

Counselling Skills : Consolidating Practice

Day 1

Aims

- To build on current skill and practice gained through experience and previous Counselling skills courses.
- To develop a personal evaluation of skills and learning plan for each student.
- To develop a collaborative and supportive learning environment

Personal Needs and Professional Concerns

- What do you need professionally to take from this course to help practice Counselling skills more effectively in your current work setting ?
- What are your personal needs in the short term and long term regarding Counselling Skills?

My expectations

- The group keeps to the agreed times for breaks
- Only use personal material you feel comfortable with
- Sessions will be a dialogue with the group sharing professional experience
- It will be enjoyable and relaxed

Skills

- Initiating and structuring sessions
- Giving Feedback through session
- Understanding what the client is trying to say
- Interpersonal effectiveness
- Collaboration
- Pacing and Efficient use of time
- Guided Discovery
- Focusing on specific problems
- Change strategies
- Technique
- Closing and evaluating session

Exercise

- Using a scale from 0-6 where 0 is poor and 6 is excellent rate you own level of skill in the previous skills.
- How do you know this is accurate do you have experiences to back this up or is it just how you feel?

Counselling structure

- Socialising to the method
- Assessment
- Goal Setting and Problem Definition
- Intervention
- Evaluation

D.A.S.I.E

- Stage 1 Develop the relationship, identify and clarify problems
- Stage 2 Assess Problem and redefine in skills term
- Stage 3 State working goals and plan intervention
- Stage 4 Intervene to develop self helping skills
- Stage 5 End and consolidate self helping skills

Jones 1993

Contracting

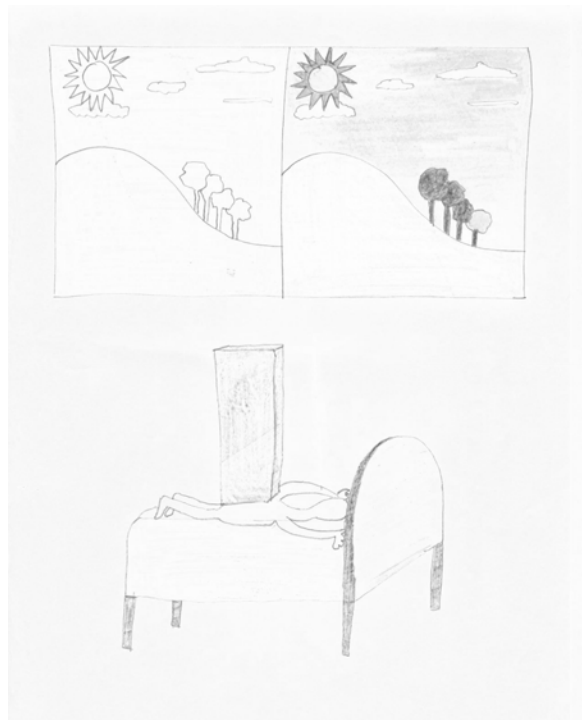
- Introduce self
- Explain session content and structure
- Boundaries
- Expectations
- Nature of session, assessment or initial
- Ending
- Confidentiality
- Referrals

Assessment

- Problem definition what, when where and how?
- Frequency, Intensity and Duration
- Discrete or Complex
- Functional, Interpersonal, intra-psychic
- Problem Listing
- S.M.A.R.T.

Safran and Zegal's Suitability for short-term cognitive therapy rating scale

- Accessibility of automatic thoughts
 - Awareness of differentiation of emotions
 - Acceptance of personal responsibility for change
 - Compatibility with cognitive rationale
 - Alliance potential [in and out of session]
 - Chronicity of problems
 - Security operations
 - Focality
 - Patient optimism/ pessimism
- Safran and Zegal [1990]



Goal Setting and Problem Definition

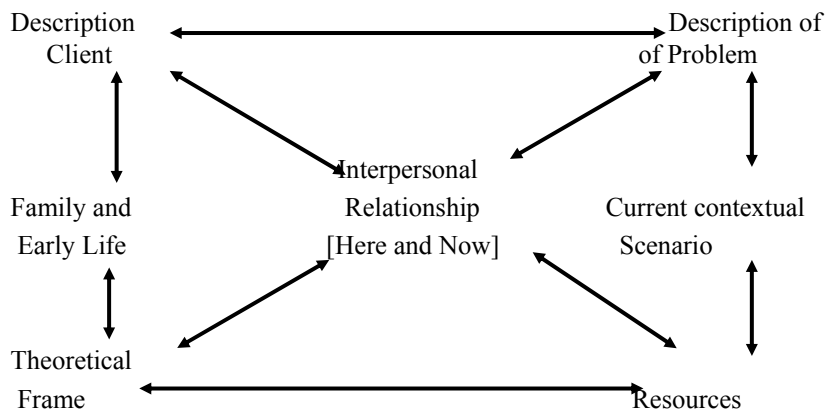
- In pairs describe a patient you have worked with recently and attempt to define the nature of their problem and the goal they may be trying to achieve.

Formulation

- “Without such a case formulation approach, the nurse would be like a traveller without a map or an explorer with no destination, going round in circles and perpetually distracted by immediate objects of perpetual interest”
- The role of formulation
- Understand relationships among problems.
- Choose treatment modality
- Choose an intervention strategy
- Choose an intervention point
- Predict Behaviour
- Understand and manage non-compliance
- Understand and work on relationship difficulties
- Make decisions about “extra-therapy” issues
- Redirect an unsuccessful treatment

Persons JB [1989]

Elements of a Formulation-Based Assessment



Relationship and Process Issues

- Defences
- Resistance
- Transference
- Counter transference
- Parallel Process
- Conflict resolution
- Separation Anxiety

Leahy's Dimensions of Resistance

- Validation Resistance
- Self Consistency
- Schematic Resistance
- Moral Resistance
- Victim Resistance
- Risk Aversion and Depressive Resistance
- Self Handicapping

R. Leahy 2000

Unconscious Communication

“ It is a remarkable thing that the unconscious of one human being can react on that of another without passing through the conscious of either.”

S. Freud [1915]

Characteristics of the Unconscious

- Timelessness
- Replacement of external by internal reality
- Displacement
- Condensation
- Absence of Mutual Contradiction

Transference Phenomena

“ The process by which a patient displaces on to his nurse feelings, ideas etc., which derive from further previous figures in his life; by which he relates to his nurse as though he were some former object in his life.”

C. Rycroft 1988

“ Transference reactions reduce self awareness by helping maintain a world image in which people are seen in essentially identical terms, thus eliminating differential experience.”

C. Edward Watkins

Transference Types

- Positive
 - Counsellor as Ideal
 - Counsellor as Seer
 - Counsellor as Nurturer
 - Counsellor as Frustrator
 - Counsellor as Non-Entity
- Negative
- Eroticised

C.Edward Watkins 1992

Counter-transference

Fundamentally seen as the therapists transference to the client, Counter-transference has been the major focus of Post-Freudian psychoanalytical theoretical development. Initially seen by Freud as the analysts unanalysed material projected onto the client. Which interfered with the therapeutic process it has been seen more recently as a form of unconscious communication.

“Counter-transference refers to the attitudes and feelings only partly conscious of the analyst towards the patient.

I.Moore, R.Fine[1975]

Projective Identification

A clinical phenomena which also indicates a major theoretical development in psychoanalytical thinking. It contains an overlap of concepts such as counter-transference, projection and identification. It use has been utilised in what has been termed the parallel process in supervision. Where the supervisees enactment of a case in supervision parallels the patients experience in therapy.

“ Communication by impact. An emotional often unarticulated element within communication”

P. Casement

Separation Anxiety

The effect of absences or such as long breaks due to holidays and sudden endings of therapy, eg. Maternity leave, job change, etc., can have a profound effect on clients.

They can experience these absences as :

- Fear of Death or Harm
- Guilt at causing harm
- Self-fulfilling Prophecy
- Anger at loss of fantasy of central role in the therapists life

Why Supervision?

Common features of Professional Practice

- Problems are messy , complex with few right or wrong answers
- Knowledge base is broad, complex and multi-faceted
- Context in which practice takes place is often restrictive and significant.
- Professional practice cannot be understood in terms of skills or techniques alone
- Professional knowledge is often difficult to articulate

D,Schon [1983]

Learning Set Case work

- In your group discuss difficult cases Decide on one case and then use the Flip- Chart Paper to Write up and present it as a problem for group supervision