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INTRODUCTION TO COUNSELING

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CHAPTER - 1

INTRODUCTION TO COUNSELING

Topics Covered

Definition of Counseling
Guidance and Counseling
Concepts of Counseling
Notion and Misconceptions about Counseling
Scope of Counseling
Necessity of Counseling
Steps in the Counseling Process
Frequently Asked Questions (FAQs)

DEFINITION OF COUNSELING

Counseling is an art and science. It's a short term, interpersonal, theory based, helping profession. Its aim is to resolve developmental and situational difficulties. Counseling helps to bring change in life: Change in thought; Change in emotion; and Change in behavior. Both the American Counseling Association (ACA) and Division 17 (Counseling Psychology) of the American Psychological Association (APA) have defined counseling on numerous occasions. Their definitions contain a number of common points, some of which follow.

Counseling is a profession. Practitioners should complete a prescribed course of study usually leading to a master's degree or a doctorate degree. Counselors are members of organizations that set professional and ethical standards and promote state licensing and certification by national associations (Wittmer & Loesch, 1986). The process of certification and licensing and the adherence to ethical codes assure the public that the counselor meets minimal educational and professional standards. Counselors should possess personal qualities of maturity, empathy, and warmth. Overall, counseling is active and differs considerably from passively listening to problems.

Counseling deals with personal, social, vocational, empowerment, and educational concerns. Counselors work only in areas in which they have expertise. These areas may include intra- and interpersonal concerns related to school or college adjustment, psychological health, aging, marriage/ family issues, employment, and rehabilitation.

Counseling is conducted with persons who are considered to function within the "normal range". Clients have adjustment, development, or situational concerns; and their problems require short-term intervention. They are not considered "sick" but "stuck". Sometimes they just need information, but usually they are looking for a way to clarify and use the information they already possess. Counseling is theory-based and takes place in a structured setting. Counselors draw from a number of theories and work in a structured environment, such as an office setting, with various individuals, groups and families.

Counseling is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking. Counselors focus on the goals their clients wish to achieve. Clients explore their present levels of functioning and the changes that must be made to achieve personal objectives. Thus, counseling involves both choice and change, evolving through distinct stages such as exploration, goal setting, and action (Brammer, 1993; Egan, 1990).

Counseling encompasses various subspecialties. Subspecialties include school or college counseling, marriage and family counseling, psychological health counseling,

gerontological counseling, rehabilitation counseling, addiction counseling, and career counseling. Each has specific educational and experimental requirements for the practitioners.

Thus, counseling can be more precisely defined as relatively short-term, interpersonal, theory-based processes of helping persons who are basically psychologically healthy resolve developmental and situational problems. Counseling activities are guided by ethical and legal standards and go through distinct stages from initiation to termination. Personal, social, vocational, and educational matters are all areas of concern; and the profession encompasses a number of subspecialties. A practitioner must complete a required course of study on either the master's or doctoral level.

Important goals of counseling are as: Facilitating behavioral change; Enhancing one's coping skill; Promoting decision making; Improving relationships; and Facilitating one's potentials.

Facilitating Behavior Change: Rogers (1961) stated that behavior changes as a necessary result of counseling process; although specific behaviors receive little emphasis during the counseling experience. Dustin and George (1971), on the other hand, suggest that the counselor must establish specific counseling goals. Almost all theorists agree to bring about a change in behavior enabling the client to live a more productive and satisfying life. They believe that the specific goals make both understand the specific change.

Enhancing Coping Skills: Few people completely achieve developmental tasks. Inconsistency of significant others can result in ineffective learning in children. New interpersonal or occupational role demands may create an overload and excessive anxiety. Counselor helps individuals to cope effectively.

Promoting Decision Making: Counselor just promotes not makes decisions. Counselor provides information, clarifies and sorts out personal characteristics and emotions, and even attitudes affecting decision making. The client learns to estimate the probable consequences in personal sacrifice, time, energy, money, risk, and the like.

Improving Relationships: Many people have problems relating to others as much of our life is spent in social interactions. Bowlby's attachment theory states that children of insecure and rejecting parents establish their adult relationships differently than those of secure and understanding parents. This problem can be due to "poor self image", "unstable self-esteem", or "inadequate social skills". Counselor strives to help improve quality of relationships. Sometimes counselor improves relationships by improving client counselor relationship.

Facilitating the Client's Potential: The counselor attempts to promote the client's growth by improving personal effectiveness and skills like interpersonal relationships and problematic behaviors like smoking, eating, drinking, shyness, anxiety, and depression. Blocher (1966) suggests that counselor maximizes an individual's possible freedom within limitations. Then counselor seeks to maximize a client's effectiveness promoted by giving him/her control over the environment.

Self Assessment Activity

What do you think the definition of counseling should be?

Counseling is a developmental process, in which one individual (the counselor) provides to another individual or group (the client), guidance and encouragement, challenge and inspiration in creatively managing and resolving practical, personal and relationship issues, in achieving goals, and in self-realization.

GUIDANCE AND COUNSELING

Guidance and Counseling is defined as a planned and organized work aimed at assisting the trainee to understand himself/herself and his/her abilities and develop his/her potentialities in order to solve problems and achieve psychological, social, educational and professional compatibility, and also to achieve objectives within the framework of teachings.

Guidance is a kind of advice or help given to the individual especially students, on matters like choosing course of study or career, work or preparing for vocation, from a person who is superior in the respective field or an expert. It is the process of guiding, supervising or directing a person for a particular course of action. The process aims at making students or individuals aware of the rightness or wrongness of their choices and importance of their decision, on which their future depends. The term counseling is defined as a therapy, in which a person (client) discusses freely about his/her problems and share feelings, with the counselor, who advises or helps the client in dealing with the problems. It focuses on a person's strengths, assets, environmental interactions, educational background, career development and personality. It aims at discussing those problems which are related to personal or socio-psychological issues, causing emotional pain or mental instability that makes you feel uneasy. The counselors listens the problems of client with empathy and discuss it, in a confidential environment. Counseling is not just giving advice or making a judgment, but helping the client to see clearly the root of problems and identify the potential solutions to the issues. The counselor also changes the viewpoint of the client, to help him/her take the right decision or choose a course of action. It will also help the client to remain intuitive and positive in the future.

Guidance and Counseling complement each other though there are some differences. Guidance is a group of planned services that include counseling, it provides the trainee with miscellaneous information to upgrade his/her feeling of responsibility, understand himself/herself and know his/her abilities and provide guidance services to trainees. Counseling on the other hand is the procedural aspect of guidance; it is therefore the interaction that comes as a result of the vocational relationship between a specialized counselor and his/her client where the counselor assists the client to understand himself/herself and his/her abilities and talents to achieve self and environmental compatibility in order to attain the appropriate degree of psychological health in light of the techniques and specialized skills of the guidance process.

The concept of guidance and counseling reflect a common meaning that includes awareness, assistance and change of behavior to the better, but still there is a difference between the two concepts -

- ❖ An advice or a relevant piece of information given by a superior, to resolve a problem or overcome from difficulty, is known as guidance. Counseling refers to a professional advice given by a counselor to an individual to help him/her in overcoming from personal or psychological problems.
- ❖ Guidance is preventive in nature, whereas counseling tends to be healing, curative or remedial.
- ❖ Guidance assists the person in choosing the best alternative. But counseling tends to change the perspective, to help him/her get the solution by himself/ herself.
- ❖ Guidance is a comprehensive process that has an external approach. On the other hand, counseling focuses on in-depth and inward analysis of the problem, until client understand and overcome from it completely.
- ❖ Guidance is taken on education and career related issues whereas counseling is taken when the problem is related to personal and socio-psychological issues.
- ❖ Guidance is given by a guide who can be any person superior or an expert in a particular field. As opposed to counseling, which is provided by counselors, who possess high level of skill and undergone through professional training.
- ❖ Guidance can be open and so the level of privacy is less. Unlike counseling, wherein complete secrecy is maintained.
- ❖ Guidance can be given to an individual or group of individuals at a time. On the contrary, counseling is always one to one.
- ❖ In the guidance, the guide takes the decision for the client. In contrast to counseling, where the counselor empowers the client to take decisions on his/her own.

It is clear that guidance and counseling are two different terms. The guidance aims at giving solutions while counseling aims at finding problems, working over it and then resolving it. However, both the process attempts to solve the problems of the client whereby the participation of both client and the expert should be there.

Table 1.1

Comparison Chart between Guidance and Counseling

Basis for Comparison	Guidance	Counseling
Meaning	Guidance refers to an advice or a relevant piece of information provided by a superior, to resolve a problem or overcome from difficulty.	Counseling refers to a professional advice given by a counselor to an individual to help him in overcoming from personal or psychological problems.
Nature	Preventive.	Remedial and Curative.
Approach	Comprehensive and Extroverted.	In-depth and Introverted.
What it does?	It assists the person in choosing the best alternative.	It tends to change the perspective, to help him/her get the solution by himself/ herself.
Deals with	Education and career related issues.	Personal and socio-psychological issues.
Provided by	Any person superior or expert.	A person who possesses high level of skill and professional training.
Privacy	Open and less private.	Confidential.
Mode	One to one or one to many.	One to one.
Decision making	By guide.	By the client.

CONCEPTS OF COUNSELING

Counseling takes place in the context of a helping relationship in which the counselor and the client work together to resolve a problem, change behavior or foster personal growth and awareness. Although clients may have a number of helping relationships with friends or family, the counseling relationship is different in a number of ways -

- ❖ The counseling relationship is not reciprocal. The counselor's job is to focus on the clients' concerns and offer their support and encouragement. This is the clients' time to focus on themselves.

- ❖ The counselor is a trained professional who has spent several years learning about different ways to help clients, resolve their particular problem.
- ❖ The counseling relationship is confidential. Whereas with friends or family, clients might hope that they will respect their privacy, a counselor is ethically and legally bound by confidentiality. Unless the client is an immediate danger to themselves or others, their conversations with a counselor will be private.
- ❖ Clients can depend on the counselor to meet them at their set appointment times.

Who Is A Counselor?

A counselor is an individual who -

- Understands the feelings of a client and treats it as fact
- Keeps all information confidential
- Facilitates discussions on the issues in question
- Builds self-esteem of the client
- Reassures if the client is insecure
- Solicits the client's own feelings and ideas for solutions
- Be empathetic to the client and show care
- Has patience
- Does not get distracted during interaction with client
- Builds confidence
- Considers the client's long and medium term goals
- Avoids acting like an expert
- Has a BIG ear and SMALL mouth so is able to listen more than speak.

Self Assessment Activity

What do you think the most important qualities for a counselor are?

How Does Counseling Work?

Counseling is about taking control and making the changes your clients want. Within the safety of the therapeutic relationship your client can express deeply-held feelings such as anger, pain and anxiety that they may not have fully acknowledged before. By making sense of the past and gaining insight into present behavior, more options can be created for change in the future. So confusion can lead to clarity; self-doubt to self-awareness and self-esteem. Counseling therapy can be the path towards living in a more satisfying and fulfilling way. It's about living the life your clients want.

How Often Should Clients Have Appointments?

Appointments would usually be on a weekly basis, but they could be more or less frequent by arrangement. You should be able to offer appointments on a flexible basis, rather than a regular time each week, to accommodate your client's particular

needs. Most counselors are often able to make appointments at the weekend to fit the client's workload and not wanting associates at work to know that they are seeking help from you.

How Long Should Counseling Last?

Normally sessions last for one hour each for approximately 8 -12 weeks. The number of sessions would depend on individual cases and progress.

How Much Could You Charge Per Session?

As a counselor, who has an established practice you could expect to earn depend on market forces. You should note that counseling on the National Health Service may be free.

When Will The Client Start To Feel Better?

Some people feel better even after the first session. Others find it takes time to feel the benefit and may not even realize there has been any benefit until they stop going to see the counselor and compare how they were before the counseling started. Everyone is individual and the amount of benefit your client receives from your sessions is very personal.

When Is A Counselor Not Ready To Counsel?

A counselor should not practice when s/he -

- Lacks motivation and creativity
- Has prejudices against the client
- Has preconceptions about the issues faced by the client
- Feels social distance between themselves and their client
- Feels insecure and lacks self confidence
- Be impulsive to clients comments.

NOTION AND MISCONCEPTION ABOUT COUNSELING
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Misconceptions and faulty beliefs about counseling are very prominent in our society. Inaccurate images of what clients seeking counseling are like, how time is spent in counseling and the nature of the counseling relationship are often found in media images. Thinking these media misconceptions are true can make seeing a counselor a scary proposition. The myths and realities listed below provide a more accurate sense of what counseling is truly like.

Myth: *Counseling is only for “crazy people” or people with “problems”.*

Foremost among the myths regarding counseling is that it is only used to treat psychological illness. Counseling aims at facilitating personal and interpersonal

growth. As such, people in a variety of circumstances may find the services of a counselor helpful. These might include when a person or couple is at a turning point in their life (e.g. preparing for marriage), or when a person is considering making a significant change in their career, relationship, or priorities in general. Additional reasons people request counseling services include, but are not limited to seeking help with depression, anxiety, mood fluctuations, uncontrollable fears, addiction, trauma related stress, extended bereavement, eating disorders, marital problems, behavioral problems, parenting or co-parenting, blended families, sexual difficulties, self-esteem, communication, and many other potential life stressors. In general, a counselor works to provide assistance in evaluating people's strengths and abilities as well as identifying any barriers or misunderstandings that could potentially prevent one from pursuing or achieving their dreams.

Myth: *Counselor's role is to give "advice".*

Another misconception about counseling is that it is a process in which the client tells what the problem is, and the counselor tells the client what to do. A therapist works to help facilitate change, not direct it. Many therapists see this process as a collaborative partnership, one in which the counselor and client(s) work as a team to fully explore the nature of the problem, desired goals, addressing change, and developing a plan that will lead to successful outcomes. Ultimately, however, the decisions for how therapy progresses reside with the client.

Myth: *Counseling is a last resort.*

In general, the earlier a problem is addressed the better the outcome, and less severe the consequences. Premarital counseling is an example of why counseling need not be a last resort. Some people put off their problems until it is seemingly impossible to resolve them. On some occasions, a couple will enter therapy as a last attempt to "save their marriage" from the brink of divorce. This attitude often prevents couples from getting early counseling interventions that could better help identify and mediate their issues. Needless to say, it is not necessary to wait this long before entering therapy. A wise and experienced therapist may be able to help a couple prioritize and address their concerns before they become a stumbling block to a couple's progression.

Myth: *Counselor does not know me and can't help me.*

Actually, this is one of the most important reasons why counseling can be successful. Since a counselor is not a part of your day to day life, they are capable of being more impartial with less bias. Oftentimes, family and friends tell you what you should do. Counseling involves a unique relationship where you are encouraged and challenged to find the answers that are right for your life.

Myth: *Counselors just sit there, nod, and stay silent.*

Many stereotypes and depictions of counselors in movies have led to their image being “touchy-feely”, reading your mind, detached, or ineffective. Most counselors today are active and engaged, using questions, reactions, and interventions to help you move towards your goals. It will be important to consider how active you want your counselor to be and inquire about this when working to find a counselor that is right for you.

Myth: *Counseling takes forever.*

The length of counseling depends on the client’s goals, motivation, and the severity of the problems brought into counseling. However, most counseling is short-term, generally lasting between eight and fifteen sessions. Good counselors are invested in helping you meet your goals so you can successfully operate independent of counseling.

Myth: *Everyone will know I’m seeing a counselor.*

So what? It is your “life” and you alone can take charge of your life and own responsibility to whatever happens. Counseling is a confidential experience of the client and happens totally between the client and the counselor. While you know you are attending sessions, no one will know what are being discussed. Counselors are bound by professional ethics and so have the commitment to your privacy and confidentiality both during and after the counseling session ends. Only in extreme cases where someone is in imminent danger or a judge mandates (e.g. suicide, child abuse, etc.) release of counseling records can confidentiality be broken. Outside of these circumstances, information can only be shared if you share it or you provide written authorization for releasing information.

Myth: *Couples counseling always makes one person the villain.*

Counselors focus on the relationship. While it will be important to gather information from each member of the couple, the purpose is to facilitate relationship change. As a result, each member will look at their role in the current state of the relationship. Rather than labeling someone the villain, the couple’s counselor will encourage both members to make changes leading to improvements in the relationship.

Myth: *Counseling will change who I am forever.*

Counseling will not require you to make changes you do not like, that you are not ready for, or that go against your beliefs and values. Counseling is designed to facilitate positive change. It is important to keep in mind that you are in charge of the change that you make. If you are unhappy with the changes that are happening, tell your counselor. Counselors want to help you change in the ways that feel beneficial to your life.

Myth: *Counseling is expensive.*

Yes, it is because of the nature of service and number of sessions. But it is providentially free in some communities.

Myth: *Therapy is like having a paid friend.*

There is huge difference between a therapist and your best friend. “There’s a myth that you pay someone to be nice to you and care for you - what I tell my clients is that you pay for time and expertise and the caring is free”, says Noah Rubinstein, founder and CEO of therapist directory. Rubinstein added, therapists are trained to avoid dual relationships and can’t see their clients outside of the office.

Myth: *Going to a counselor means I am out of control.*

No. Actually it is a way of taking control of your emotional imbalance and understand the reality in the distress situation. With the clarity arrived at, you will be able to see a different perspective to the issue and can arrive at a decisive solution. Talking to a counselor is a great way to take control of your thoughts, feelings and behavior and then to make changes to improve your quality of life, as mood and behavior not only affect you but also people around you.

Myth: *Therapists will blame you and shame you.*

Good therapy is about compassion and is intended to let the client experience their own emotional breakthroughs at their own pace.

Myth: *Medication is just as effective as therapy.*

Rubinstein says that not all problems can be fixed with medication. The medical model assumes that most psychological problems are caused by biochemistry, rather than viewing biochemical changes as a symptom, and can overlook the experience of losing jobs, divorce, deaths in the family etc. Emotional stress cannot be solved with just medication, and people relying solely on pills should look at their options for one-on-one therapy.

Myth: *Counselors can give solutions to all problems and can cure giving medicines.*

Counselors are not medical professionals. They cannot prescribe medicines. At the most if they realize the need they will refer to a psychiatrist or a psychological health professional. There is no “One size fits all” kind of readymade solution available with the counselors. They are not also advice giving machines. They work along with you in understanding the issues and help you get insight and clarity to the issues and problems faced by you. This will help you to make own decisions which will prove to be healthy and productive.

Myth: *Therapy is all happy thoughts.*

Yes, but not always. Many new clients expect their therapist to change their perspective and convince them they should be happy. But therapy doesn't work by thinking happy thoughts. In order to become happy, a person needs to face the parts of them that aren't. Working with a client one-on-one, therapists are able to go through a person's painful past and give them hope for a peaceful future.

Myth: *Counselors can read the mind and draw out the deep dark secrets.*

Definitely "not". They can only help you to understand your issues and problems. They will help you to understand yourself better. They will limit to only the issues or problems that you prefer to share or seek help for. Decision to share what, how much and when are all decisions of the clients. As and when s/he feels comfortable, concerns can be shared.

Myth: *There's nothing you can do about the past.*

There's always an assumption that therapy is about moving forward and never looking back. When we do this, our past still haunts us. Good therapy allows people to go to those places where they have been wounded and burned and resolve these feelings.

Myth: *Counseling is only for Men/ Women.*

Counseling is not gender specific. But it is a fact that number of male seeking help is more than the female gender. One of the reasons could be that the female gender has a better emotional control comparatively.

Myth: *Therapy will make your painful problems worse.*

Yes, you will go back into the past and yes, it may bring up some bad memories. But don't be afraid. Good therapists guide their clients through painful experiences, but in a way that is safe and not overwhelming.

SCOPE OF COUNSELING

Clients are encouraged to meet with a counselor even if they are not sure that they need counseling. Any clients facing the following common problems are encouraged to see a counselor -

- | | |
|--|--|
| • Academic Performance | • Family Issues |
| • Trouble with Concentrating, Studying, or Attending Classes | • Anxiety/Persistent Worry/Panic Attacks |
| • Anxieties about Aspects of Study including Exams and Presentations | • Bereavements and Parental Separations |
| • Achievement Conflicts | • Cultural Concerns |

- Stress
- Life Transitions
- Loneliness/Isolation/Homesickness
- Difficulty Adjusting to Life
- Relationships/Intimacy Issues
- Friend or Roommate Conflicts
- Difficulty Making or Keeping Friends
- Lack of Self Confidence or Low Self-esteem
- Self-Injury
- Suicidal Thoughts
- Worries about Appearance
- Anger Management
- Grief/Loss
- Identity Confusion
- Sexual Orientation/Gender Identity
- Eating or Sleeping Disorders/
Body Image Concerns
- Weight Loss or Gain
- Depression/Apathy
- Sexuality
- Abusive Relationships
- Alcohol or Drug/Substance Use/
Abuse
- Sexual Assault/Rape/Abuse
- Pregnancy
- Difficulty in making Decisions
- Uncertainty about the Future.

The Psychological Counseling Services approach psychological issues from the perspective that psychological health and well-being is affected by one's personal history and current environment. The aim of the service is to assist clients in developing healthy, fulfilling relationships and increasing enjoyment in productive working and learning. The Psychological Counseling recognizes that each person is unique. There are many approaches to help clients move towards growth and problem-resolution. Often counselors will provide them with opportunities to learn new skills and coping mechanisms while also increasing their self-understanding and insight. Counselors may also examine past patterns to help them assess in a healthier way their current/ past relationships, decision-making, and family dynamics. With the help of their counselors, clients will better understand their strengths and abilities to manage life challenges which can be very important in achieving their therapeutic goals.

NECESSITY OF COUNSELING

A vast majority of people are well prepared physically and psychologically to cope with many negative physical and psychological events that take place during their lifetime, these can be - Deaths within the family and friends and work associates; Injury; Divorce; Marriage; Stress; Unemployment; Change of jobs; War; Disaster; Birth; etc. Families and friends too help us to absorb many such negative events making painless transitions to accepting the challenges before us. However all the

above lead to an enormous amount of pressure being placed on the individual and some can cope and other just simply cannot. In addition to the above list, what are considered minor traumas created by man himself/herself can cause as much of a problem on an individual as a major disaster. These could be -

- Physical violence
- Sexual violence
- Sexual discrimination
- Sexual abuse
- Abusive language
- Intolerance
- Negligence

All these events whether natural or man-made all are resulting in disruption of normal life. A long process of healing is required to bring back normality in the lives of the people who have been exposed to such negative life events, and one of the main healing techniques is called counseling. Clients can expect to find someone who is interested in listening to their concerns, helping them understand better and guiding them to resolving in a healthy manner. Counselor will take them seriously, and be willing to discuss anything they wish to talk about. Counselors have no 'magic wand' and cannot read students' mind, and are not there to solve their problems for them. They are there to help them look at their concerns in a new way, and assist them in deciding how to change what they want to change.

Who Needs Counseling?

Classically you could say all of us need it sometime in our lives, however it is specifically needed when -

- ❖ A person is always irritated
- ❖ Angry
- ❖ Is distrustful of people
- ❖ Always suspicious
- ❖ Lacks self confidence
- ❖ Always in doubt
- ❖ In apathy about life
- ❖ Shows anxiety about the future
- ❖ Resents life and family
- ❖ Remains isolated
- ❖ Lacks willingness to take any initiatives
- ❖ Shows territorial behavior.

STEPS IN THE COUNSELING PROCESS

The ten steps for counseling are to establish basic ground rules in what you do and how you operate. These ten steps are -

1. Encourage the client to talk about the feeling
2. Validate the feeling with reflective listening
3. Let the client have the chance to speak
4. Provide missing information where needed
5. Talk about the client's views and goals
6. Communicate what it takes to get to the point needed
7. Observe signs of trouble and prepare for possible violence and threats
8. Encourage client to develop positive energy towards devising a solution
9. Establish a regular schedule for follow-up discussions and give feedback
10. Agree on what steps are needed to be taken by the client to change the current situation.

These steps can be classified into five separate stages.

STAGE ONE: RELATIONSHIP BUILDING - INITIAL DISCLOSURE

The first step involves building a relationship and focuses on engaging clients to explore issue that directly affect them. The first interview is important because the client is reading the verbal and nonverbal messages and makes inferences about the counselor and the counseling situation.

Relationship could imply the ties between two people in love, the bond between family members or close friends or colleagues or even the bond between a person and his/her pet. In counseling, the counselor establishes rapport with the client based on trust, respect and mutual purpose. When there is good rapport, a positive psychological climate is created and vice-versa. Carl Rogers also emphasize the importance of building a relationship between the counselor and the client. He identified three important conditions for the establishment of an effective counselor-client relationship: Empathy, Genuineness and Unconditional Caring. Empathy, genuineness and warmth are three conditions that enhance relationship building in the counseling situation. These qualities are conveyed to the client thorough verbal and non-verbal behaviors of the counselor. The greatest obstacle in the relationship building stage is the tendency for the counselor to move too quickly. It is also important for the counselor to be sensitive and responsive to each client's worldview.

For forming rapport and gaining the client's trust -

- Assuring confidentiality and discussing limits of confidentiality
- Allowing ventilation

- Allowing expression of feelings
- Exploring the problem(s), asking the client to tell their story
- Clarifying client expectations of counseling
- Describing what the counselors can offer and their method of working
- Statement from the counselor about their commitment to work with the client.

Some Skills for Relationship Building for the Counselor

- ❖ Introduce yourself.
- ❖ Invite client to sit down.
- ❖ Ensure client is comfortable.
- ❖ Address the client by name.
- ❖ Invite social conversation to reduce anxiety.
- ❖ Watch for nonverbal behavior as signs of client's emotional state.
- ❖ Invite client to describe his/ her reason for coming to talk.
- ❖ Allow client time to respond.
- ❖ Indicate that you are interested in the person.

STAGE TWO: IN DEPTH EXPLORATION - PROBLEM ASSESSMENT

While the counselor and the client are in the process of establishing a relationship, a second process is taking place, i.e. problem assessment. This step involves the collection and classification of information about the client's life situation and reasons for seeking counseling. Assessment refers to anything counselors do to gather information and draw conclusions about the concerns of clients. Assessment takes place at the beginning of the counseling process. But, some degree of assessment takes place throughout the counseling process with purpose of finding missing pieces of the puzzle, i.e. the client. According to Seligman (1996), assessment should attempt to recognize the importance and uniqueness of the client. In a way, saying to the person, "You are special and I want to get to know you and understand why you are the way you are". The counselor needs such knowledge about the client so that nothing is left out. For example, you might have left out an important piece of information about your client which may affect the counseling or therapeutic process.

Why Assess Client

It should be remembered that you are assessing your client not for the purpose of judging or evaluating him/ her. The purpose of assessment is to seek clarification; you want to know about your client. Seligman suggests the following reasons for assessing a client -

- Enable counselors to make an accurate diagnosis
- Determine a person's suitability for a particular treatment plan
- Enable counselors to develop a treatment plan
- Make goal-setting easier and achievement of goals measurable

- Enable assessment of environment or context
- Facilitate generation of options and alternatives.

What to Assess

Hackney and Cormier (2005) listed the following important components of assessing the client -

Identifying Data

- Name, address, phone number [to enable the counselor to contact and gives an indication of the conditions under which the client lives].
- Age, gender, marital status, occupation [gives an indication of the age of the client and some background about marital status].

Problems Presented

Present the problem exactly the way the client reports them and the following questions might reveal additional information -

- How does the problem interfere with the client's daily life?
- What are the behaviors, thoughts and feeling associated with the problem?
- How often and how long has the problem existed?
- Is a pattern of events? e.g. when? With whom? Is it predictable?

Client's Current Life Style

- How does the client spend a typical day?
- What social, religious and recreational activities are the client involved in?
- What is the nature of the client's educational situation?
- What special characteristics about the client? e.g. age, physical, cultural, etc.

Family History

- Father and mother: age, occupation, personalities, roles, relationship with client.
- Siblings: age, present life and relationship with client.
- Family stability: jobs held, family moves and reasons.

Personal History

- Medical history: illness, injury.
- Education history: academic performance, extra-curriculum activities, hobbies and interests, relationships with peers.
- Career: jobs held, types of jobs, relationships with colleagues and fellow workers.
- Client's personal goals in life.

Description of the Client during the Interview

- Physical appearance: posture, dress, gestures, facial expression.
- How does the client related to counselor in the session?

- Client's warmth, readiness, motivation, passivity, etc.
- Were the client's remarks logical? Connected to another.

Summary and Recommendations

- Connection between problem stated by the client and other information collected.
- Should the client be assigned to a particular counselor?
- Are the goals for counseling stated by the client realistic?
- How much counseling might be required?

What is the Nature of the Problem Presented by the Client

Here, the counselor tries to gather specific details regarding the nature and content of the problem presented by the client as well as other problems that may have been mentioned during the earlier and subsequent sessions. Usually, a person will seek counseling because of a problem and during the counseling sessions something else might be revealed. Hence, it is important to have more than one session with the client to determine more specifically the problem encountered. Whiston suggested that to understand in more detail the problem stated by the client, the counselor could explore the following areas -

- Feelings associated with the problem (e.g. anger, fear);
- Thinking associated with the problem (i.e. the client's beliefs, perceptions);
- Behaviors associated with the problem (e.g. rude, insults, avoids being in a crowd);
- Physiological complaints associated with the problem (e.g. stomach aches, unable to sleep);
- Interpersonal effects (e.g. quarrels with family members, keeps to himself/herself, bullies classmates).

Besides these sources of information obtained from the counseling sessions, the counselor could also obtain additional information about clients using psychological tests and self- ratings.

Is there a pattern of events leading to the problem -

- When does the problem occur? Where? With whom?
- What happens before the problem and after the problem occurs?
- What makes the problem better or disappear for a while?
- What makes the problem worse?

How long has the problem persisted and does it interfere with the client's life -

- How long has the problem existed?
- How often does the problem occur?
- How long does the problem last when it does occur?
- In what ways does the problem interfere with client's daily functioning?

How has the client coped with the problem -

- How has the client coped? What has and has not worked?
- What strengths, resources and support systems does the client have to help him/her change? (e.g. understanding parents, siblings, good friends)
- What is the client's worldview? (on gender, religion, ethnicity, peers)

How is the Assessment Information to be Used

There are different ways in which counselors use the information collected about their clients. Some counselors look mainly for patterns of behavior. Others use it for planning relevant counseling strategies and approaches to use with problems. For example, a person who complains that he is unable to make friends, the counselor might look at the client's behavior in interpersonal relationships and use behavioral strategies that emphasize acquisition of social skills and interpersonal strategies that deal with relationships between people.

Counselors who do not assess the problems presented by their clients are more likely to formulate wrong conclusions about client problems and irrelevant or non-workable counseling approaches and strategies. As a result, not only is more time spent on 'hit and miss' counseling, but ultimately clients might leave with the same set of problems they brought to the first session.

Assessment collected at the early stages of the counseling process will help counselors formulate hypotheses. Assessment is an ongoing process during counseling. Assessment gives an idea to the counselor the intensity of the problems and how the client is coping with the problem.

STAGE THREE: GOAL SETTING - COMMITMENT TO ACTION

Setting goals is very important to the success of counseling. It involves making a commitment to a set of conditions, to a course of action or an outcome. Goals are the results or outcomes that client wants to achieve at the end of counseling. Goals help the counselor and client determine what can and what cannot be accomplished through counseling. In goal setting, the client identifies with the help of the counselor, specific ways in which they want to resolve the issues and what course of action should be taken to resolve the problem.

Focus of the Client = Problem

Focus of the Counselor = Problem + Client + Counseling Process + Goal

According to Dixon and Glover, "once a goal is formulated and selected by a problem solver, it is likely to be rehearsed in the working memory and stored in long-term memory. A goal encoded in this way, then, becomes a major heuristic for the problem solver as s/he interacts with the environment".

- With clear goals, clients are more likely or motivated to work toward achieving those goals.
- With goals clients learn how to structure their lives towards achieving the goals.
- With goals, it is easier for the counselor to select and evaluate appropriate counseling interventions.

When goals are stated clearly, both the counselor and client have a better understanding of what is to be accomplished. Clarity of purpose allows the counselor to work more directly with the client's problems or concerns. Stating goals in behavioral terms, enhances the clients' understanding of what is to be done. It also allows both client and counselor recognize progress when it happens which reinforces further progress. Goal setting is a central part of the change process that people often take for granted. And yet, many people (including many counselors) are not very skilled at setting their own goals at helping others to identify and set goals. Goals can motivate clients to make desired changes and help counselor to evaluate progress.

GUIDELINES FOR SELECTING AND DEFINING GOALS

Goals should be selected and defined with care. Below are some guidelines for goal selection -

- Goals should relate to the desired end or ends sought by the client.
- Goals should be defined in explicit and measurable terms.
- Goals should be feasible.
- Goals should be within the range of the counselor's knowledge and skills.
- Goals should be stated in positive terms that emphasize growth.
- Goals should be consistent with the client's mission.

Process of Selecting and Defining Goals with the Client -

- Determine the client's readiness to negotiate goals.
- Explain to the client the purpose of selecting and defining goals.
- Select appropriate goals together.
- Define the goals explicitly.
- Determine the feasibility of goals and discuss their potential benefits and risks.
- Assist the client to make a choice about committing to specific goals.
- Rank goals according to the client's priorities and according to the nature of the goals. The easiest goals should be addressed first. This allows the client to feel success, which builds confidence and motivation.

Breaking Down Large Goals into Smaller Steps -

The first task in developing strategies to attain goals is to reduce them to manageable parts. These parts consist of discrete actions to be undertaken by the client. Behavior change is very difficult for all of us and particularly for addicts. It is important to bear in mind that when a client agrees to carry out a task, it does not necessarily mean that the client has the knowledge, courage, interpersonal skill or emotional readiness to implement the task successfully. The client needs to be helped to set small, realistic goals that are achievable, to avoid disappointment by large failures at the beginning of the relationship.

STAGE FOUR: COUNSELING INTERVENTION

There are different points of view concerning what a good counselor should do with clients depending on the theoretical positions that the counselor subscribes to. For example, the person-centered approach suggests that the counselor gets involved rather than intervenes by placing emphasis on the relationship. The behavioral approach attempts to initiate activities that help clients alter their behavior. After completion of the counseling intervention -

- ✓ Client acting upon plans;
- ✓ Client managing and coping with daily functioning;
- ✓ Existence of a support system and supports being accessed; and
- ✓ Identification of strategies for maintenance of change.

STAGE FIVE: EVALUATION, TERMINATION OR REFERRAL

Terminating the counseling process will have to be conducted with sensitivity with the client knowing that it will have to end. Note that each of these Stages continues even though the counselor and the client moves to the next step. For example, after built a relationship, the counselor moves to Stage Two which involves assessing the problem encountered by the client. In the meantime, the counselor continues to strengthen the relationship that has been built. In other words, Stage One or the building of a relationship does not stop but is ongoing until Stage Five which involves termination or perhaps the client is referred to for further action. In this stage -

- ✓ Closure discussed and planned;
- ✓ Appointment intervals lengthened;
- ✓ Available resources and referrals identified and accessed;
- ✓ Assurance provided to the client of the option to return to counseling if necessary.

FREQUENTLY ASKED QUESTIONS (FAQs)
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Responses to the following questions are my own opinion and should not be construed as representative of all psychological health professionals.

What's the difference between a psychiatrist and a psychologist?

A psychiatrist has an MD degree (Doctor of Medicine) or DO (Doctor of Osteopathy) and has chosen to specialize in the branch of medicine that focuses on psychological health issues. A psychiatrist treats patients by talking with them as well as by prescribing medication (if needed). Psychologists have one of these degrees: PhD (Doctor of Philosophy), PsyD (Doctor of Psychology), or EdD (Doctor of Education). A psychologist treats patients by talking with them but does not prescribe medication. If medication is needed, a psychologist will refer the patient to an MD such as a psychiatrist, a family physician, or another type of MD.

What's the difference between the terms counseling, therapy and psychotherapy?

In one sense, there are no differences since they all imply that you talk to a psychological health professional to help solve various problems in your life. In another sense, there is a significant difference. I view the term counseling to mean that a short-term and much focused approach is taken toward solving the client's problems. I view the term psychotherapy to mean that a long-term and more in-depth approach is taken. The term therapy is simply an abbreviated version of the term psychotherapy.

What's the difference between a counselor, therapist, psychotherapist, psychologist, psychiatrist, social worker, marriage and family therapist, etc.?

At a basic level, there are no differences in that all of these psychological health professionals talk to clients to help them solve their problems. At another level, there are significant differences in education and training that can impact the type of help you receive. For instance, typically the terms therapist, psychotherapist, psychologist and psychiatrist denote practitioners with a doctoral level of training, while the other terms denote practitioners with a master's level of training. But I believe that what determines how much a client resolves their problems while in treatment lies more within the client than within the therapist.

Can't I just talk to someone I know who's a good listener and get the same help that I would from a therapist?

The following quote answers that question with a resounding "no". The bottom line is that patients want to and need to be listened to. They want a therapist who can listen to them in depth. That is what we offer - We listen to people in depth, over an extended period of time and with great intensity. We listen to what they say and to what they don't say; to what they say in words and to what they say through their bodies and enactments. And we listen to them by listening to ourselves, to our minds, our reveries, and our own bodily reactions. We listen to their life stories and to the story that they live with us in the room; their past, their present, and future. We listen to what they already know or can see about themselves, and we listen to what they can't see in themselves. We listen to ourselves listening. Whatever managed care says, and whatever drugs are prescribed, and whatever the research findings, people still want to be listened to in depth and always will.

Will my psychologist think I'm weird, crazy or sick?

In a word, "no". In fact, I think that anyone who enters psychotherapy is courageous and to be respected because they are doing something about their problems by facing and confronting them.

How long will I be in treatment?

In general, a circumscribed issue with a short history will probably be dealt with fairly quickly, for example in 10 to 20 sessions. However, non-specific issues with a long history like, “I’ve never really been a happy person”, will probably need a much longer time period to be dealt with, say six months to several years.

Will I be sent off to a mental hospital against my will?

No, this does not happen to most people. There are very few instances that would dictate hospitalization, namely, only when safety issues are a concern. Out of the general population, only a very small percentage ever need to be hospitalized for psychological reasons and even fewer are taken against their will. Again, these few have to threaten harm to themselves or someone else.

Will I fall apart if I start talking about upsetting thoughts and feelings?

For most people, the answer is no, at least not in terms of a “nervous breakdown” or crying uncontrollably. It is certainly possible that you may cry or feel anxious or upset. But many people feel relief after letting their feelings out during a session.

Am I a failure if I go to a psychologist?

No, I do not believe this to be true. However, the answer depends upon who you listen to. Unfortunately, many in our society still view a visit to a psychologist as a sign of some inherent weakness or deficiency in the person. The good news is that many others are seeing this view as outdated and even foolish. I suggest that consulting a psychologist be viewed the same as when one visits another professional, for example, a physician. While on the one hand we could say someone has a physical weakness if they get the flu and have to visit their physician, on the other hand we could say that person is wise to seek the help of a trained professional. I believe it is the same for an emotional or behavioral problem, that is, it is wise (not weak) to seek professional help.

Can’t I just read a book, attend a support group, etc. and get the help I need?

You certainly can try that, but you may have already tried several of those methods. From my experience, most of the clients have already tried several avenues to deal with their problem by the time they come in for psychotherapy. In fact, the problem I hear over and over is that the self-help book, seminar, support group, etc. that was utilized was not specific enough to the client’s particular situation. In psychotherapy, problems and the application of solutions to those problems can be discussed in great detail.

Can't I just put my problems behind me, move on and hope for the best next time?

You can certainly try that but it often doesn't work if we are honest with ourselves. And in fact, the more we deal with life in that manner the more difficult it usually becomes to move on after each successive disappointment, frustration, or conflict. I think this is because each issue or situation that isn't dealt with appropriately accumulates with other prior unresolved issues. Then when too many issues accumulate, the overflow comes out in the form of symptoms like stress, anxiety, depression, irritability, lack of focus, stomach upset, headaches, muscle tightness, and the like. It is akin to a container that becomes too full and spills over if not monitored.

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