skip over important topics.

■ 'Can I be completely honest with the client?'

Advisors want to be liked and accepted like most people. Advisors who have a strong need to be liked may offer reassuring, supportive responses too often, thereby diminishing the clients' ability to develop responsibility and independence. Thus, it is important that advisors are able to say things the client may not like, to ensure that the client has the right information. By agreeing with the client when he or she should differ, the advisor gives the false impression that the client is on the right track.

'Do I always need to be in control of the situation?'

While advisors may prefer a degree of structure and direction to achieve goals and objectives, it is also important to pay attention to how they feel when a client disagrees or wants to pursue a different topic. For example, there may be times when the advisor wants to change the approach but the client refuses. Instead of feeling angry or rebuffed, the advisor should try to accept the client's feelings and propose alternatives. Responsive listening is a safeguard against controlling. Through self-reflection, advisors must learn to distinguish clearly between themselves and their clients, between what "belongs" to the advisor and what 'belongs' to the client.

Self –Esteem and it's importantce

Self esteem has an influence over the way we feel about ourselves as well as others. A high self esteem enables the individual to deal confidently with issues in non-threatening ways, build healthy relationships and find success in various aspects of life. An individual with high self esteem is confident, dynamic, appreciative, achievement-oriented, content and open to change. On the contrary, research has shown that low self esteem is linked with feelings of hopelessness and suicidal tendencies. If one does not value or cherish oneself, then there is no incentive to protect or work for the progress of that self.

Self esteem is essential for psychological survival. Numerous definitions of self esteem have been proposed depending on the particular focus. In its broadest sense, self esteem refers to one's sense of self worth. It is related to concepts of self concept (of which self esteem is a subset) and self efficacy (which translates self esteem into willingness to act and confidence in gaining an expected outcome).
Self esteem basically is a driving force built within the individual. Generally speaking what we think about our self constitutes self esteem. If our self talk consists of encouraging contents (e.g. I like myself as I am, I can do it, I am worth it, I am confident, I am capable, I am sure of myself, I am presentable, I look beautiful/handsome, I like my friends and associates, everyone loves me and I am so lucky), we have high self esteem. If we have discouraging self concept (e.g. I am not very talented. I don't have sufficient skills, I don't have confidence, I can't make my decisions, I need to be helped, I am not being loved, I am not good looking and I am not OK), one suffers from low self esteem.

A healthy self esteem is based on:

■ An ability to assess the self accurately
■ An ability to accept and value the self unconditionally.
■ Realistically acknowledge strengths and limitations
■ Accepting the self as worthy and worthwhile without conditions or reservations.

How does Low Self Esteem Develop?

No one is born with low self esteem. Just like many other attitudes and beliefs, low self esteem builds up with one's experiences and with the process of evolution. In other words, judgments about our self worth are learned. Learning comes from many sources – direct experiences e.g. success and failures, observation, media, listening to what people around us say and watching what they do. Generally it is believed that early experience and some of later life experiences contribute to your thinking about you as a person and self perception.

Some of the early experiences contributing to self image are:

- **Early childhood shaping through reward and punishment.**
- **Parental dispute and inconstancies in disciplining.**
- **Controlled parenting and failing to meet parental expectation.**
- **Comparison with other siblings or peers.**
- **School pressure and neglect by teachers.**
- **Peer pressure and inability to live up to their expectation.**
- **Belonging to a social group which is the focus of prejudice.**
- **Lack of acceptance by siblings and peers.**

Some late experiences are:

- **Exposure to traumatic experience.**
- **Workplace stressors.**
- **Competition and detrimental interpersonal relationship with colleagues.**
- **Marital conflicts and family disputes.**
- **Mid age crisis.**
- **Mental illness.**

Impact of Life Experiences on your Self Talk

The interaction with significant others from the family or outside during the developmental phase
contributes to one's self image, self concept, self perception, self acceptance, self worth, self respect, self confidence and other corollaries. The bottom line e.g. the conclusions, judgments and views about oneself are established.

Some of the samples from self talk are:

■ I am bad and awful
■ I am not capable
■ I can't do it
■ I am a burden on others
■ I am not worthy
■ I am stupid
■ I am ____.

The Impact of Self Criticism

People with low self esteem are hard on themselves. People with low self esteem criticize themselves for all the things they should be doing and also for all the things they should not be doing. They live with the conviction that 'I am not ok, you are ok.'

Generally speaking self criticism paralyzes you and blocks your ability to learn new things as yourself talk will be 'I can't do it,' 'I am not capable' etc.

Following are the ways, we criticize ourselves:

■ We compare ourselves unfavorably with other people.
■ We degrade ourselves by sweeping comments rather than being specific e.g. 'I am not good' rather than 'I am not good at ____'.
■ We say to ourselves, 'I am not worth it but you are'.

We believe that other people have a right to exist but not me/us.
■ We believe what other people say to us.
■ We rely too much on others approvals, such as our peers.
■ We believe that our success is due to luck, while other people's success is due to ability.
■ We believe that being submissive and passive is culturally appropriate.
■ We believe that people in authority are always right

The advisor can help the client to identify self critical thoughts as a first step towards modifying their inner world. Given below is the chart to assist the client to prepare a log for the identification of self critical talks and association reaction at behaviour level.

Importance of knowing how to self talk as the first step for changing your beliefs and behaviour

Low self esteem distorts judgments about self perception. The knowledge about one's self critical thinking is the first step in helping to modify one's belief system which leads to formation of strong convictions. It is not necessary that self perception and reality are at the same level.

Steps and techniques to refute and modify self talk

Once the bottom line is understood and the individual is aware of self defeating ideas, the advisor can take further steps to alter the self talk and inner messages, which will bring about behaviour changes.
The first step an advisor should take is to identify the self negating associates. The best way is to ask the client to choose the words from the internal self talk and put them in a serial order:

The words I would use to describe the negative aspects of my personality:

1. _____ The feeling I experience most.
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____ The feeling I experience the least.

Following questions should be asked after completing the above exercise.

■ Give reasons, why you chose those words to describe yourself.
■ Think of situations where you experience the negative aspects of your personality.
■ Spend time thinking how you could change the negative to positive.
■ How can you fulfill your expectations by changing yourself talk?

How can a Psychological Advisor Develop Self-Awareness?

To develop self awareness, an advisor counsellor can use the following strategies:

Self-disclosure:
Sharing something about one's self the other person doesn't know is self disclosure. The advisor should be encouraged to form a peer group where they could have a platform for self disclosure and peer support for enhancing their advising skills.

Introspection:
Reflecting one's own feelings and reactions with either peers or seniors is another method to be aware of their own knowledge, attitudes and exceptions. Workshops and meetings for self-searching initiatives are forums which gives one an opportunity to look within and develop oneself for better performance.

Accepting feedback:
As an ongoing activity learning from others how one's behaviour affects them, is the best method of self awareness. Occasional surveys, responses from clients about satisfaction of services and developing systems for monitoring of services would facilitate feedback at individual or at service delivery levels.

Who needs psychological advising?

There isn't just one category of client who can benefit from it. Mainly people who have subjected to trauma.

Understand the impact of trauma on the wellbeing of individuals attending reproductive health/family planning clinics :

■ Learn the signs and symptoms of trauma through case discussion and experience sharing
■ Practice the techniques of trauma counselling by role play, activities and demonstration

Introduction:

'Trauma' has both a medical and a psychiatric definition. Medically, 'trauma' refers to a serious or critical bodily injury, wound, or shock. In psychiatry, 'trauma' has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects.
The word trauma brings to mind the effects of such major events as war, rape, kidnapping, abuse, or surviving a natural disaster. The emotional aftermath of such events, recognized by the medical and psychological communities, and increasingly by the general public, is known as Post-Traumatic Stress Disorder (PTSD). Now there is a new field of investigation 'emotional or psychological trauma.'
Trauma and abuse are correlated. Abuse could be emotional, physical or sexual by nature.
Trauma begins with an event or experience that overwhelms an individual's normal coping mechanism. Trauma is any stressor that occurs in a sudden and forceful way and the experience is overwhelming. Women who have experienced traumatic events describe feelings of intense fear, helplessness, and horror).

What is Emotional or Psychological Trauma?

The ability to recognize emotional trauma has changed radically over the course of history. Recent research has revealed that emotional trauma can result from such common occurrences as an auto accident, the breakup of a significant relationship, a humiliating or deeply disappointing experience, the discovery of a life-threatening illness or disabling condition, or other similar situations. Traumatizing events can take a serious emotional toll on those involved, even if the event did not cause physical damage.

Women and Trauma

Compared to men, women are more likely to be exposed to physical abuse, rape, sexual molestation, childhood parental neglect and childhood physical abuse. Although women are at greater risk for negative consequences following traumatic events, many often hesitate to seek mental health treatment. Survivors often wait for years to receive help, while others never receive treatment at all.
Untreated post-traumatic symptoms not only have tremendous mental health implications, but can also lead to adverse effects on physical health. Female survivors may encounter physical symptoms including headaches, gastro-intestinal problems, and sexual dysfunction.
Although the mental and physical symptoms of post-traumatic stress can be quite debilitating, trauma is often undiagnosed by health professionals due to a lack of training, time, and resources.

Responses to Trauma

How can an event cause an emotionally traumatic response in one person and not in another? There is no clear answer to this question, but it is likely that one or more of these factors are involved:

■ The severity of the event (e.g., A woman who has been raped may be more traumatized than a woman who has been verbally abused)
■ The individual's personal history (e.g., A person who was abused as a child will experience more distress if she has a violent husband who also abuses her. Her coping skills will be different as compared to a non abused woman)
■ The larger meaning the event represents for the individual (which may not be immediately evident.)

e.g., An individual who has seen a car crash may experience more symptoms than say a person who was abused. This is because the individual who has witnessed the crash may have unresolved issues of the past and poorer coping skills.

■ Coping skills, values and beliefs held by the individual. Some individuals have temperaments and personalities which make them more dependent or which make them more aggressive. In these cases their response to trauma may be entirely different as compared to another individual with a more stable personality profile.

■ The reactions and support from family, friends, and/or professionals Anyone can become traumatized. Even professionals, who work with trauma, or other people close to a traumatized person, can develop symptoms of 'vicarious' or 'secondary' traumatization. Developing symptoms is never a sign of weakness. Symptoms should be taken seriously and steps should be taken to heal, just as one would take action to heal these symptoms from a physical ailment. And just as with a physical condition, the amount of time or assistance needed to recover from emotional trauma will vary from one person to another.

What are the Symptoms of Emotional Trauma?

There are common effects or conditions that may occur following a traumatic event. Sometimes these responses can be delayed, for months or even years after the event. Often people do not initially associate their symptoms with the precipitating trauma. The following are symptoms that may result from a more commonplace, unresolved trauma, especially if there were earlier, overwhelming life experiences:

Physical

- **Eating disturbances (more or less than usual)**
- **■ Sleep disturbances (more or less than usual)**
- **■ Sexual dysfunction**
- **■ Low energy**
- **■ Chronic, unexplained pain**
- **■ Fatigue, headache and exhaustion**
- **■ Gastrointestinal distress**

- **■ Somatic complaints**
- **■ Infertility**
- **■ Impotency**
- **■ Change in menstrual cycles**
- **■ Increased risk of blood pressure and diabetic mellitus**
- **■ Decreased resistance to infections**

Emotional

- **Depression, spontaneous crying, despair and hopelessness**
- **Anxiety**
- **Panic attacks**
- **Fearfulness**
- **Compulsive and obsessive behaviours (repetitive behaviour which one tries to**
- **control but is unsuccessful, and leads to anxiety)**
- **Feeling out of control**
- **Irritability, anger and resentment**
- **Emotional numbness**
- **Withdrawal from normal routine and relationships**

Cognitive

- **Memory lapses, especially about the trauma**
- **Decreased ability to concentrate**
- **Confusion**
- **Disorientation**
- **Recurring dreams or nightmares regarding traumatic events**
- **Precipitations with traumatic events**
- **Trouble in attention, concentration and remembering things**
- **Difficulty in decision making**

Social

- **Isolated from society**
- **Disturbed marital and family life**
- **Difficulty to perform his or her job and education**
- **Poor interpersonal relationship**

- **Economical problems**
- **Addictive behaviour which effect client's social life**

Behavioural

- **Sleep problems**
- **Crying or weeping**
- **Avoiding reminders**
- **Restlessness and irritability**
- **Difficulty in assertiveness**
- **Increased conflicts with family members**
- **Anger**
- **Addiction**
- **Unsafe sexual behaviour**

Emotional Numbing and Avoidance

- **Amnesia**
- **Avoidance of situations that resemble the initial event**
- **Detachment**
- **Depression**
- **Guilt feelings**
- **Grief reactions**
- **An altered sense of time**

Phases of Traumatic Reactions

■ Warning of Threat
■ Impact:
During the impact phase, some people respond in a way that is disorganized and are stunned, and they may not be able to respond appropriately to protect themselves. Such disorganized or apathetic behaviour may be transient or may extend into the post disaster period, so that people may be found wandering helpless in the devastation afterwards. These reactions may reflect cognitive distortions in response to the severe disaster stressors and may for some indicate a level of dissociation.

■ Rescue or Heroic:

Emotional reactions will be variable and depend on the individual's perceptions and experience of the different stressor elements noted earlier. Necessary activities of the rescue phase may delay these reactions, and they may appear more as the recovery processes get under way.

Reactions may include:

- **Numbness**
- **Denial or Shock**
- **Flashbacks and Nightmares**
- **Grief Reactions to Loss**
- **Anger**
- **Despair**
- **Sadness**
- **Hopelessness**

Conversely, relief and survival may lead to feelings of elation, which may be difficult to accept in the face of the destruction the disaster has wrought.

■ Reconstruction and Recovery:
The recovery phase is the prolonged period of adjustment or return to equilibrium that the community and individuals must go through. It commences as rescue is completed and individuals and communities face the task of bringing their lives and activities back to normal.
A disillusionment phase may soon follow when the disaster is no longer on the front pages of newspapers, organized support starts to be withdrawn, and the realities of losses, bureaucratic constraints, and the changes wrought by the disaster must be faced and resolved.

What are the Possible Effects of Emotional Trauma?

Even when unrecognized, emotional trauma can create lasting difficulties in an individual's life. One way to determine whether an emotional or psychological trauma has occurred, perhaps even early in life before language or conscious awareness were in place, is to look at the kinds of recurring problems one might be experiencing. These can serve as clues to an earlier situation that caused a deregulation in the structure or function of the brain.

Common Personal and Behavioural Effects of Emotional Trauma

■ **Substance abuse**
■ **Compulsive behaviour patterns**
■ **Self-destructive and impulsive behaviour**
■ **Uncontrollable reactive thoughts**
■ **Inability to make healthy professional or lifestyle choices**
■ **Dissociative symptoms ('splitting off' parts of the self)**
■ **Feelings of ineffectiveness, shame, despair, hopelessness**
■ **Feeling permanently damaged**
■ **A loss of previously sustained beliefs**

Common Effects of Emotional Trauma on Interpersonal Relationships:

1. Inability to maintain close relationships or choose appropriate friends and mates
2. Sexual problems
3. Hostility
4. Arguments with family members, employers or co-workers
5. Social withdrawal
6. Feeling constantly threatened

<u>Techniques of Dealing with Trauma Supportive Technique and Crisis Intervention</u>

Generally soon after the traumatic event, personal attempts at solving the problem fail. There seems to be no satisfactory solution to the problem. The individual feels a sense of helplessness and loss of control.
The client may desire to be helped by others; they are amenable to outside intervention as they know that coping without support is difficult.

Principles of crisis advising

One can use an eclectic approach while advising in a crisis situation arising out of trauma. The Advisor should focus on the immediate concerns of the client and should not spend more time in history taking and assessment. The assessment should be problem focused and the approach should be to give quick relief to the disturbance based on the experience.

Advising should:

- **Be brief**
- **Be directive; it requires the counsellor to play an active and direct role**
- **Deal with the individual, his/her family and social network**
- **Focus on the client's present problems**
- **Be reality-oriented, should enable the client to have a clear cognitive perception of the situation**
- **Help the client develop more adaptive mechanisms for coping with future problems and crises**

Guidelines in Crisis Advising

- **Remain calm and show confidence**
- **Listen actively**
- **Show acceptance and be non-judgemental**
- **Show empathy and reflection of feelings**
- **Provide a relaxing atmosphere/an office**
- **Allow client to speak freely, with minimal interruption**
- **Allow ventilation of feelings**
- **Explore immediate crisis rather than underlying causes**
- **Assess the symptoms experienced**
- **Assess suicide risk, ask the client about suicidal feelings**
- **Do not minimize the crisis**
- **Agree on a plan of action; do not prescribe**
- **Prioritize; agree on aspects that can be easily dealt with**

■ **Avoid going into past and attend to immediate concerns**
■ **Have local resources to help, consider the available support system.**

3. **Cognitive and behavioural approach**

■ **Assessment and cognitive appraisal**

During the history taking phase, the counsellor should ask questions to understand what the impact of trauma on the client is. The impact of the same event differs from client to client. The impact depends upon the way the client perceives the situation. Understanding the thought process of the client is known as cognitive appraisal.

■ **Recognizing beliefs and thoughts associated with the event**

Based on the impact of an event, the counsellor should explore the beliefs and thoughts of the client.
Simple questions can be asked, e.g. "when you think of the incident what thought comes to your mind?"

■ **Analyzing how these thoughts are interweaving and blocking the process of healing.**

The advisor should explore if the thoughts are repetitive and makes the client unable to find solutions. The advisor can ask the client, "how often do these thoughts occur to you and how do they affect your daily life?"

■ **Changing and replacing maladaptive thoughts with adaptive thoughts**
Use of some of the ABC technique explained in the module of overcoming "Guilt and Shame"

■ **Cognitive rehearsal and listening to the inner voice**
Cognitive rehearsal helps the client to practice the adaptive thoughts which have emerged during the session.

■ **Step by step practice to change the self talk**
Encouraging the client to practice positive self talk in a role play situation

■ Creating safe space

The clients should be taught to relax by closing the eyes and focusing on breathing using deep breathing techniques and scanning their body and being aware of any physical discomfort. While in a relaxed position, they should be asked to imagine a real or imaginary comforting situation where the client feels secure and comfortable. The safe place created should be used as a comfort zone whenever the discomfort level is high. Clients are asked to use this safe place exercise even when they are alone and feel helpless.

■ Encouraging self care techniques

The clients should be encouraged to explore the methods they can use to make them feel relaxed and free from traumatic thoughts. Usually clients prefer different methods as some prefer home based methods e.g.reading, cooking, sewing, playing with children or watching TV or outdoor activities e.g. going for walks, exercises (gym), swimming, movies depending on the social, cultural and economic conditions.
The responsibility of the advisor is to ensure that the clients take time out from the routine where the disturbing thought reoccurs most of the time.
In order to see the long term effect of the trauma advising, following methods can be used:

■ Making note of the changes experienced due to changed self talk, following safe space and self care techniques
■ Monitoring the changes by home work assignment
■ Seeking social support and increasing outreach
■ Engaging in other productive activities
■ Relaxation and stress reduction technique
■ Follow up for sustained change
■ Developing referrals and linkages for care and support

Assessment and appraisal:

Remember, any traumatic event does not have the same impact across individuals. Thus it is essential to assess and evaluate before progressing for intervention.
Following are some of the points to be kept in mind:

■ What was the incident?

■ How did it affect the individual?
■ How did the person react emotionally, physically, behaviourally and socially?

4. Advising Approaches for System Strengthening for the Family

The traumatic incident/event may occur to an individual or to more members of the family. Many times the trauma impacts the whole family or a part of the family. Dealing with family should be done with caution and for the best interest of the individual. Remember if the perpetrator is a family member, there will be power dynamics and engaging the family to help the client may prove undesirable. It is prudent to initially work with the affected individual and if the concern of family involvement is perceived by the advisor, it is advisable to conduct family advising.
Due to interdependence if any family member undergoes a crisis situation it causes concerns for the entire unit. An advisor while working with the family needs to view the problem from the larger perspective. When a crisis situation arises, e.g. due to HIV infection of one of the member, intra familial dynamics affect the relationship between the family members. Often there is a breakdown in the structure and systems become weak, thus the crisis becomes unmanageable.
Family advising can be defined as a systematic effort to produce beneficial changes in a family unit by introducing changes in the patterns of interaction between members of the family. Its aim is the establishment of more satisfying ways of living for the entire family and for individual members.
Following are the steps and processes of family advising:
■ Initial contact with advisor: Initiated by a family member or through referrals
■ First interview: Rapport, 'ice-breaking', introduction of all members, understanding their positions and the power they hold on one another
■ Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives
■ Less emphasis on diagnosis of trauma
■ Establishing ground rules: The advisor should avoid getting trapped in situations wherein
confidential information is given by any one of the family members. The advisor should also not
be prejudiced by information given by one family member about the other
■ Focus to be shifted from the individual to the family
■ Restructure the family system

■ The 'blame' game should be discouraged and prevented as far as possible.
Family advising essentially uses the basic stages of advising as
1. Rapport-building
2. Assessment of the problem(s)
3. Analysis of the problem(s)
4. Planning and initiating steps
5. Implementation
6. Termination and follow-up
Position of the advisor in family advising
■ The advisor and co-advisor form an integral part of family advising
■ The advisor facilitates identification and definition of the problem
■ The advisor has to involve all concerned family members and significant others in the advising process
■ The advisor is the facilitator and provides support to the family

The advisor should avoid the following
■ Condescending attitude and negative opinions towards the trauma affected person
■ Inhibitions and personal prejudices (isolating/avoiding) against any family members involved in the session
■ Discussing sensitive details of abuse particularly if it is sexual abuse
■ Encouraging the affected individual to repeat the traumatic event in front of the other family

<u>Relaxation and breathing for tension release</u>

Relaxation restores harmony and helps to create conditions for optimum living. It is the releasing of physical and mental tensions. Some people need help and training to understand how to release physical and mental tensions. Relaxation therapy has a range of techniques to create a profound level of relaxation and through them, into an enhanced psychological integration.

Techniques:
Cool air in, warm air out
First close your eyes and start breathing deeply. As you breathe in, become aware of the air coming in your nostrils. As you breathe out, be aware of the sensations of the air passing back out. Perhaps you notice that the air coming in tends to be cooler and the air you breathe out tends to be warmer. Just be aware of cool air in; warm air out.

Relaxation of muscles
Continue breathing deeply and concentrate on your feet and legs. If you find any tenseness in them, start loosening the muscles slowly. Concentrate on your breathing. Now move upward towards your thigh, buttock muscles, stomach. (The facilitator has to *cover* the whole body, till all the muscles are relaxed)

OR

Breathing tensions away
Gently focus your attention on your feet. As you take in a slow, deep breath, imagine collecting all the tension in your feet and legs, breathing them into your lungs and expelling them as you exhale. Then with a second deep breath, all the tensions in your trunk, hands and arms, expel that. With a third one, collect and expel all those in your shoulders, neck and head. With practice, some people are able to collect tension in the entire body in one deep inhalation.

Ideal relaxation

After the body is relaxed, with your eyes closed, take a moment to create, in your mind's eye, an ideal spot for relaxation. You can make it any place, real or imagined. Perhaps it is a favourite room, a beautiful meadow, an ocean beach, or a floating cloud. See yourself in comfortable clothes. Now, once you have created it, go back there and tell yourself, 'I am at peace', 'I am relaxed here'.
Concentrate on your breathing and gradually open your eyes.

<u>How to deal with irrational thinking</u>

Irrational Thinking Involved in Shame and Guilt Feelings:

■ I was responsible for the bad things that happened to me in my childhood.
■ How can I face others with what happened to me?
■ I am an awful person for that to have happened to me.
■ I must have asked for what I got in the past.
■ I am a bad person for what happened to me in the past.
■ I can never tell others what happened to me in my past.
■ I do not deserve to be happy.
■ I am responsible for my family's (spouse's) happiness.
■ There is only one "right'' way to do things.
■ It's bad to feel hurt and pain.
■ My children should never suffer in their childhood like I did in mine.
■ My kids should have more material things than I did.
■ It is my fault if others in my life are not happy.
■ If my kids fail in any way, it's my responsibility.
■ It is wrong to be concerned about myself.
■ People are constantly judging me, and their judgment is important to me.
■ It is important to save face with others.
■ It is wrong to accept the negative aspects of my life without believing that I am responsible for them myself.
■ I am responsible if either positive or negative events happen to the members of my family.
■ I must not enjoy myself during a time when others expect me to be in mourning, grief, or loss.
■ I must never let down my guard; something I'm doing could be evil or wrong.
■ I must always be responsible, conscientious, and giving to others.
■ How others perceive me is important as to how I perceive myself.
■ No matter what I do, I am always wrong.
■ I should never feel shame and guilt.
■ If you feel shame and guilt, then you must be or have been wrong.

1. Assess study and analyze the situation which has caused one discomfort (situational analysis of activating agent).
2. Be aware of your thoughts and beliefs and take responsibility for your own thoughts.

3. Review the consequences, the resulting emotions and their link with your beliefs.
4. Notice the impact on your body and behaviour by becoming a self observer.
5. Dispute your thoughts and beliefs and tell yourself that I am capable of controlling my own thoughts.
6. Revisit your changed beliefs for consequent emotions
7. Feel your emotions with your changed beliefs.
8. Notice the changes in your reactions, behaviour and emotions.
9. Maintain a work book/diary.

Rational and Irrational Beliefs

I wanted to be loved and approved of, but I can't be loved by everyone.

I want to do things well, but I accept I will occasionally make mistakes.

I must be loved or liked and approved of by everyone.

I must be competent, never make mistakes and achieve all the time if I have to be considered worthwhile.

Most of us do bad things, but making myself upset will not change that.
Many people are bad, wicked or evil and they should be punished for that.

I can cope if things are just not right.

It is the end of the world when things are not how I want them to be.

Problems may be influenced by the factors outside my control,
but my reactions to them are under my control.

My bad feelings are caused by things outside my control.

Worrying about something won't stop it happening. But I can prepare for possible problems.

I should worry a lot about things that might be dangerous or unpleasant.

Putting off problems does not make them any easier to face up to.

It is easier to put off difficult or unpleasant things than to face them.

The only person I really need to rely on is myself.

I need to depend on someone stronger than myself.

My problems may stem from the past, but what keeps it (them) going now are my own thoughts and actions.

My problems were caused by events in my past, so I can't do anything about it.

I won't be able to help people in trouble if I become miserable over them.

I should be upset by other people's problems and difficulties.

The Psychological Advising Process

Self-reflection exercise:

30 minutes
The objective of this activity is to help the participants experience how a traumatic or stressful situation can impact our physical and psychological well being.
Invite the participants to consider the following on their own for a few minutes.
'Think back on your own life and identify any occasion when you experienced a shock, jolt, and blow which had a lasting impression. When you recall the experience, notice the emotions associated and how it feels today?
It may have been a small trauma (t) or a big trauma (T), but it had an impact on you at the time.'
After a few minutes, ask everyone to choose a partner and share as much of their experience as they wish. Each person should talk for a few minutes and then listen to the partner's story.
Invite everyone to join the full circle. Encourage them to explore links between how people deal with trauma and ways in which it may affect their life.
We all experience some trauma/disturbance/shock at some time.
Then invite participants to link this discussion with their counselling work. How can they understand the clients experience and its consequences?

Share and summarize.

Building a Family Profile exercise:

45 minutes

During this activity participants will discuss how families are tied up in a social network and relate to the lifestyle of their culture.
Building a demographic profile of a family is a small group activity to develop a case study by using projection. Participants should be divided into 3-4 groups depending on the number of the participants and availability of time.

Step I. Cut outs of human figures of different age groups to be provided to the groups and the members are instructed to pick up any number of figures they need to build a story of a family. Group members have to weave a story by using their imagination and projection for a family of x members which are decided by the group.

Step II. The stories are then shared by the members of other groups by inviting them to their table or floor where figures are placed and one of the group members tells the story of the family with detailed demographic information of their family members to the large group.

Step III. Facilitator asks the group to leave the room and puts a red dot at the back of one of the family members. The facilitator then calls the group back to the classroom to join the same group and tells the group member to imagine one of the 'A' (AIDS, Abortion, Adolescent trauma including sexual abuse) occurring to the specified family member who has got a red dot put at the back. The group members are encouraged to discuss the consequences keeping in mind the sign and symptoms of trauma and its impact on the family members and weave back the story as per the trauma experienced by a particular member or the whole family.

Discuss and summarize.

<u>Supportive Techniques Role Play Exercise:</u>

45 minutes:

The objective of this activity is to practice supportive advise techniques in crisis situation.
Use the same vignettes that emerged from the participants' contributions of Activity 2. Practice skills of advising learned so far.

Guidelines in Crisis Advising

- **Remain calm and show confidence**
- **Listen actively**
- **Show acceptance and be non-judgemental**
- **Show empathy and reflection of feelings**
- **Provide a relaxing atmosphere/an office**
- **Allow the clients to speak freely, with minimal interruption**
- **Allow ventilation of feelings**
- **Explore immediate crisis rather than underlying causes**
- **Assess the symptoms experienced**
- **Assess suicide risk, ask the client about suicidal feelings**

■ **Do not minimize the crisis**
■ **Agree on a plan of action; do not prescribe**
■ **Prioritize; agree on aspects that can easily be dealt with**
■ **Avoid going into the past and attend to immediate concerns**
■ **Have local resources to help, consider the available support system.**

Instructions for the Participants:

The participants will be divided into triads (groups of 3). Each group will practice with the same 3 cases discussed during activity 2. In each group, one person will play the role of the advisor; the other 2 will be the client and the observer respectively. The roles of each will be reversed for every case so that each person will get the opportunity to play all 3 roles.
Participants should remember to practice the advisory process and use advisory skills while conducting this activity and review the helpful hints given above for guidelines in crisis advice. At the conclusion of each round of the role play, each triad should provide a brief feedback to each other and log them down too on what they experienced in the role-play (with an emphasis on their observations, thoughts, opinions and feelings).

Helpful Hints for Role-Play

Role of client: Read the case history carefully. Identify yourself as a client and try to act naturally. You can add your own few details to maintain the flow of communication with the advisor.
Role of observer: Observe the advisor and the client. Do not interrupt while the role play is in progress.
Make notes if possible to provide feedback and discuss at the end of each role play.
Fill the following checklist:

Observing the following topics (Client and Advisor)	**How was the exercise addressed?**	**Comments, notes, recommendations**
Building Rapport		
Listening Skills		
Body language/ eye contact/ non-verbal		
Questioning		
Symptom assessment		

Suicidal thought assessment		
Coping skills assessment		
Safety/ ethics		
Any other matter		

Cognitive and Behavioural Approach Exercise:

45 minutes

During this activity participants will be able to practice cognitive and behavioural approaches of advising in a given case study.
The same triads and case studies could be used with participants in each group and they should follow the guidelines given below for practicing cognitive and behavioural approach.

- **Assessment and cognitive appraisal**
- **Recognizing beliefs and thoughts associated with the event**
- **Analyzing how these thoughts are interweaving and blocking the process of healing**
- **Changing and replacing maladaptive thoughts with adaptive thoughts**
- **Cognitive rehearsal and listening to the inner voice**
- **Step by step practice to change the self talk**
- **Creating safe space**
- **Encouraging self care techniques**
- **Making note of the changes experienced due to changed self talk, following safe space and self care techniques**
- **Monitoring the changes by home work assignment**
- **Seeking social support and increasing outreach**
- **Engaging in other productive activities**
- **Relaxation and stress reduction technique**
- **Follow up for sustained change**
- **Developing referrals and linkages for care and support**

Remember, any traumatic event does not have the same impact across individual. Thus, it is essential to assess and evaluate before progressing for intervention.

Following are some of the points to be kept in mind:

■ What was the incident?
■ How did it affect the individual?
■ How did the person react emotionally, physically, behaviourally and socially?

Observing the following topics (Client and Advisor)	How was the exercise Addressed?	Comments, Notes, Recommendations
Assessment and cognitive appraisal		
Recognizing beliefs and thoughts associated with the event		
Changing and replacing maladaptive thoughts with adaptive thoughts		
Creating safe space		
Encouraging self care techniques		
Home work assignment		
Seeking social support and increasing outreach		
Follow up for sustained change		
Developing referrals and linkages for care and support		
Any other matter		

Discuss and Summarize.

<u>Demonstration and Practice exercise for family advising:</u>

60 minutes

During this activity the participants will observe the techniques of family advising to deal with a
situation which arises due to some traumatic experience shared by the family as a unit.
This activity will be demonstrated by the facilitator.

Following are the steps and processes of family advising:

■ Initial contact with counsellor: Initiated by a family member or through referrals.
■ First interview: Rapport, 'ice-breaking', introduction of all members, understanding their positions and the power they hold on one another.
■ Family functioning evaluated in the 'here and now' with focus on current issues in the clients' and their families' lives.
■ Less emphasis on diagnosis of trauma.
■ Establishing ground rules: The advisor should avoid getting trapped in situations wherein
confidential information is given by any one member of the family. The advisor should also not be prejudiced by information given by one family member about the other.
■ Focus to be shifted from the individual to the family.
■ Restructure the family system.
■ The 'blame' game should be discouraged and prevented as far as possible.

Family Advising Essentially uses the Basic Stages of Advising

The group will be instructed to discuss the following:
■ The traumatic event that is faced by the various members of the family.
■ The symptoms reported by family members.
■ The distinctive features of the family and their attitude changes towards the family member experiencing the trauma.
■ How the family members reacted to the traumatic event?

<u>Crisis Advising Advice Exercise</u>

45 minutes

The objective of this activity is to practice supportive advising technique in crisis situation.
Use the same vignettes that emerged from the participants' contributions from Activity 2. Practice skills of advising learned so far.

Guidelines in Crisis Advising:

- **Remain calm and show confidence**
- **Listen actively**
- **Show acceptance and be non-judgemental**
- **Show empathy and reflection of feelings**
- **Provide a relaxing atmosphere/an office**
- **Allow clients to speak freely, with minimal interruption**
- **Allow ventilation of feelings**
- **Explore immediate crisis rather than underlying causes**
- **Assess the symptoms experienced**
- **Assess suicide risk, ask the client about suicidal feelings**
- **Do not minimize the crisis**
- **Agree on a plan of action; do not prescribe**
- **Prioritize; agree on aspects that can easily be dealt with**
- **Avoid going into past and attend to immediate concerns**
- **Have local resources to help, consider the available support system.**

Instructions for the Participants:

The participants will be divided into triads (groups of 3). Each group will practice with the same 3 cases discussed during Activity 2. In each group, one person will play the role of the advisor; the other 2 will be the client and the observer respectively. The roles of each will be reversed for every case so that each person will get the opportunity to play all 3 roles.
Participants should remember to practice the counselling process and to use the advisor skills while conducting this activity and review the helpful hints given above for guidelines in crisis advising. At the conclusion of each round of the role-play, each triad should provide a brief feedback to each other and log them down too on what they experienced in the role-play (with an emphasis on their observations, thoughts, opinions and feelings).

<u>Stages of Advising:</u>

The Advising process goes through different stages in a sequential manner.

These stages are:

1. Initial contact and first meeting
2. Assessment and analysis of the problem
3. Provision of ongoing supportive counselling
4. Planning and initiation of steps
5. Implementation of the plan
6. Termination and follow-up

1. Initial contact and first meeting

The advisor should convey the traditional style of greetings and provide full attention to the client and this should be followed by a self introduction of one another. Acceptance of and a non judgmental presence during the initial contact gives the client a feeling of comfort and hope.
This does not require so many words, but can be communicated with a simple genuine smile with appropriate eye contact and body gestures.
Greeting the client in the traditional style and offering a place with warmth gives the message of welcome to the client. Forming an initial rapport helps in gaining the client's trust and further assuring confidentiality facilitates the process of understanding the core issues of vulnerability and the issues to be addressed.
Warmth in the atmosphere allows the client to ventilate and express her/his fears and concerns.
This is the first step in exploring the needs of the clients. It sets the stage to explore the inner world of the client with the problems in hand and clarifying the client's expectations of advising.
Further it helps in describing what the advisor can offer and their method of working. Do remember that it is the advisor who is responsible for the emotional safety of the client.
One has to keep the ethics of confidentiality in mind to ensure the respect and concern for the client. The advisor does not speak what comes to mind but carefully chooses words based on the relevance of the situation.
Sometimes clients do not know much about advising and may be nervous. It may be a good idea to explain the purpose, ground rules, outcomes and intentions. Such explanations will help the counsellor to overcome barriers which may arise during establishing a rapport relationship.

This stage is facilitated by a congenial atmosphere with adequate privacy, good seating arrangement, and establishing eye contact with the client.

2. Assessment and Analysis of the Problem

A skilled advisor conducts a good assessment before drawing a treatment plan. Taking a detailed history of the client and focusing specifically on the problem is the first step. The best advisors identify and assess the gravity of the client's problem by actively listening to the client. The counsellor creates a condition whereby the client tells his/her story without interference and thus collects information to set advice goals.
The advice goal at this point is to understand the client. The advisor should be alert and ask questions related to the clients focal concerns. An advisor should not only hear the spoken message but also pay attention to the non verbal cues. It is not important what a client says, but, how one says.
Course of action and plan can be drawn once the client is able to articulate and understand the facts related to his/her condition.

3.Provision of Ongoing Supportive advice

After exploring the needs of the client from the perspective of the client, the advisor should respond with empathy and understanding. The advisor should not be prescriptive and provide a solution.
Instead with the full participation and involvement of the client, options should be identified. During this phase there may be emotional outbursts and ambivalence. Advisors should give assurance of help and support to the client by being with him/her.
In the process the existing coping skills need to be identified and the counsellor should explore how in the past the crisis situations were faced by the client. An advisor can also look into developing a new set of coping skills as the situation demands.
Brainstorming and working together will help to facilitate the process of exploring options and also develop confidence in the client.
Remember that ownership of options and actions to be taken are the decisions of the client. It is the client who has to think and feel that lifestyle changes are to be made, to deal effectively with the current situation. An advisor works together with the client to support and guide him/her through the crisis situation and to make decisions for lifestyle changes.
A n advisor provides support to monitor the behaviour change and alter and modify the plans as per arising needs and situations. The advisor also fills the

gap by providing information for referrals to other services for treatment, care and support.

4. Planning and Initiation of Steps

Advising is an ongoing process and not restricted to one or two meetings. After an initial exploration of options and skills shown by the client, the counsellor should assist in setting attainable and achievable goals. At this stage, the client needs to be motivated for behaviour change. Options need to be assessed and evaluated along with its implications and outcomes before moving forward. An advisor should encourage participatory discussions with actions to be taken.

5. Implementation of the Plan

After planning, ways of implementations need to be examined. There would be consequences and effects on the client as well as on the significant others. At times it is distressing to face the altered reactions of others.
Clients would require a lot of support and reassurance from the advisor during the process of coping with arising needs and situations. There may not be one best solution or a single plan of action. One has to select one of the options from the many available. An advisor must help the client to select a plan of action and ways of implementing it. After a few successful or unsuccessful attempts it will be possible to put a feasible plan into action and sequence the intervention activities. The advisor should monitor the behaviour changes and ways of adaptable measures taken by the client in follow up sessions. The clients require sufficient hand holding, assurance, encouragement and emotional support
during the transition phase of implementation of strategies.

6. Termination and Follow Up

As mentioned before, the ownership of decision taken for behaviour change should be that of the client; an advisor is just a facilitator of change. The advisor should assist in assessing the progress of behaviour change and the coping resources.

Follow up advising is important to reinforce by ensuring that:

■ The client is acting on plans

■ The client is continuing to maintain the gains achieved so far
■ The client is managing and coping with daily functioning, and
■ The client has a support system, which is being accessed

The termination of advising should not be abrupt and must be phased out by increasing the duration between the sessions. Assurance should be provided to the client of the option of returning to advising as and when necessary. Referrals and after care arrangements should be made as per the needs of the client.
Some practical examples:

Initial contact and first meeting

■ Communicating warmth and acceptance:

Remember to use your body language to show acceptance and warmth and say: "I welcome you to this centre for seeking our services, kindly be seated." "I am a counsellor in this centre; we help people to overcome problems of various types." "Whatever discussion we have here will be kept confidential." (Ask personal details at this point e.g. name, age, marital status, place of residence, occupation etc.) "Could you please tell me what brought you here today?"
"It seems you have some concerns that we will talk about today."

■ Reflecting the feelings:

The client may say, "I am worried that I may be pregnant for the second time in one year, and won't be able to take care of the young child." The counsellor can say 'you seem to be worried about taking care of your young child in case you are pregnant."

Assessment and analysis of Ask open ended questions like:

The problem "I would like to understand the issue that concerns you."
"I want to know what you know about contraception."
"Tell me why you feel that you are at a risk of getting pregnant."
"What do you know about abortion?"
"Tell me more about yourself so that I can understand the risk you have about HIV/STI infection."

Provision of ongoing supportive "I wish to know how you handle stress. What did you do in the past advising that helped you?"
"I understand what you are feeling right now."
"In the situation you are at the moment, any one will feel miserable. However, one has to find ways to come out of the crisis."
"It is ok if you cry as it will help you to ventilate your feelings and I am here to understand your sentiments and difficulty."
"We cannot change the situation and circumstances but we can look for other options to deal with the complications you are facing at the moment."
Planning and initiation of steps "Since the methods you used so far to adjust and deal with the situation have not worked, we should look for other options"; "I would suggest we make a list of things which are under our control and those which aren't. We can then work on things which are under our control".

The counsellor can also mention statements like "We can only make this work if you are willing to change. It is difficult to change the world around us, so what would you like to work on today?"
Implementation of the plan After selecting a course of action, the counsellor can encourage the client by saying "I am confident in your ability to handle the situation" or use metaphors about how one should keep trying to succeed.

What are Advisory techniques/ skills?

These basic skills include the patterns of sessions, active listening, body language, tone, open ended and closed questions, paraphrasing, summarizing, note taking, homework, the 'goodie bag' and other fun and informative stuff!

Advisory Terms:

The pattern of sessions has a predictable rhythm with an introduction, information gathering, discussion and a conclusion. It's a 'getting to know you' session. In advising there is normally a familiar pattern of sessions - Introduction, Information Gathering, Discussion, Conclusion and Homework! What follows is the framework for an Initial Visit, Middle Visit, and Final Visit.

#Initial Visit Pattern

First impressions really are lasting impressions. It is important to be timely and friendly.

***Introduction – the first 10 minutes**

Greet the client warmly – smile and shake hands. Escort to your office.

Offer a chair and a drink of water.

Your client will be nervous – not knowing what to expect. So explain to her or him right away what she or he may be wondering about – briefly. Your credentials, the forms that will need to be filled out, the assurance of confidentiality, the duration of the visit, etc.

Don't forget to assure the client that there will be time to find out what brings her or him in here. Given the amount of paperwork that normally has to be filled out, she or he will begin to question the value of this.

***Information Gathering – about 20 minutes**

Ask the client, "So what brings you in here today?!" If the person doesn't know where to start, tell the client to "start anywhere." Some clients give coherent stories, others give a laundry list of concerns. But generally

speaking, some themes should keep coming up again and again. Take discreet one or two word notes; you will be able to review these shortly.

A successful first visit is one in which the client has done almost all of the talking – this is all about them!

***Discussion / Advisor Input – about 10 minutes**

This is your opportunity to provide input. To tell the client what you think she/he is saying and to develop a list of concerns. The client can then be asked if what you are hearing is what she/he is saying. Ask the client to rate the concerns from most problematic to least, and ask which one she/he would like to work on first. You may not have all the resources you need at hand – but you now know what you have to do some homework on!

I am a big fan of "mapping" as the first homework assignment - filling out a week-long time sheet where they can write down when the problem happens and what is going on at the time.

***Conclusion – about 10 minutes**

Assure the client that she/he can "do this." If you honestly feel that client can't, this is a sign you need to refer.

It is crucial that the client have a printed copy of services available to her/him – especially of warm-lines and crisis services.

Make certain the client knows that she/he can always reach you – by answering machine and by email. That you will respond briefly, and the client can discuss the stated concern(s) at the next meeting.

End all advisory sessions on a positive note. The client should be able to list a few things that she/he has to look forward to over the next few days.

If the client seems to have nothing to look forward to, this is a red flag for suicide. You will need to ask her/him, "Are you thinking of suicide?" If she/he takes a noticeable pause before answering or says "Maybe" or "Yes," you need to know the protocols of your organization for what to do when you suspect a client is suicidal.

Set the next appointment time and date.

#Middle Visit Pattern

If the client hasn't already, remind her/him to sign in with reception.

***Introduction – the first 10 minutes**

Greet the client warmly – smile (and shake hands if hand is extended or is appropriate.) Escort to your office.

Offer a chair and a drink of water.

Give the client the chance to get things off her/his chest before you move to info gathering. These concerns may be spurious – but may be pre-occupying. Or these concerns may form the major part of this session.

Explain how this second (third, etc.) visit will look. That you will review what happened last visit and what has happened since then. You will continue to work on current challenges as indicated last time – or others that may take precedent.

NB: If the client is feeling no better or in fact feels worse, this may be out of your scope of practice. Set up a referral now. It can always be canceled.

***Information Gathering – about 20 minutes**

Review what happened last time – to make sure you are on the same page. If there was homework – review it; if the homework was not done, ask why?!

Work with the primary concerns of the day.

As always, try to let the client do most of the talking. If she/he is avoiding talking about concerns, bring her/him back on track.

***Discussion / Advisor Input – about 10 minutes**

This is your opportunity to provide input. In fact you may have been already, but if you know you have reserved some time to reflect on what is being said, you will be less likely to interrupt, to talk.

After the initial or second session, the advisor-client interaction may become more informal and more direct. This is fine - you can be friendly and professional at the same time. But remember, you are not the client's friend. Most professional associations do not endorse advisor-client relationships outside of the counseling setting, or any behavior – in our out of the workplace - which may violate professional boundaries.

***Conclusion – about 10 minutes**

Restate briefly what has happened and what the client is hoping to achieve – getting approval at each assertion.

Again, assure the client this is "doable." If this is beyond your scope of practice, you need to refer NOW.

Homework of some kind is important The other 23 hours of this day and the rest of the days in between, you aren't there. Becoming well is ongoing activity.

#Final Visit Pattern

There is really is no such thing. Clients often drift off after a session or two. Also, even if you have seen the client on numerous occasions – she or he may need to come back. This ending may be more like a vacation break.

***Introduction – the first 10 minutes**

Greet the client warmly – smile (and shake hands if hand is extended or is appropriate.) Escort to your office.

Offer a chair and a drink of water.

Give the client the chance to get things off her/his chest before you move to info gathering. These concerns may be spurious – but may be pre-occupying. Or addressing this could take up most of this session.

Explain how this "final" visit will look. That you will review what has happened thus far and look positively toward the future.

***Information Gathering – about 20 minutes**

Review what happened last time – to make sure you are on the same page. If there was homework – review it.

Work with the primary concerns of the day. In a "final visit", the client may express concern of feeling orphaned.

As always, try to let the client do most of the talking. If she/he is avoiding talking about concerns, bring her/him back on track.

***Discussion / Advisor Input – about 10 minutes**

This is your opportunity to provide input. Hopefully by now the client is very good at coming up with her/his own strategies.

***Conclusion – about 10 minutes**

Restate briefly what has happened over the past few weeks and what the client has achieved. Assure the client that he or she can "do this." It is crucial that the client have a printed copy of services available to her/him – especially of warm-lines and crisis services.

Make certain the client knows that she or he can always reach you somehow – for example, by email or by sending a letter. Chances are they won't "hound" you – but they may very well send you a thank you note.

As always, end on a positive note. The client should leave able to easily the list the good things in her/his life

NB: Check to see if the client did book or have the health assessment. If not, have her/him book it using the phone in the office.

End on a positive note!

Set the next appointment time and date if it has not been pre-booked.

Active listening happens when you "listen for meaning". The listener says very little but conveys much interest. The listener only speaks to find out if a statement (or two or twenty) has been correctly heard and understood.

Active listening happens when you "listen for meaning". The listener says very little but conveys empathy, acceptance and being genuine. The listener only speaks to find out if a statement (or two or twenty) has been correctly heard and understood.

1. Before the session, make sure your physical needs are taken care of (thirst, hunger, bathroom, stretching).

2. Look at the speaker. Taking a few notes can keep you on task; mentally put masking tape across your mouth.

3. Watch your body language!

4. Encourage the speaker to continue with short, gentle comments like “uh-huh”, “really!?”, “tell me more”, etc.

If the person is not normally talkative, you may have to refer to your brief one or two word notes and ask an open question.

Body language takes into account our facial expressions, angle of our body, proximity of yourself to another, placement of arms and legs, and so much more. Notice how much can be expressed by raising and lowering your eyebrows!

We all have our favorite stance, our “default position.” At the same time, communication is 55% body language, 38% tone and 7% words. So, remember that your client may not remember what was said, but they will remember how you made them feel.

I like the SOLERF method:

S - Squarely face person vs. sitting kitty-corner.

O - use Open posture vs. crossed arms and legs

L - Lean a little toward the person vs. settling back in your chair

E - use Eye contact vs. staring off into deep space

R - Relax, keep it natural vs. sitting like a board

F – look friendly vs. neutral or scowling

Take a look at how you are sitting right now. Hmm … arms crossed? Slumped? Bored expression? Looking offside? Not good.

You need to monitor the tone of your voice - in the same way that you monitor your body language. Remember, the person may not remember what was said, but they will remember how you made them feel!

Since we cannot read our client's mind and we've been given a lot of extraneous material, it's good to learn how to rephrase briefly and acknowledge that this is what we think the client has said.

For example, let's say the client has gone into a lot of detail about a traffic jam and the effect on his blood pressure and his resulting visit with the doctor and the rude nurse and and and… To paraphrase would be to say in a tentative voice, "So after the traffic jam you felt your blood pressure was up, and the doctor confirmed this…?"

By doing this you are letting your client know that you understand and, if you don't, are willing to be corrected. AND you are helping her or him to "cut to the chase." What would not be helpful to say right now is, "So you have an anger management problem!?" It may be what you are thinking, but you want the client to keep talking and for the client to come to that conclusion on her or his own.

By the way, this is a good time to take interest in the tone of your voice. Be watchful of whether it is…

• High / low

• Loud / soft

• Fast / slow

• Accommodating / demanding

• Light-hearted / gloomy

Moderation in all things including voice. And remember, the person may not remember what was said, but they will remember how you made them feel!

<u>An open question</u> is one that is used in order to gathering lots of information – you ask it with the intent of getting a long answer. A closed question is one used to gather specific information - it can normally be answered with either a single word or a short phrase. Good advising techniques to know!

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A closed question is one used to gather specific information - it can normally be answered with either a single word or a short phrase. Good basic advisory skills to know!

Open-Ended Questions (OEQs) have no correct answer and require an explanation of sorts. The who-what-where-why-when-how questions your English teacher taught you to ask? Little did she know you'd be using them for asking questions in advising! Here are some good ones:

• What brought you in here today?

• Do you have an idea about why this keeps happening?

• What is your Plan B?

• How does that make you feel?

You'll notice that I didn't use "why?" directly. This is because some people find it threatening and overwhelming. It implies judgment and it can be asking an unanswerable question.

Open Ended Questions are great for:

• Starting the information gathering part of the session

• Keeping the client talking

Closed Questions (CQs) are those that can easily be answered with a "yes" or a "no" or brief information. For example:

• What is your name and date of birth?

• Did you call the health practitioner to set up a physical?

• Where do you work? Occupation?

• Are you ready to stop doing that?!

They sound a little harsh, but are needed:

• For getting necessary information

• To get bring a chatty client back on track or interrupt her/him.

Paraphrasing is when you restate what the speaker said. Often different works are used and the listener may be using this to draw attention to a particular concern or aspect. Sometimes paraphrasing is used to clarify.

Summarizing is focusing on the main points of a presentation or conversation in order to highlight them. At the same time you are giving the "gist", you are checking to see if you are accurate.

In a beginning summary you are recalling what happened at the last meeting.

In an ending one, you are attempting to condense what has happened over 40 minutes into a few minutes worth of material.

In both cases your tone needs to imply that you are open to some changes in perspective. It's important the both the client and you are "reading from the same page."

So let's say the advisor and the client. The client, has been speaking for 20 minutes – she is depressed, failing school, concerned about her boyfriends dedication to her, and overwhelmed by parents' demands. Here is what a succinct, tentative summary would sound like.

1. You came in today because you are feeling depressed.

2. Your school work is not going well.

3. You worry your boyfriend doesn't love you.

4. You are also unhappy with the amount of stress your parents are putting on you to get A's.

Would you say this is accurate?

Note-taking is the practice of writing down pieces of information, often in an shorthand and messy manner. The listener needs to be discreet and not disturb the flow of thought, speech or body language of the speaker.

Note taking is a mixed blessing. It can keep you on track, but it can also be distracting for the client. Also, it can interfere with communication if you are tempted to rest your eyes on the pen and paper, or take copious notes.

At the same time, if you don't take notes, how will you be able to remember what happened last session? If you are away, how will the alternate counselor know what is going on.

There are also the institutional requirements of the place you volunteer for, are doing a placement at, or work for. They may very well provide a form with strict guidelines.

You can get the "data details" (name, phone, source of referral, emergency contact, etc.) at the beginning of the session.

When the person is actually conveying her/his situation and concerns, you may want to take minimal notes – writing down a few words for each major area – as a memory jog. The real note taking comes later. I encourage you to write up your notes immediately after a session as below:

Subjective – What the client is describing?

Assessment – What was the ensuing discussion?

Plan – What is the action plan? Remember, there are 23 hours in the rest of the day. Most of the work of advising is done by the client outside of office hours!

Other – What do you need to do in order to be prepared for the next visit? Is there any info you wish you had gathered or given? If some information is crucial you can always phone or email the client.

Homework? Absolutely! When the person identifies a need or concern, she or he must be willing to work hard at addressing it. This is much like what you are doing right now. You want to learn advisory techniques, so you are going to study and practice these basic skills!

Clients should get assigned out-of-session work every week for a variety of reasons:

1. To reinforce that positive change is hard work. What we are NOT having is simply a gab session.

2. To help clients become more self aware.

3. To decrease the amount I talk. Things I would like to say, I provide in written format.

4. To educate them, to provide them with tools for themselves and others.

Homework options:

1. Journaling

2. Mood-Mapping with a week-long time sheet

3. Whole Health Check In – physical, social, emotional, spiritual, intellectual, vocational

4. Socio-Economic Well Being Inventory

5. Knowing Your Community Resources including Recreational Activities

6. “Ten Things I Like About Me”

7. Challenging The Lies We Tell Ourselves (and others may too!)

8. Mapping Our Own Future – where do we really want to go?

9. Knowing the Why in order to do the How

10. How to Be the Happiest, Healthiest Person You Can Be!

The Goodie Bag and Other Fun and Informative Stuff help make an advisory session an occasion for joy, as well as for additional learning.

Most advisors agree that there are at least six components to health:

1. Physical (nutrition, avoiding harmful substances, sleep, exercise, health care)

2. Social (friends, family, co-workers, pets)

3. Emotional (self care, laughter, hobbies)

4. Spiritual (altruism, Higher Power, volunteering)

5. Intellectual (university, learning something new)

6. Vocational (meaningful work)

7. Enough money (part-time work, bursaries)

8. Safe housing (off campus housing,)

Advising Theories

In Client- Centered (Rogerian) advising, the advisor provides the growth-promoting climate and the client is then free and able to discover and grow as she / he wants and needs to. Prevailing characteristics of the session are active listening, empathy, acceptance and genuineness.
This theory states that the client is the best authority on her / his own experience, and it asserts that the client is fully capable of changing and growing into all that the client can and wants to be. However, the client – like all of us - needs favorable conditions in which to blossom and bloom.

In a successful Client Centered session, the following characteristics will prevail:

***Empathy**

The advisor accurately understands the client's thoughts and feelings from the client's own perspective. When the counselor is willing and able to experience the world from the client's point of view, it shows the client that her/his perspective has value and she/he is accepted.

***Acceptance or Unconditional Positive Regard**

The advisor accepts the client without conditions, without judgment. This frees the client to explore her/his thoughts and feelings, positive or negative, without danger of rejection or condemnation.

***Genuineness**

The advisor is authentic and does not put on a professional "I know best" façade. The counselor is "there" for the client and is "real". In this way the client does not have to worry about what the advisor is really like or truly thinks.

Holistic Health (Bio-psychosocial) asserts that we have physical, intellectual, social, emotional, vocational and spiritual needs -- the neglect of which reduces the ability of one to withstand the effects of stress. And we live in socio-economic conditions that can enhance or demean our long-term well-being.

Strengths Based advising focuses on what is going right in a person's life. The advisor and client work together to find past and present successes and use these to address current and future challenges. Its first cousin.....

Positive Thinking or Learned Optimism, is about learning a positive perspective – focusing on what can go right.

Cognitive Behavioral Therapy could be described as "as I think, so I feel (and do)!" In any given situation you have:

A. Activating Event – the actual event and the client's immediate interpretations of the event

B. Beliefs about the event – this evaluation can be rational or irrational

C. Consequences – how you feel and what you do or other thoughts

Solution Focused Therapy (Where do I want to be?!) focuses on what clients want to achieve through therapy rather than on the problem(s) that made them seek help. The approach does not focus on the past, but instead, focuses on the present and future. The client is asked to envision how the future will be different when the problem is no longer present.

The Existential approach (Why Am I Here?!) is also known as "Meaning Therapy." As Viktor Franklyn put it, "He who knows the 'why' for his existence, will be able to bear almost any 'how.'" Therapy is concerned with creating one's identity and establishing meaningful relationships with others.

Psychological Advising Theories:

Psychodynamic Advising

Psychodynamic Advising is a general name for therapeutic approaches which try to get the patient to bring to the surface their true feelings, so that they can experience them and understand them. Like Psychoanalysis, Psychodynamic Advising uses the basic assumption that everyone has an unconscious mind (this is sometimes called the subconscious), and that feelings held in the unconscious mind are often too painful to be faced. Thus we come up with defences to protect us knowing about these painful feelings. An example of one of these defences is called denial, which you may have already come across.

Psychodynamic Advising that these defences have gone wrong and are causing more harm than good, that is why you have needed to seek help. It tries to unravel them, as once again, it is assumed that once you are aware of what is really going on in your mind the feelings will not be as painful.

Psychodynamic therapy takes as its roots the work of Freud. and Jung.

Psychodynamics takes the approach that our pasts effects our presents. Those who forget history are doomed to repeat it, and this is the same for an individual. Though we may repress our very early experiences (thus we don't remember them) the theory is that the "ID" never forgets the experiences. If a child was always rewarded with sweets we may not know why we reach for the tub of ice cream whenever we are depressed and we want cheering up.

Psychodynamic Advisors are taught many theories of child development (Oral stage, anal stage, latency period etc). The theory here is that if an adult has not properly progressed through all the child development stages, the therapist may identify the particular stage(s) that are missing.

Transference

If we go back to our own beginnings, we will see that all of us develop ways of relating to others based on experiences with those who cared for us in our formative years. This is something that everybody knows but rarely thinks about. Rather like the apple that fell to the ground causing Newton to ask why, Freud noticed that his patients seemed to develop particularly strong feelings towards him, and he too asked the question why. This was the beginning of his understanding of how, in the therapeutic setting, the therapist becomes a figure of overwhelming importance. Not because of any intrinsic wisdom or innate charm on his/her part but because, Freud realized, feelings

previously felt in connection with parents or significant others were being transferred from the past into the present: the transference.

Why should this he so? Before I attempt to answer this question it is important to point out that all our relationships have an element of transference in them: into each new meeting both participants bring expectations and assumptions based on previous encounters. However, in most situations, particularly social ones, there is *inter-action:* exchange of opinion, agreement, argument, attraction, flirtation, aggression, repulsion, and so on. In this way, through interaction, our expectations and assumptions are either confirmed, contradicted or modified. We all know that after meeting someone for the first time we make a decision as to whether we will see that person again. Sometimes, consciously or unconsciously, we decide that we do not want to take the relationship further; on other occasions we seek every opportunity to renew the acquaintance.

This situation in which one person seeks something from another involves particular sorts of emotions: most of us feel small and powerless in relation to someone who has something, in these examples knowledge, that we do not think we possess. Because the object has power to determine our future, the tutor to help or hinder in our academic objectives, the doctor to heal our body, we may also feel anxiety. Thus we might say that certain professional contacts will tend to evoke transference feelings, particularly those which involve a relationship with someone who has knowledge that we do not, or real power to influence our lives for good or ill. In other words, the way in which our parents or caregivers have responded to our needs in the past, will influence the way in which we approach those we perceive as being in positions of authority in relation to us.

It is also generally true that in these sorts of relations the subject knows little about the object. In the examples I have given, the tutor or doctor, the objects, will learn a great deal about their students or patients, the subjects. This is the nature of the relationship but it is not a two-way traffic. Therefore projections (the way we assume people will react to us) although they may he modified the more contact there is, are less likely to he resolved in the way that they are in social situations where the emphasis is on interaction.

If we now move on to the specific relationship of therapist and client we can begin to see how transference feelings will he present even before the first meeting occurs. Clients will bring expectations and assumptions based on

their experiences of life that will influence the way in which they perceive the therapist. We can begin to learn about these previous experiences not only in listening to what our clients tell us, but also in noticing how they relate to us, what expectations and assumptions they bring to the encounter. We do not seek to alter these perceptions but rather to try to understand them.

***Countertransference**

Some of our understanding will come through the feelings the therapist has about the clients, the emotions that are stirred up in the therapist in their affiliation with them: the countertransference. People all know that different people evoke different feelings, and most of us tend to avoid those who stir up unpleasant emotions, and seek the company of those who make us feel good. What is so different in the therapeutic situation is that therapists do not, or rather should not, decide to offer therapy only to those clients who elicit good feelings. They try to use their understanding of the countertransference, the feelings they have about their clients, in the service of all the individuals who seek their expertise. However, since there is a tendency to refer indiscriminately to all the feelings therapists have in their meetings with clients, and label them 'counter-transference', an area of confusion exists, that is as if the client were responsible for all feelings in the therapeutic setting. This confusion is hardly surprising since there is no agreement as to precisely what can he defined as countertransference. Some take it to include everything in the therapist's personality liable to affect the treatment; others see it as only concerning the unconscious processes evoked by the client's transference. It is somewhat reminiscent of what comes first, the chicken or the egg.

If we think about our ordinary everyday encounters we know that we have feelings about the people with whom we come into contact. We find ourselves saying things like this: 'you really irritate me when you keep on agreeing with what I say. Don't you have any opinions of your own?' Or, 'I do enjoy being with you because although we often differ we never seem to fall out over our differences.' Depending on what sort of people we are, the first statement might be thought rather than spoken. However, both statements say as much about the person uttering them as they do of the person at whom they are directed. In the first example we might expect the subject to be upset by our comment; in the second to be flattered by the complimentary nature of our words. Now it is unlikely that any therapist would interpret the countertransference in such subjective terms, but I have used these rather

crass examples deliberately to emphasise the danger of using one's own feelings unthinkingly.

Cognitive – Behavioral Advising

Cognitive-behavioural advising, or CBT for short, combines two very effective kinds of psychotherapy - cognitive therapy and behaviour therapy.

Behaviour therapy helps you break the connections between troublesome situations and your habitual reactions to them. Reactions such as fear, depression or rage, and self-defeating or self-damaging behaviour. It also teaches you how to calm your mind and body, so you can feel better, think more clearly, and make better decisions.

Cognitive therapy teaches you how certain *thinking patterns* are causing your symptoms - by giving you a distorted picture of what's going on in your life, and making you feel anxious, depressed or angry for no good reason, or provoking you into ill-chosen actions.

When combined into CBT, behaviour therapy and cognitive therapy provide you with very powerful tools for stopping your symptoms and getting your life on a more satisfying track.

Cognitive therapy is effective with a wide range of problems, including very complex and challenging life situations. But it is based on an astonishingly simple principle:

The way we react emotionally and behaviourally to events is not just a reflection of the events themselves. It also depends on what we think, or simply take for granted, that the events *mean*.

You must have noticed that when you are experiencing an emotion, your body feels different. This is because you're sensing certain distinctive changes in your internal physiology.

You've probably heard about the Russian physiologist and psychologist, Ivan Pavlov. The one who taught dogs to salivate when they heard a bell. Much,

though not all, of behaviour therapy derives from Pavlov's demonstration that events occurring closely together in time are likely to be stored in the brain in a sort of mental package. Because Pavlov rang the bell just as he was about to give the dog some food, the bell and the food became *associated* with each other. As a result, after a while the dog began salivating when he heard a bell, whether he was given food or not.

The next thing Pavlov discovered was that if he rang the bell too often without coming through with some food, the dog no longer salivated just because there was a bell ringing. This is called, in the jargon of behaviour theory, "habituation." It refers to the fact that a conditioned reaction, in humans as well as dogs, can become substantially *unlearned* or *overridden* if it is no longer reinforced.

Reinforcement, in the Pavlovian learning model, means that some event like the ringing of a bell, which doesn't *naturally* bring forth a reaction such as a salivating, is experienced at the same time as something that *does*, such as the sight or smell of food. When this happens, the event can become an artificial cue or signal that triggers something resembling the natural response.

Humanistic Advising

The **Humanistic Approach** to Advising was established as a way to expand and consequently improve upon the two other schools of thought; behaviourism and psychoanalysis, which had, up until the first half of the 20th century dominated psychology.

Behaviourism, which is called the first force in psychology, is a science based psychology that takes an objective view of people's learned behaviour. Behaviourists believe that human beings are a product of their environment as opposed to a more complex combination of thoughts, feelings and beliefs. Humanists believe this to be a view that is both cold and rigid.

Psychoanalysis, the second force in psychology, takes a subjective view

of the human mind. Psychoanalysts believe that any problems or issues being dealt with in the present can be better explained with the analysis of a person's past. Psychoanalytic theorists (such as Freud and Jung) felt that the best way to assist people was to analyse their dreams and inner thoughts thus giving them a better understanding of their subconscious. Humanists felt that this **theory** neglected to consider people as individuals and was a pessimistic view of humanity.

"The study of crippled, stunted, immature and unhealthy specimens can yield only a cripple psychology and cripple philosophy" (Maslow, 1954)

Humanism is a concept which has existed throughout history. We can see examples of it as far back as Greek Mythology. The core values of humanism: the belief that mankind is intrinsically good and strives for self fulfilment and personal growth is in evidence everywhere from philosophical writings to works of art. It is not limited to any one nationality, religion or time period. 'Love thy neighbour' seems as relevant today as it did centuries ago.

Despite the evident prior existence of humanism, it was not until 1954 that the **Humanistic** Movement was developed. An American theorist called Abraham Maslow (1908 – 1970), who began his career as an experimental animal psychologist, began to research creativity in humans through art and science. Through his work with creative individuals he formulated a **theory** about self actualisation. He surmised that everyone possesses creativity but that some are unable to realise this talent due to social constraints. Maslow wanted to encourage people to abandon materialistic ways and embrace their full potential through personal growth. It was a stark contrast to the other two schools of thought available at that time.

The **Humanistic** Movement wanted to take a more positive, holistic look at psychology by encouraging personal growth, self actualisation, self awareness and creativity. Several theorists who had their background in psychoanalytic psychology felt that perhaps a more positive, person

centred **approach** was required. They wanted to view the person holistically and as individual.

In 1964, Maslow, along with fellow theorists Carl Rogers, the psychologist responsible for person centred therapy, and Rollo May, an existential psychologist, attended the First Invitational Conference on **Humanistic** Psychology in Connecticut, USA. It was during this conference that the third force in psychology was named and the **HumanisticApproach** was born.

This third force endeavoured to offer people a different, more positive alternative to the other two previous types of psychology. **Humanistic** **Advising**provided a more eclectic **approach** that encompassed and expanded upon the previous two main schools of thought. It was not a science based **theory** but an abstract one and, perhaps for the first time since psychology began, psychologists were interested in putting the client on a level playing field. An equal relationship was desired, as opposed to the unequal power distribution between a doctor and patient that had been the tradition up until this point. This is perhaps why any reference made to modern day **advising** is frequently associated with the **Humanistic** **Approach**.

The **Humanistric Approach** comprises of three main elements:

Phenomenology: Through empathy, a therapist assists their client to find solutions to their own problems.

Existentialism: Using self awareness and self realisations to develop a positive view of a persons own reality and therefore giving them a quality of life.

Humanism: Exploring ones creativity, encouraging self awareness, self realisation and promoting personal growth

These three elements, in conjunction with a non judgemental, caring, safe and understanding environment combine the basis for what we understand to be advising today.

Eclectic and Integrative approaches

Eclectic advising is the synthesis and combination of directive and non-directive advising. It represents a middle status between the two extremes represented by the 'non-directive' technique on one hand and the 'directive' technique on the other. In eclectic advising, the advisor is neither too active as in the directive advisor nor too passive as in the non-directive advisor. He just follows the middle path between these two.
In eclectic advising, the needs of a person and his personality are studied by the Advisor. After this the Advisor selects those techniques, which will be useful for the person. The main techniques used are reassurance giving information, case history, testing etc.
In eclectic advising the advisor first takes into consideration the personality and need of the client. He selects the directive or non-directive technique that seems to serve the purpose best. The advisor may start with the directive technique. When the situation demands, he may switch over to the non-directive advising and vice-versa. An attempt is made to adjust the technique to the requirements of the situation and the individual.

The Integrative approach is a very flexible and useful one since it allows the advisor to combine and use what is best of other approaches to his case-appropriate needs.

Ethics And Codes of Psychological Advising

A code of ethics is a set of guidelines which are designed to set out acceptable behaviors for members of a particular group, association, or profession.

The Code of Ethics serves the following purposes:

- **The Code clarifies to current and**
- **future advisors, the nature of the ethical responsibilities held in common.**
- **The Code establishes principles that define ethical behavior and best practices of Psychological Advisors.**
- **The Code serves as an ethical guide designed to assist**
- **Advisors in constructing a professional course of action that best serves those utilizing advisory services and best promotes the values of the advisor's profession.**
- **Establishing and maintaining standard for advisors**
- **Inform and protect members of the public who are seeking advice.**

When advisors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among advisors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict.

While there is no specific ethical decision-making model that is most effective, advisors counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application.

Psychological Advisor's responsibilities and obligations to the client:

Client Safety

• Advisors must take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during advising sessions.
• Advisors must not exploit their clients financially, sexually, emotionally or in any other way. Suggesting or engaging in sexual activity with a client is unethical.
• Advisors must provide privacy for the advising sessions. The sessions should not be overheard, recorded or observed by anyone other than the advisor without the informed consent of the client. Normally any recording would be discussed as part of the contract. Care must be taken to ensure that sessions are not interrupted.

Client Autonomy

• Advisors are responsible for working in ways that promote the client's control over his/her own life and respect the client's ability to make decisions and change his/her mind in the light of his/her own beliefs and values.
• Advisors do not normally act on behalf of their clients unless at the express request of the client or in certain exceptional circumstances.
• Advisors are responsible for setting and maintaining boundaries between the advisory relationship and any other kind of relationship and for making this explicitly clear to the client.
• Advisors must not exploit their clients financially, sexually, emotionally or in any other way. Engaging in sexual activity with a client is unethical.
• Clients should be offered privacy for advising sessions. The client should not be observed by anyone other than their advisor (s) unless they give informed consent. This also applies to audio/videotaping of the advisory sessions.

Contracting

• Advisors are responsible for communicating the terms on which sessions are being offered including availability, degree of confidentiality offered and what they expect of the clients.
• It is the client's decision whether or not to participate in sessions. Reasonable steps should be taken during the advisory relationship to ensure that the client has an opportunity to review the terms on which advising is being offered and the methods of advising being used.

• If records of advising sessions are kept, clients should be made aware of this. At the client's request, information should be given to the client about access to these records, their availability to other people and their degree of security.
• Advisors should gain the client's permission before conferring with other professionals.
• Advisors must avoid conflicts of interest wherever possible. Any conflicts of interest that occur must be discussed in advising supervision and, where appropriate, with the client.

Boundaries

• Advisors must establish and maintain appropriate boundaries within the advisory relationship throughout the advisory sessions and must make it clear to clients that advisory is a formal and contractual relationship. Advisors must take into account the effects of any overlapping or pre-existing relationships.
• Advisors must remain accountable for relationships with former clients and must exercise caution about entering into friendships, business relationships, training, supervising or other relationships with clients. Any changes in relationships must be addressed in advisory supervision. The decision about any change in the relationship with a former client should take into account whether the issues and power dynamics presented during the advising relationship have been resolved.
• Advisors should not terminate an advisory relationship so that they can satisfy their wish to pursue a business, personal or other relationship with their client.

Advisor Competence

• Advisors should monitor actively the limitations of their own competence through advisory supervision or consultative support and by seeking the views of their clients and other advisors.
• Advisors should not counsel when their functioning is impaired due to personal or emotional difficulties, illness, disability,alcohol, drugs or other factors.
• It is an indication of the competence of an advisor when he/she recognizes his/her inability to advise a client and makes appropriate referrals.

Responsibility to Self as Advisor

• Advisors have a responsibility to themselves and their clients to maintain their own effectiveness, resilience and ability to help clients. They are expected to monitor their own functioning and to seek help and/or withdraw from advising, whether temporarily or permanently, when their personal resources are sufficiently depleted to require it.
• Advisors should receive basic advisory training before commencing advising and should maintain ongoing professional development.
• Advisors should take all reasonable steps to ensure their own physical safety.

Responsibility to Other Advisors

• If an advisor suspects misconduct by another advisor that cannot be resolved or remedied after discussing it with that advisor.
The advisor should follow the complaints procedure (if there is one) without unnecessary breaches of confidentiality.

Responsibility to Colleagues, Members of the Caring Professions and the Community

• Advisors should be accountable for their services to colleagues, employers and funding bodies as appropriate. Such accountability should be consistent with respect for their clients' needs.
• No colleague or member of the caring professions should be led to believe that a service is being offered by an advisor when it is not being offered, as this might deprive the client from receiving such a service elsewhere.
• Advisors should work within the law and should take all reasonable steps to be aware of all current laws affecting their work.

Advisory Supervision/Consultative Support

• It is a breach of ethical requirements for advisors to practice without advisory supervision/consultative support.
• Advisory supervision/consultative support refers to a formal arrangement that enables advisors to discuss their advising regularly with one or more people who have an understanding of advising and advisory supervision/consultative support.
It is a confidential relationship and its purpose is to ensure the efficacy of the advisor-client relationship.
• Advisors who have line managers owe them appropriate managerial accountability for their work. The advisor supervisor role should be

independent of the line manager role. However, if the advising supervisor is also the line manager, then the advisor should also have access to independent consultative support.
• The amount of supervision should vary with the volume of advisory work undertaken and the experience of the advisor.
• Whenever possible, the discussion of cases within supervision/advisory support should take place without revealing the personal identity of the client.

Research

•The use of personally identifiable material gained from clients or by the observation of advising should be used only if the client has given consent, usually in writing, and care has been taken to ensure that consent was given freely.

Confidentiality

Confidentiality to Clients, Colleagues and Others

• Confidentiality is a means of providing the client with safety and privacy.
• Advisors must treat with confidence personal information about clients, whether obtained directly or indirectly or by inference.
• Advisors should work within the bounds of the agreement they have with their client about confidentiality.
• Exceptional circumstances may arise that give the Advisor reason to believe that the client will cause physical harm to him/ her. In such circumstances, the client's consent to a change in the agreement about confidentiality should be sought whenever possible, unless there are also grounds for believing the client is no longer able to take responsibility for his/her own actions.
When possible, the decision to break the confidentiality agreement between an advisor and client should be made only after consultation with an advisory supervisor and/or experienced advisor.
• Any breach of confidentiality should be minimized both by restricting the information conveyed to that which is pertinent to the immediate situation and restricting it to those persons who can provide the help the client needs.
Ethical considerations involve a balance between acting in the best interests of the client, acting in ways that enable the client to resume responsibility for his/her actions and the advisor's responsibilities to the wider community.

• Advisors should take all reasonable steps to communicate clearly the extent of the confidentiality they are offering to clients.
This should normally be made clear during the pre-advisory stage or during initial contracting.
• If an advisor intends to include consultations with colleagues and others within the confidential relationship, that fact should be stated to the client at the beginning of advisory.
• Care should be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
• It is good practice to avoid identifying specific clients during advising supervision/consultative support and other consultations, unless there are sound reasons for doing so.
• Any agreement between the advisor and the client about confidentiality may be reviewed and changed by joint negotiations.
• Agreements about confidentiality continue after the client's death unless there are overriding legal or ethical considerations.
• Any discussion between the advisor and others should be purposeful, not trivial.

Management of Confidentiality

• Advisors should ensure that records of the client's identity are stored separately from case notes.
• Care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
• When case material is used for case studies or reports, the client's identity must be effectively disguised.
• Any discussion about a advisor's advisory work between the advisor and others should be purposeful and not trivializing.
• Advisors must pay particular attention to protecting the identity of clients, including discussions of cases in advisory supervision.

<u>The Importance of Ethics re-cap</u>

• Your personal philosophy, values, boundaries and assumptions are crucial to your supervisory work. These concepts are linked to how you apply ethics in your practice.
• Advisors are part of a professional practice and as such are bound by codes of ethics.

• A code of ethics is a set of professional ground rules against which you can encourage the advisor to monitor his/her work to ensure appropriate service delivery to clients.
• Codes of ethics can only be guidelines, but they form an important framework for advisory practice.
• Codes of ethics play an important role in guiding standards and professional practice in advising and help to maintain the well-being of clients and the community at large.

<u>Ethical Issues re-cap</u>

- **Responsibility**
  - **Anti -discriminatory practice**
  - **Contracts**
  - **Boundaries**
  - **Competence**
  - **Client safety**
  - **Advisor safety**
  - **Informed consent**
  - **Privacy**
  - **Confidentiality**
  - **Right of refusal**
  - **Home visits and advising when applicable**
- **Assisting clients who engage in practices deemed "illegal" under national/local law**
  - **Clients at risk of harm to self or others**
  - **Record-keeping**
  - **Treatment, care and support of people with terminal diseases**

<u>Relaxation exercises</u>

10-20 minutes

Shoulder Shrug

Have all participants stand up in a comfortable position, leaving a little distance between each other. Take them step by step (while doing the exercise with them) through the shoulder shrug in the following manner:

• Inhale and pull your shoulders up to your ears.

• Rotate your shoulders backwards, pulling your shoulder blades together.
• Exhale with a grunt or sigh, and let go.
• Repeat three times.

Ask participants how they feel after doing this exercise.

Face Relaxer

Have participants return to their seats or lie on the floor. Give the following instructions while also demonstrating:

• Scrunch up your face as if you are trying to squeeze the tension right off the tip of your nose.
• Exhale and let go.
• Now inhale and open your mouth as wide as possible, lifting your eyebrows to make your face very long. This is like a yawn.
• Now exhale and let go.
• After doing this exercise, they may find themselves yawning. (Tell them not to worry, it just shows that they are relaxing!)
• Repeat once more.

Ask participants how they feel.

Stress is commonly defined as anything that increases a person's level of alertness. It refers to the physical, mental and emotional strain or tension caused by overworking the mind and body.
The source of stress is often an external event or circumstance that places a demand on an individual's internal or external resources. How stressful an event is felt to be depends partly on the individual.

Burnout is the gradual process by which a person in response to prolonged physical, mental and/or emotional stress detaches from work and other meaningful relationships.
The result is lowered productivity, cynicism, confusion and feelings of being drained and having nothing more to give.

Stress Management Strategies

• Communicating: Talk with a trusted source.
• Laughing
• Writing: Put it on paper to help gain perspective.
• Distancing it: Imagine a few years from now, and ask yourself how much it will matter then.
• Relaxation exercises (physical or breathing work, such as meditation)
• Confrontation: Address concerns before they escalate.
• Positive thinking
• Delay: Create a 15-minute worry session, and put aside your worries until then.
• Physical exercise
• Diversion: Do something enjoyable.
• Get enough sleep.
• Eat well (balanced meals).
• Avoid negative people and places as much as possible.
• Delegate: What can others do to reduce your load?
• Be a team: Share what's appropriate with others.

Attitudes to Avoid (Solutions)

• Feeling used/taken for granted [know your rights and needs, and let others know them]
• Workaholism [balance work, family, rest and play]
• Negative defeatist thoughts [positive thoughts absorb energy; smiling releases tension]
• Punishing yourself [be as fair to yourself as you are to others]
• Disliking yourself [accept yourself as you are]
• Defensiveness [be yourself, and be human]
Coping Strategies

Change the Stressor:

• What is in my power to change or influence?
• Can I take action by myself?
• Who might assist me?
• What are the advantages and disadvantages to myself and/or others if the stressor were changed?
Adapt to the Stressor (If It Cannot Be removed/Changed)
• Can I take it less seriously?

• Can I turn a threat into an opportunity?
• Think: "I will be ok no matter what."
• Be solution-focused, but keep an open mind.
• Do relaxation exercises (physical and mental).
• Be assertive, set boundaries and learn to say "no."
Take regular breaks.
• Avoid maladaptive reactions (e.g., substance abuse, overeating, dumping on others, escapism, blaming others,
ignoring the situation).
Avoid the Stressor:

• Is it best for me to avoid or to withdraw from this stressor?
• What would the benefits or costs be?
• Have I tried all other options?

Glossary of Advisory Terms

Aggression: It refers to behaviour that is intended to cause harm or pain. Aggression can be **physical, mental, or verbal emotions.**

Anger: It is an emotional state that may range from minor irritation to intense rage. Anger becomes the predominant feeling when a person makes the conscious choice to take action to immediately stop the threatening behaviour of another outside force.

Arousal: to awaken, or stimulate.

Beliefs: It is the simplest form of mental representation and therefore one of the building blocks of conscious thought.

Cognitive appraisal: personal interpretation of a situation.

Cognitive thinking: It is used in several loosely related ways to refer to a faculty for the human-like processing of information, applying knowledge and changing preferences. It can be used for intelligence, reasoning and learning.

Compulsive behaviour: It is a psychiatric anxiety disorder most commonly characterized by a subject's obsessive, distressing, intrusive thoughts and related compulsions (tasks or 'rituals') which attempt to neutralize the obsessions. E.g., An obsession for cleanliness and the compulsive behaviour involves washing hands numerous times, even though it is unnecessary.

Condescending: patronizing or arrogant.

Confession: an admission of misdeeds or faults

Confidential dialogue: interaction between client and counsellor which is like a secret and not to be disclosed to outside parties

Conscientious: careful and meticulous.

Empathy: the capacity to recognize or understand another's state of mind or emotion. It is often characterized as the ability to ‘put oneself into others shoes’.

Feelings: It is a conscious subjective experience of emotion.

Guilt: In ordinary language, guilt is a state in which one experiences conflict at having done something that one believes one should not have done or conversely, having not done something one believes one should have done. It gives rise to a feeling that does not go away easily.

Inhibition: to be reserved, shy or self conscious.

Insomnia: inability to sleep.

Introspection: the mental self observation and reporting one’s inner thoughts and sensations. It can also be called contemplation of one's self and used synonymously with self reflection.

Non-directive: attributed to Carl Rogers, this therapy is designed to allow the individual in emotional turmoil to talk out problems and resolve difficulties with a minimum of direction being provided by the person serving as counsellor.

Non-judgmental: not to pass opinions or give advice. To let people have their own beliefs and approach towards issues

Overt: not hidden or concealed.

Perception: It is the process of attaining awareness or understanding of sensory information.

Post traumatic stress disorder (PTSD): It is an anxiety disorder that can develop after exposure to one or more terrifying events in which grave physical/ psychological harm occurred or was threatened. It is a severe and ongoing emotional reaction to an extreme psychological trauma.

Reasoning: It is the cognitive process of looking for reasons for beliefs, conclusions, actions or feelings.

Self disclosure: sharing information about oneself

Self esteem: self-esteem reflects a person's overall self-appraisal of his or her own worth.

Sexual molestation: a term defining offences in which an adult engages in non-penetrative activity with a minor or adult for the purpose of sexual gratification: groping and touching a woman's private parts.

Shame: is the consciousness or awareness of dishonor, disgrace, or condemnation.

Simulate: to replicate or imitate.

Stressors: an event or context that elevates adrenaline and triggers the stress response because it throws the body out of balance and forces it to respond; for example: daily stress events (e.g. traffic, lost keys), environmental stressors, life changes (e.g. divorce, bereavement). A stressor can also be an event that provokes stress.

Substance abuse: overindulgence in a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

Termination: to end

Thoughts: It is a higher brain function which helps us to problem solve, make decisions and analyze the world around us.

Tolerance: is the appreciation of diversity and the ability to live and let others live

Vigilance: attentive, watchful

Booklet of ice-breakers ad warm ups.

It's in a separate booklet.

Student handout booklet with standard Psychological Advising forms

It's in a separate booklet