NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: CHS214

COURSE TITLE: Health Counselling

COURSE GUIDE

CHS 214
HEALTH COUNSELLING

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Introduction

CHS 214: Health Counselling is a 2 credit course for students of community health and related disciplines.

The course is broken into 4 modules of 15 study units. This course exposes the learner to the following broad concepts:

- Conceptualization of health
- Perceptual dimensions of health
- Conceptualization of counselling and specifically, health counselling
- Approaches in counselling
- Individual and group counselling
- Psychological experiences of illness
- Counselling skills
- Counselling process
- Conditions for effective counselling
- Counselling in HIV/AIDS
- Prevention counselling
- Crisis Counselling
- Disclosure Counselling
- Bereavement Counselling

This course guide, therefore, tells you briefly what the course: CHS 214 – Health Counselling, is all about, the types of course materials to be used, what you are expected to know in each unit, and how to work through the course material. It suggests general guidelines and also emphasises the need for self assessment and tutor marked assignment. There are also tutorial classes that are linked to this course and students are advised to attend.

What you will learn in this Course

The overall aim of this course, CHS 214 – Health Counselling is to introduce learners to the basic variables associated with health counselling. During this course, you will be equipped with definitions of health and counselling, theoretical underpinning of counselling, psychological experiences of illness, counselling skills and processes and conditions for effective counselling. More specifically, you will encounter terms like counselling and HIV/AIDS, prevention counselling, crisis counselling, disclosure counselling and bereavement counselling.

Course Aim

This course aims to give students an in-dept understanding of requirement and specifics of health counselling.

Course Objectives

Note that each unit has specific objectives. Students should read them carefully before going through the unit. You may want to refer to them during your study of the unit to check on your progress. You should always look at the unit objectives after completing a unit. In this way, you can be sure that you have done what is required of you by the unit. However, below are overall objectives of this course.

On successful completion of this course, you should be able to:

- Define health, health counselling and its dimensions
- Give a broad definition of counselling
- Identify theoretical approaches to counselling
- Understand individual and group counselling
- Explain psychological experiences of illness
- Understand counselling skills
- Understand counselling process
- Identify conditions for effective counselling
- Explain pre and post test HIV counselling and its requirements
- Explain prevention counselling
- Explain crisis counselling
- Explain disclosure counselling
- Explain bereavement counselling

Working through this Course

To complete this course, you are required to read the units, the recommended text books, and other relevant materials. Each unit contains some self assessment exercises and tutor marked assignments, and at some point in this course, you are required to submit the tutor marked assignments. There is also a final examination at the end of this course. Stated below are the components of this course and what you have to do.

Course Materials

The major components of the course are:

1. Course Guide
2. Study Units
3. Text Books
4. Assignment File
5. Presentation Schedule

Study Units

There are 15 study units and 4 modules in this course. They are:

Module 1 Understanding Health and Counselling

Unit 1 Conceptualizing Health
Unit 2 Perceptual Dimensions of Health
Unit 3 Conceptualizing Counselling

Module 2 Dimensions of Counselling
Unit 1 Theoretical Approaches to Counselling
Unit 2 Individual and Group Counselling
Unit 3 Psychological Experiences of Illness

Module 3 Health Counselling, Skill and Process
Unit 1 Defining Health Counselling
Unit 2 Basic Communication Skill for Counselling
Unit 3 Counselling Process
Unit 4 Conditions for Effective Counselling

Module 4 Health Counselling in Various Contexts
Unit 1 Counselling and HIV/AIDS
Unit 2 Prevention Counselling
Unit 3 Crisis Counselling
Unit 4 Disclosure Counselling
Unit 5 Bereavement Counselling

Recommended Texts

These texts will be of immense benefit for this course:

Alta van Dyke (2005). *HIV/AIDS care and counseling: A multidisciplinary approach.* Cape Town: Maskew Miller Longman

Parker, R. (2006). *Global Public Health*. NY: Routledge

Richard Nelson-Jones (2005). *Practical counselling and helping skills.* NY: SAGE.

Umeh, C. and Tade, T. (2008). *HEM 631-Communication and Counseling in HIV/AIDS*. Lagos: NOUN.

Yalom, I, D, (1995). *Theory and practice in group psychotherapy.* NY: Basic Books.

Assignment File

The assignment file will be given to you in due course. In this file, you will find all the details of the work you must submit to your tutor for marking. The marks you obtain for these assignments will count towards the final mark for the course. Altogether, there are 15 tutor marked assignments for this course.

Presentation Schedule

The presentation schedule included in this course guide provides you with important dates for completion of each tutor marked assignment. You should therefore try to meet the deadlines.

Assessment

There are two aspects to the assessment of this course. First, there are tutor marked assignments; and second, the written examination.

You are thus expected to apply knowledge, comprehension, information and problem solving gathered during the course. The tutor marked assignments must be submitted to your tutor for formal assessment, in accordance to the deadline given. The work submitted will count for 30% of your total course mark.

At the end of the course, you will need to sit for a final examination. This examination will account for 70% of your total score.

Tutor Marked Assignments (TMAs)

There are 15 TMAs in this course. The best 3 will be counted. When you have completed each assignment, send them to your tutor as soon as possible and make sure that it gets to your tutor on or before the stated deadline. If for any reason you cannot complete your assignment on

time, contact your tutor before the assignment is due to discuss the possibility of extension. Extension will not be granted after the deadline, unless on exceptional cases.

Final Examination and Grading

The final examination for CHS 214 will be of 2 hour's duration and have a value of 70%. The examination will consist of questions which reflect the self assessment exercise and tutor marked assignments that you have previously encountered. Furthermore, all areas of the course will be examined. It is also better to use the time between finishing the last unit and sitting for the examination, to revise the entire course. You might find it useful to review your TMAs and comment on them before the examination. The final examination covers information from all parts of the course.

Course marking Scheme

The following table includes the course marking scheme

Table 1 Course Marking Scheme

Assessment	**Marks**
Assignments 1-15	15 assignments, 30% for the best 3 Total = 10% X 3 = 30%
Final Examination	70%
Total	100%

Course Overview

This table indicates the units, the number of weeks required to complete them and the assignments.

Table 2: Course Organizer

Unit	**Title of Work**	**Weeks Activity**	**Assessment (End of Unit)**
	Course Guide	Week 1	
Module 1	**Understanding Health and Counselling**		
Unit 1	Conceptualizing Health	Week 1	Assignment 1
Unit 2	Perceptual dimensions of Health	Week 1	Assignment 2
Unit 3	Conceptualizing Counselling	Week 2	Assignment 3
Module 2	**Dimensions of Counselling**		

Unit 1	Approaches to Counselling	Week 2	Assignment 4
Unit 2	Individual and Group Counselling	Week 3	Assignment 5
Unit 3	Psychological Experiences of Illness	Week 3	Assignment 6
Module 3	**Health Counselling: Skill and Process**		
Unit 1	Defining Health Counselling	Week 4	Assignment 7
Unit 2	Counselling Skills	Week 4	Assignment 8
Unit 3	Counselling Process	Week 5	Assignment 9
Unit 4	Conditions for Effective Counselling	Week 5	Assignment 10
Module 4	**Health Counselling in Various Contexts**		
Unit 1	Counselling and HIV/AIDS	Week 6	Assignment 11
Unit 2	Prevention Counselling	Week 6	Assignment 12
Unit 3	Crisis Counselling	Week 7	Assignment 13
Unit 4	Disclosure Counselling	Week 7	Assignment 14
Unit 5	Bereavement Counselling	Week 8	Assignment 15

How to get the most out of this course

In distance learning, the study units replace the university lecturer. This is one of the huge advantages of distance learning mode; you can read and work through specially designed study materials at your own pace and at a time and place that suit you best. Think of it as reading from the teacher, the study guide tells you what to read, when to read and the relevant texts to consult. You are provided exercises at appropriate points, just as a lecturer might give you in-class exercise.

Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and how a particular unit is integrated with the other units and the course as a whole. Next to this is a set of learning objectives. These learning objectives are meant to guide your studies. The moment a unit is finished, you must go back and check whether you have achieved the objectives. If this is made a habit, then you will significantly improve your chances of passing the course. The main body of the units also guides you through the required readings from other sources. This will usually be either from a set book or from other sources.

Self assessment exercises are provided throughout the unit, to aid personal studies and answers are provided at the end of the unit. Working through these self tests will help you to achieve the objectives of the unit and also prepare you for tutor marked assignments and examinations. You should attempt each self test as you encounter them in the units.

The following are practical strategies for working through this course

1. Read the course guide thoroughly
2. Organize a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignment relates to the units. Important details, e.g. details of your tutorials and the date of the first day of the semester are available. You need to gather together all these information in one place such as a diary, a wall chart calendar or an organizer. Whatever method you choose, you should decide on and write in your own dates for working on each unit.
3. Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their course works. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.
4. Turn to Unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the table of content at the beginning of each unit. You will almost always need both the study unit you are working on and one of the materials recommended for further readings, on your desk at the same time.
6. Work through the unit, the content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be encouraged to read from your set books.
7. Keep in mind that you will learn a lot by doing all your assignments carefully. They have been designed to help you meet the objectives of the course and will help you pass the examination.
8. Review the objectives of each study unit to confirm that you have achieved them. If you are not certain about any of the objectives, review the study material and consult your tutor.
9. When you are confident that you have achieved a unit's objectives, you can start on the next unit. Proceed unit by unit through the course and try to pace your study so that you can keep yourself on schedule.
10. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the tutor marked assignment form and also written on the assignment. Consult you tutor as soon as possible if you have any questions or problems.

11. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this course guide).

Tutors and Tutorials

There are 8 hours of tutorial provided in support of this course. You will be notified of the dates, time and location together with the name and phone number of your tutor as soon as you are allocated a tutorial group.

Your tutor will mark and comment on your assignments, keep a close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor marked assignment to your tutor well before the due date. At least two working days are required for this purpose. They will be marked by your tutor and returned to you as soon as possible.

Do not hesitate to contact your tutor by telephone, e-mail or discussion board if you need help. The following might be circumstances in which you would find help necessary: contact your tutor if:

- You do not understand any part of the study units or the assigned readings.
- You have difficulty with the self test or exercise.
- You have questions or problems with an assignment, with your tutor's comments on an assignment or with the grading of an assignment.

You should try your best to attend the tutorials. This is the only chance to have for face to face contact with your tutor and ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefit from the course tutorials, prepare a question list before attending them. You will learn a lot from participating in discussion actively. GOODLUCK!

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MODULE 1 UNDERSTANDING HEALTH AND COUNSELING

Unit 1 CONCEPTUALIZING HEALTH

CONTENT

1.0 INTRODUCTION

Welcome to the course: CHS 214: Health Counseling! We promise to make this course an interesting one for you. In this module, you will be exposed to the concept of health and strategies for maintaining good health. Enjoy your study

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define health
- Illustrate the health triangle and its implications
- Explain strategies for maintaining good health

3.0 MAIN CONTENT

3.1: Defining Health

At the time of the creation of the World Health Organization (WHO), in 1948, health was defined as being "*a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*" (WHO, 1948; WHO, 2006).

This definition invited nations to expand the conceptual framework of their health systems beyond issues related to the physical condition of individuals and their diseases, and it motivated us to focus our attention on what we now call social determinants of health. Consequently, WHO challenged political, academic, community, and professional organizations devoted to improving or preserving health to make the scope of their work explicit, including their rationale for allocating resources. This opened the door for public accountability (WHO, 2005).

Only a handful of publications have focused specifically on the definition of health and its evolution in the first 6 decades. Some of them highlight its lack of operational value and the problem created by use of the word "complete." Others declare the definition, which has not been modified since 1948, "simply a bad one" (Lanlode, 1974). More recently, Smith suggested that it is "a ludicrous definition that would leave most of us unhealthy most of the time" (The UN, Basic Facts, 1995).

In 1986, the WHO, in the Ottawa Charter for Health Promotion, said that health is "*a resource for everyday life, not the objective of living*. *Health is a positive concept emphasizing social and personal resources, as well as physical capacities."* Classification systems such as the WHO Family of International Classifications (WHO-FIC), which is composed of the International Classification of Functioning, Disability, and Health (ICF) and the International Classification of Diseases (ICD) also define health. Overall health is achieved through a combination of physical, mental, emotional, and social well-being, which, together is commonly referred to as the Health Triangle.

3.2 The Health Triangle

The health triangle posits that health is achieved through a combination of physical, mental, and social health. Find below a diagrammatic illustration.

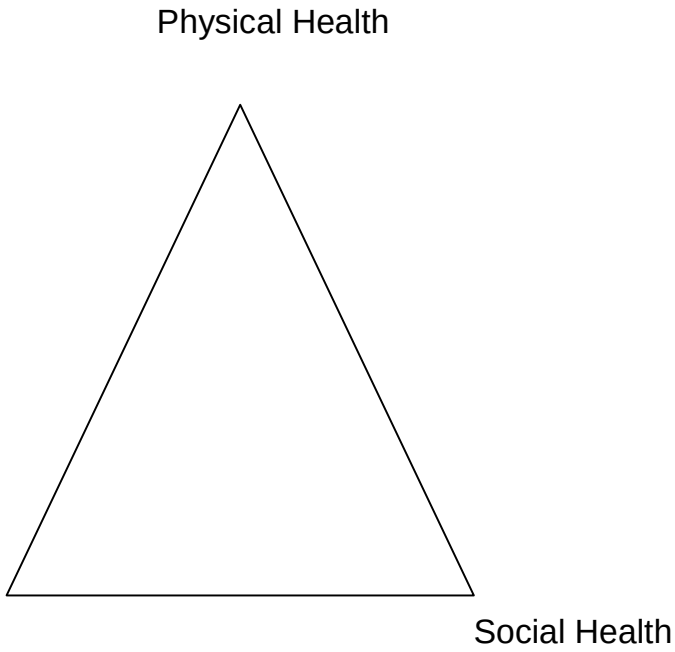

Figure 1: The Health Triangle

3.2.1 Physical health

As deduced from the health triangle, physical health is viewed as good bodily health which is the result of regular exercise, proper diet & nutrition, and proper rest for physical recovery.

Physical health is also the overall condition of a living organism at a given time, the soundness of the body, freedom from disease or abnormality, and the condition of optimal well-being. People want to function as designed, but environmental forces can attack the body or the person may have genetic malfunctions. The main concern in health is preventing injury and healing damage caused by injuries and biological attacks (Kurtus, 2002).

3.2.2 Mental health

Mental health refers to an individual's emotional and psychological well-being. Merriam-Webster (1828) defines mental health as "a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life."

According to the World Health Organization, there is no single "official" definition of mental health. Cultural differences, subjective assessments, and

competing professional theories all affect how "mental health" is defined. In general, most experts agree that "mental health" and "mental illness" are not opposites. In other words, the absence of a recognized mental disorder is not necessarily an indicator of sound mental health.

One way to think about mental health is by looking at how effectively and successfully a person functions. Feeling capable and competent; being able to handle normal levels of stress, maintain satisfying relationships, and lead an independent life; and being able to "bounce back," or recover from difficult situations, are all signs of mental health.

3.2.3 Social Health

The concept of social health is less intuitively familiar than that of physical or mental health, and yet, along with physical and mental health, it forms one of the three pillars of most definitions of health. This is partly because social health can refer both to a characteristic of a society, and of individuals. "A society is healthy when there is equal opportunity for all and access by all to the goods and services essential to full functioning as a citizen" (Russell 1973). Indicators of the health of a society might include the existence of the rule of law, equality in the distribution of wealth, public accessibility of the decision-making process, and the level of social capital.

The social health of individuals refers to "that dimension of an individual's well-being that concerns how he gets along with other people, how other people react to him and how he interacts with social institutions and societal mores" (Russell 1973). This definition is broad—it incorporates elements of personality and social skills, reflects social norms, and bears a close relationship to concepts such as "well-being," "adjustment," and "social functioning."

Thus, a combination of physical, mental and social health is necessary to achieve overall health.

SELF ASSESSMENT EXERCISE

What are the three pillars of health?

3.3: Strategies for Maintaining Health

Achieving health and remaining healthy is an ongoing process. Effective strategies for staying healthy and improving one's health include the following elements:

3.3.1: Social Activity

Personal health depends partially on the social structure of one's life. The maintenance of strong social relationships is linked to good health conditions, longevity, productivity, and a positive attitude. This is due to the fact that positive social interaction as viewed by the participant increases many chemical levels in the brain which are linked to personality and intelligence traits.

3.3.2: Sports/Nutrition

Sports/nutrition focuses on the link between diet and athletic performance. One goal of sports nutrition is to maintain glycogen levels and prevent glycogen depletion. Another is to optimize energy levels and muscle tone. An athlete's strategy for winning an event may include a schedule for the entire season of what to eat, when to eat it, and in what precise quantities (before, during, after, and between workouts and events).

3.3.3: Hygiene

Hygiene is the practice of keeping the body clean to prevent infection and illness, and the avoidance of contact with infectious agents. Hygiene practices include bathing, brushing and flossing teeth, washing hands especially before eating, washing food before it is eaten, cleaning food preparation utensils and surfaces before and after preparing meals, and many others. This may help prevent infection and illness. By cleaning the body, dead skin cells are washed away with the germs, reducing their chance of entering the body.

3.3.4: Stress management

Prolonged psychological stress may negatively impact health, such as by weakening the immune system and mind. Stress management is the application of methods to either reduce stress or increase tolerance to stress. Relaxation techniques are physical methods used to relieve stress. Psychological methods include cognitive therapy, meditation, and positive thinking which work by reducing response to stress. Improving relevant skills and abilities builds confidence, which also reduces the stress reaction to situations where those skills are applicable.

3.3.5: Health care

Health care is the prevention, treatment, and management of illness and the preservation of mental and physical well being through the services offered by the medical, nursing, and allied health professions.

3.3.6: Workplace wellness programs

Workplace wellness programs are recognized by an increasingly large number of companies for their value in improving the health and well-being of their employees, and for increasing morale, loyalty, and productivity. Workplace wellness programs can include things like on-site fitness centers, health presentations, wellness newsletters, access to health coaching, tobacco cessation programs and training related to nutrition, weight and stress management. Other programs may include health risk assessments, health screenings and body mass index monitoring.

3.3.7: Public health

Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individual. It is concerned with threats to the overall health of a community based on population health analysis. The population in question can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). Public health has many sub-fields, but is typically divided into the categories of epidemiology, biostatistics and health services. Environmental, social, behavioral health, and occupational health, are also important fields in public health.

The focus of public health intervention is to prevent rather than treat a disease through surveillance of cases and the promotion of healthy behaviors. In addition to these activities, in many cases treating a disease can be vital to preventing it in others, such as during an outbreak of an infectious disease. Vaccination programs and distribution of condoms are examples of public health measures (Merson, et al, 2001).

4.0 CONCLUSION

We observed that at the time of the creation of the World Health Organization (WHO), in 1948, ***Health*** was defined as being "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948; WHO, 2006). However, more

recently, it was observed that such definition would leave most of us unhealthy most of the time. Thus In 1986, the WHO, in the Ottawa Charter for Health Promotion, added that health is "a resource for everyday life, not the objective of living. We have also seen in this unit that total health involve both physical, mental and social well-being, thus these variables formed the health triangle. We also identified basic strategies for maintaining and sustaining good health, such as social activities, good hygiene, stress management, health care and public health. We hope you found this unit interesting.

5.0 SUMMARY

In this unit, we:

- Defined health
- Illustrated the health triangle
- Explained strategies for maintaining good health.

6.0 TUTOR AMRKED ASSIGNMENT

What are the strategies for maintaining good health?

ANSWER TO SELF ASSESSMENT EXERCISE

The three pillar of health are physical, mental and social health

7.0 REFERENCES AND FURTHER READINGS

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UNIT 2: PERCEPTUAL DIMENSIONS OF HEALTH

CONTENT

1.0 INTRODUCTION

In unit one, we discussed the concept of health, the health triangle and strategies for maintaining good health. In this unit, we will study the perceptual dimensions of health. CHM 214 is all about health counseling and a client cannot present himself or herself for counseling if he/she lacked insight to presenting ill health.

A researcher once asked a sample of participants, ‘Is your health good, average or poor?’ When a respondent gave the answer ’good’, the researcher asked, ‘When you say your health is good, what do you mean?’ The answers could be extracted from these three dimensions of health. They are:

- A holistic dimension
- A positive dimension

- A negative dimension

You might also be wondering whether there are advantages or disadvantages in holding one or other of these views. These will be further elaborated in this unit.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Understand perceptual dimensions of health
- Identify the differences between holistic, positive and negative dimensions of health
- Identify the advantages and disadvantages of holding each health dimension.

3.0 MAIN CONTENT

3.1 A Holistic Dimension of Health

A Holistic Concept of health is the belief that being healthy means *being without any physical disorders or diseases and being emotionally comfortable*. For example, a person who feels anxious or who has low self-esteem would, according to this concept, not be well. Likewise, a person with malaria or chickenpox is likely to label himself/herself ill. Generally, People with this view are likely to label themselves as ill when they experience a wide range of unpleasant feelings, not just physical discomfort or pain.

3.1.1 Advantages of Holistic Dimension of Health

- It tends to make people sensitive about their health. This can be an advantage because it can help them to notice symptoms more quickly than other people. They notice when something does not feel right and pay more attention to their bodies.
- It can spur people to eat healthy and live healthy
- It can trigger lifestyle changes
- It can improve health-seeking behaviour.

3.1.2 Disadvantages of Holistic Dimension

- It can lead to oversensitivity to signs and symptoms of illness. Thus, oversensitivity can lead people to believe that they are ill when they are not.

- It can lead to unnecessary worry and result in people wasting their Doctor's time.
- Since people in the category wait to notice a health anomaly before seeking help, it can also result in them not leading a lifestyle that is good for their health, such as going to work, taking exercise and going on holiday.

3.2 Positive Dimension of Health

A positive dimension of health is the belief that being healthy is a state achieved only by continuous effort. People with this belief take active steps to maintain their health for example, through their choice of food, by taking exercise and other activities they believe will keep them well. Such people are likely to feel responsible for their own health. They will take credit for the continued absence of disease and blame themselves if they develop symptoms. According to this view, people who do not take action to maintain their own health (for example, by 'healthy eating') cannot be healthy — even if, at any one time, there is nothing wrong with them (Cockerham, 2003).

3.2.1 Advantages of Positive Dimension of Health

- One result of having a positive concept of health is that people tend to take plenty of exercise, avoid smoking and excessive intake of alcohol, and eat a balanced diet. This is likely to be advantageous to them.
- Another advantage is that if such people become ill, they are likely to adopt attitudes and behaviour that contribute to getting better. There is some evidence that the chances of surviving cancer are influenced by the attitude of the patient. People who believe they can recover and avoid feeling defeated by their illness tend to do better than those who believe that they are doomed to die.
- People with positive dimensions to health tend to be active rather than passive in relation to their own health.

3.2.2 Disadvantage of Positive Dimensions of Health

- One disadvantage of this concept is that, by taking responsibility for their own health, people might blame themselves for their illnesses and feel guilty when they become ill.
- They may engage in over-use of medical facilities
- They may over exercise or diet in order to look and feel health

3.3 A Negative Dimension of Health

A **negative dimension** of health is the view that being healthy is the absence of illness — for example, not having any symptoms of disease, pain or distress. People with this view are likely to believe that good health is normal and to take it for granted.

3.3.1 Advantage of Negative Dimension of Health

A person with this perspective may be less anxious about his/health

3.3.2 Disadvantage of Negative Dimension of Health

- A person with negative health concept believes that being healthy is by chance, and thus takes health for granted.
- He/she may think less of healthy habits as well as measures to live healthy.
- He/she may engage in self medication because good health is taken for granted.

SELF ASSESSMENT EXERCISE

What are the three perceptual dimensions of health?

4.0 CONCLUSION

When thinking about your own health, you might have realized that you use more than one of the three concepts of health, or perhaps you use all three. Do not be surprised by this. The fact that there are different perceptual dimensions of health does not mean that your attitude to health necessarily belongs to just one of them. You will probably find that you apply one concept in some situations and others on different occasions.

5.0 SUMMARY

In this unit, we studied:

- Perceptual dimensions of health
- Identified the differences between holistic, positive and negative dimensions of health

6.0 TUTOR MARKED ASSIGNMENT

Read the following replies from different people on the question ‘Are you healthy’? Then decide which dimension of health best fits each answer.

Answer A: ‘There’s nothing wrong with me, as far as I know.’
Answer B: ‘I look after myself, stay fit and that sort of thing.’

Answer C: 'I feel well balanced. My body and my mind are working well together.'

Now try to decide which concept of health is closest to the way you think about your health and explain why.

ANSWERS TO SELF ASSESSMENT EXERCISE

A Negative dimension of health
B Positive dimension of health
C Holistic dimension

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UNIT 3 CONCEPTUALIZING COUNSELLING

CONTENTS

1.0 INTRODUCTION

Counseling is a short-term, theory-based, non-directive, non-judgmental process. During this process, a person (client) who is basically psychologically healthy and facing adjustment, developmental and/or situational concerns or problems is empowered to gain awareness or insight of him/herself and of his/her situation and to make decisions through the support and assistance offered by another person (counselor) through their relationship. Counseling is a broad term that covers many different functions. A professional counselor may have been trained in psychology, social work, education, theology or a number of other fields. This unit presents nature of counseling and more. Enjoy your studies.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define counseling
- Identify objectives of counseling
- Identify misconceptions regarding counseling
- Describe counseling and related terms

3.0 MAIN CONTENT

3.1 Defining Counseling

Different people use the term counseling like the terms personality and intelligence, in everyday life to mean many things. As a result, there is no consensus definition of the term. This difficulty in having a common definition of counseling may be due to the confusion between the popular understanding of the term and the technical and professional meaning of it. To some people, to counsel is to advice. Individuals seek advice in a variety of situations. It is evident that human beings are social animals who depend on one another for survival. From the earliest times, man has turned to his fellow beings for advice, encouragement, sympathy, comfort and understanding. Individuals have been able to survive the hostile and hazardous environment only because of the innate concern of his/her fellow beings for him/her.

Parents, teachers, friends, ministers, doctors, nurses, social workers, lawyers as well as a host of other people give counsel. Their purposes, methods and training vary enormously. Some give advice and some supply information. Some help the individuals to understand themselves and their environment, to meet their needs and to deal with their problems effectively. Some are trained to be counselors, while others have had virtually no professional training. Nonetheless, all of them are concerned with helping people solve their various problems. Since problems can arise at any time in life, counseling must necessarily be a continuing process concerning persons of all age levels and in different life situations.

Though counseling is a very common word used by many to mean different things, attempts have been made by professionals to give it an operational definition. One of such popular definition of counseling is that given by Perez (1965).

Definition One: According to (Perez, 1965), counseling is an interactive process conjoining the counselee who needs assistance and the counselor who is trained and educated to give this assistance. The counselor can initiate, facilitate and maintain the interactive process if he/she communicates feelings of spontaneity and warmth, tolerance, respect and sincerity.

Definition Two: According to Pepinsky and Pepinsky (1954), counseling is that interaction which:

- occurs between two individuals called counselor and client;
- takes place in a professional setting, and
- is initiated and maintained to facilitate changes in the behavior of a client.

Definition Three: Patterson (1959) defined counseling as the process involving interpersonal relationships between a therapist and one or more clients by which the former employs psychological methods based on systematic knowledge of the human personality in attempting to improve the mental health of the latter.

Definition Four: To Blocher (1966), counseling is helping an individual become aware of himself or herself and the ways in which he/she is reacting to the behavioral influences of his/her environment. It further helps an individual to establish some personal meaning for this behavior and to develop and clarify a set of goals and values for future behavior.

Definition Five: Gustad (1953) sees counseling as a learning oriented process, carried on in a simple, one-to-one social environment, in which the counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personnel program, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of society. This definition is a very comprehensive statement indicating both the scope as well as the function of counseling.

Thus presented above are different insight to counseling but all pointed out that counselling involves, interaction and communication. Now let us assess our understanding of this term by attempting the question below.

SELF ASSESSMENT EXERCISE

How can you define counseling?

3.2 Objectives of Counseling

The major objectives of all counseling are:

- To help individuals become self-sufficient
- To help individuals become self-dependent
- To help individuals become self-directed
- To help individuals adjust themselves efficiently to the demands of a better and meaningful life.

- To help individuals enhance their personal, social, emotional, physical and intellectual development.
- To help individual achieve positive mental health
- To help individuals modify their behaviour

3.3 Misconceptions Regarding Counseling

There are quite a few serious misconceptions regarding counseling. In order to clarify these misconceptions, it will be useful to state what counseling is not.

Counseling is not:

- Giving information, though information may be given during counseling.
- Giving advice, making suggestions and recommendation.
- Influencing the client's values, attitudes, beliefs, interest, decisions, etc.
- Interviewing clients.

Counseling is concerned with bringing about a voluntary change in the life of counselees. To this end, the counselor provides facilities to help achieve the desired change or make the suitable choice. The client alone is responsible for the decisions or the choices he or she makes, though the counselor may assist in this process by his/her warmth and understanding relationship.

3.4 Counseling and Related Terms

Several terms have been used along with, and often synonymously with counseling. It is necessary to examine these terms so as to have a proper understanding of counseling.

3.4.1 Advising

It is natural for human beings to have problems. In most problematic situations, individuals seek the assistance of others. An individual may face the problem of taking a decision or making a choice; this may cause him or her to approach another individual for assistance. This situation has several important features:

a. There is an element of voluntariness.
b. There is a belief (right or wrong) that the other person has the necessary experience, wisdom and ability to advice.
c. The advice is sought for consensual validation.

d. The advice given is not binding on the person who seeks it, that is, the person may reject it and approach another person for assistance which in turn may be rejected if found unsuitable.

Advising has no psychological implication as regards individual development. A person in difficulty may seek advice on the problem confronting him or her at that moment. He/she may receive help towards the solution of the problem and thus solve the problem. But on a future occasion, in a similar predicament, he/she may not be able to resolve the problem without outside assistance. Thus each piece of advice is helpful only in a particular situation. Parents and teachers often give advice.

3.5.2 Guidance

This is another term that is defined in many ways. While there are differences among the various definition of guidance, there is a broad agreement that the objective of guidance is essentially to render help. Sometimes it is used synonymously with the term counseling. But more often, it is used with the word "and", as in "guidance and counseling". Guidance is the assistance given to individuals in making intelligent choices and adjustments. It is based on the conception that it is the duty and the right of every individual to choose his/her own way of life as long as her/his choice does not interfere with or infringe on the rights of others. It is based on the belief that the ability to make intelligent choices is not innate but like other abilities, must be developed. It is customary to use guidance as an important service in an education system.

3.5.3 Psychotherapy

Psychotherapy is defined as a form of therapy in which a trained professional uses method based on psychological theories to help a person with psychological problems. The psychological methods can refer to almost any kind of human interaction such as talking or demonstrating that is based on a psychological theory of the problem but it does not include medical treatment methods such as medication.

4.0 CONCLUSION

In this unit, we learned that counseling is a short-term, theory-based, non-directive, non-judgmental process of giving information, increasing insight and giving help. We hope you enjoyed your study.

5.0 SUMMARY

In this unit, we:

- Defined counseling
- Identified objectives of counseling
- Identified misconceptions regarding counseling
- Illustrated counseling and related terms

6.0 TUTOR MARKED ASSIGNMENT

What are the objectives of counseling?

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MODULE 2 DIMENSIONS OF COUNSELLING

Unit 1 Theoretical Approaches to Counselling
Unit 2 Individual and Group Counselling
Unit 3 Psychological Experiences of Illness

UNIT 1 THEORETICAL APPROACHES TO COUNSELLING

CONTENT

1.0 INTRODUCTION

There are different approaches to counseling which could be employed to bring a positive change in health behaviour as well as alleviate problems in daily living. These approaches are based on the different conceptions of human personality structures and dynamics and how they could cause problems in people's daily existence. They are thus discussed in this unit.

2.0 OBJECTIVES

At the end of this unit, you should be able to explain the following theoretical approaches to counseling:

- Psychoanalytic approach
- Humanistic approach
- Behavioural approach
- Eclectic approach

3.0 MAIN CONTENT

3.1 Theoretical Approaches to Counselling

Some of the major approaches to counseling include the following.

3.1.1 The Psychoanalytic Approach

This point of view is largely associated with Sigmund Freud's psychoanalytic theory. According to this viewpoint, the client is ignorant and unaware of the reasons for his/her difficulties or sufferings which are deeply embedded in the unconscious. The client is, therefore, helpless and it is the counselor who has to play the role of interpreting the materials to him or her. According to this approach, it is the responsibility of the counselor to lead the client to recognizing the unconscious sources of his or her problems so as to bring them to the conscious for proper evaluation and resolution. Some of the methods this approach adopts to get to the unconscious sources of conflict include:

3.1.1.1 Free Association

In this method, the client is prompted to talk in a loose and undirected way about whatever comes to mind. No thought or feeling is to be withheld, no matter how illogical, trivial, unpleasant, or silly it might seem. The client is usually prompted by the counselor who instructs the client to say what ever comes to mind without thinking about them.

3.1.1.2 Dream Interpretation

Dreams according to Freud are another window to the unconscious. The psychoanalysts believe that the manifest content of dreams symbolically mask the true or latent content of dreams. By asking the client to recall dreams, Freud believes he could get to the unconscious drives. The dreams are then interpreted to reflect the possible causes of the client's conflict.

3.1.2 Humanistic Approach

Humanistic therapy emerged in the 1950's, and although behavioural therapy and psychoanalytic methods were available, a humanistic approach offered individuals another alternative. This approach focuses on recognising human capabilities in areas such as creativity, personal growth and choice. The main goals of humanistic counselling are to find out how individuals perceive themselves here and now and to recognize growth, self-direction and responsibilities. This method is optimistic and attempts to help individuals recognize their strengths by offering a non-judgmental, understanding experience. Two major theorists associated with this approach are Carl Rogers and Abraham Maslow.

3.1.2.1 Person-Centered Counselling (or "Client-Centered"/ Rogerian" counselling)

This approach to counselling sees human beings as having an innate tendency to develop towards their full potential. But this is inevitably blocked or distorted by our life experiences, in particular those who tell us we are only loved or valued if we behave in certain ways and not others, or have certain feelings and not others. As a result, because we have a deep need to feel valued, we tend to distort or deny to our awareness those of our inner experiences that we believe will not be acceptable.

The counsellor in this approach aims to provide an environment in which the client does not feel under threat or judged. This enables the client to experience and accept more of who they are as a person, and reconnect with their own values and sense of self-worth. This reconnection with their inner resources enables them to find their own way to move forward (Counseling Directory, 2010).

According to Rogers (1957), certain conditions are necessary for a change in personality to take place. They include:

1) The client and the counselor are in psychological contact with each other.
2) The client is in a state of distress and hence is vulnerable.
3) The counselor is free from anxiety and tension.
4) They counselor has unconditional positive regard for the client.
5) The counselor experiences an empathic understanding of the client's subjective world and tries to communicate the experiences to the client.
6) The counselor exhibits empathy and warmth of acceptance of the client while the client shows some understanding of the counselor's position.

3.1.2.2 Gestalt Therapy

Gestalt Therapy focuses on the whole of an individual's experience; their thoughts, feelings and actions, and concentrates on the 'here and now' - what is happening from one moment to the next. Roughly translated from German, Gestalt means 'whole' and was developed in the 1940's by *Fritz Perls*. The main goal of this approach is for the individual to become more self-aware, taking into account their mind, body and soul.

SELF ASSESSMENT EXERCISE

What is free association?

3.1.3 Behavioral Approach:

This approach is derived from the learning theory. Counselling is concerned with behaviour change and must involve the application of the principles of learning. Learning here is understood as changes in behaviour which are relatively long lasting and which are not due to maturation or physiological factors such as fatigue, effects of drugs, etc. The behaviourist approach to counseling employs the four principles of learning, namely, *drive, cue, response and reinforcement*. Every response is considered modifiable by the use of an appropriate system of reinforcement. To the behaviourist, counseling consists of several simple steps:

- Identifying undesirable, unwanted, maladjusted and maladaptive behaviours.
- Careful analysis of the maladaptive behaviour into small units.
- Elimination of each unit by an appropriate behaviour modification technique.

3.1.4 The Eclectic Approach

An eclectic counsellor is one who will select what is applicable to the client from a wide range of theories, methods and practices. Brammer (1969) explains that eclecticism in counseling refers to selecting or choosing from various systems or approaches during the course of counseling. What is selected is presumably the best for each situation. The matter of choosing what is the best for each situation is left to the counselor to decide under the given circumstances. It is explained that the choices of the methods to employ are never made in advance but are made as and when they are found to be necessary in working with the client. It is therefore not possible to predict what eclectics will do in a given situation.

4.0 CONCLUSION

In this unit, we discussed different approaches to counseling which ranged from directive, to behavioural, humanistic and eclectic approaches. To the behaviourist, counseling entails learning and observation. The humanistic counselor recognizes individual self-worth and creativity. The psychoanalytic approaches viewed the unconscious mind as the root to our problems while the eclectic counselor mixes a range of ideas from different theoretical insight to help clients recover from presenting problems.

5.0 SUMMARY

In this unit, we explained the following theoretical approaches to counseling:

- Psychoanalytic approach
- Humanistic approach
- Behavioural approach
- Eclectic approach

6.0 TUTOR MARKED ASSIGNMENT

Explain the following approaches to counseling

- The psychoanalytic approach
- The behavioural approach

ANSWER TO SELF ASSESSMENT EXERCISE

In free association, the client is prompted to talk in a loose and undirected way about whatever comes to mind. No thought or feeling is to be withheld, no matter how illogical, trivial, unpleasant, or silly it might seem. The client is usually prompted by the counselor who instructs the client to say what ever comes to mind without thinking about them.

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UNIT 2 INDIVIDUAL AND GROUP COUNSELLING

CONTENTS

1.0 INTRODUCTION

Counseling can be categorized into major types based on the number of people involved. The categories are (1) individual counseling and (2) group counseling. This unit sheds more light on this.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define individual and group counselling
- Identify assumptions of group counselling
- Explain group counseling process

- Identify differences between individual and group counseling
- Identify similarities between individual and group counseling

3.0 MAIN CONTENT

3.1 Individual and Group Counselling

3.1.1 Individual Counseling

This is a one-to-one, face-to-face relationship between a client, who is presenting with a problem and a counselor who seeks to find solution to the presenting problem. Traditionally, counseling is viewed as individualistic since it involves one- to –one interaction. Usually, a client comes to the counselor with the view that he/she could be able to find solution to his /her problem. The counselor gets to know more about the client and his/her problem using a technique known as counseling interview.

Counselling Interview

An interview is a face-to-face technique of obtaining information for a variety of purposes. For instance, it can be used in personnel selection, personality assessment, clinical assessment, researches, etc. In counseling, interview is unique in that it is a therapeutic device as well as an information obtaining device. In counseling interview, the client is put at ease by the counselor after which he/she is encouraged to talk freely about his/her problems. The counselor assumes the attitude of an interested, sympathetic, and friendly listener. He or she neither evaluates nor judges the client's statements. Thus, the essential characteristic of a counseling interview is that it is non-judgmental and non-evaluative.

During counseling interview, information is obtained not only through verbal communication, but also through non-verbal communication. Hence, a counselor should be watchful and alert to take note of the non-verbal communications made by the client. Non-verbal communications include gestures like body movements, smiling, blushing, weeping, prolonged silence and other postural movements. Facial expressions are yet another source of information. It takes the experience, skills and competence of the counselor to be able to put to effective use some of these signs.

3.1.2 Group Counselling

This is a group session for discussing personal problems. It is the process of resolving personal problems by placing clients in groups and under the guidance

and supervision of a trained counselor, who will be encouraging them to discuss their problems with one another. In recent time, with several changes taking place in the society, many traditional concepts and meanings no longer hold. There have been tremendous societal pressures that the one-to –one relation has become uneconomical, time consuming and wasteful. Also, there are practical situations, in which a client's problems directly involve other people who may be family members, friends, or relations. In such a situation, individual counseling may not be quite effective. Group counseling thus becomes a practical means of helping to resolve the problems by harnessing the social process of group dynamism, social facilitation, etc. Group counseling could therefore be looked upon as an extension of individual counseling in which free communication between members is encouraged and maintained, leading to an understanding and evaluation of one another's point of view (Yalom, 1995).

3.2 Assumptions of Group Counseling

Group counseling is based on certain assumptions. They include:

(1) That individuals should possess the necessary latent capacity to trust and to be trusted.
(2) Each individual has the potential to take responsibility for self change.
(3) Group members can learn and understand from the objectives and methods of group counseling.
(4) There should be opportunity for learning problem-solving skills.

3.3 The Process of Group Counselling

Group counseling ordinarily proceeds in stages, namely:

(1) The formation of the group – here, so many issues are resolved such as,

- **Selection of members**

This is perhaps the most crucial step. The members of a group must have common goals and are largely homogenous, that is, they must have certain things in common.

- **Size of the group**

Opinions differ concerning the exact number in a group that will make group counseling effective. The focus is usually on a manageable size. Some experts have suggested between six and twelve.

- **Frequency of sessions**

Here, the number of times members will be meeting for the sessions are decided. More frequent sessions may not be very productive because the

individuals would have no chance to think over the experience of the previous sessions.

- **Duration of session**

This concern how long the sessions will last on each occasion.
The counselor and clients agree on a duration that will be convenient for all members. Usually, between 45 minutes and 90 minutes is preferred.

- **Setting**

This is where the group sessions will be taking place. The group counseling room should be of a reasonable size – it should neither give a feeling of overcrowding nor of emptiness. It should be free of outside distractions such that the members' privacy is not infringed upon.

- **Open or closed group**

Decision is taken whether the group can be open or closed. A closed group is one whose membership is fixed. If any of its members withdraw during the course of counseling their place remains unfilled for the rest of the sessions. An open or a continuous group on the other hand permits members to leave at will and new members to join at whatever stage they desire.

(2) The Involvement Stage

At this stage, the grand rules are laid. Rules governing interactions and relationships during sessions are established with members agreeing to abide by them.

(3) The Transition Stage

This is the stage of establishing cohesion and group dynamics. Members are always trying to outdo one another, while at the same time being cautious of revealing their true identity.

(4) The Working Stage.

Here, members are beginning to open up initial resistance and cautiousness and are beginning to understand one another. They are now working together in order to achieve the goals of the programme.

(5) The Termination Stage

This is the stage of ending the sessions. At this stage, it is believed that members have acquired enough skills to cope with their problems. Finally, the gains of the sessions are evaluated and the programme terminated (Yalom, 1995).

SELF ASSESSMENT EXERCISE

i. Individual counseling is defined as

_____
_____
_____
_____
_____

3.3 Similarities between Individual and Group Counselling

Group and individual counseling are similar in several ways:

(1) The objectives of both are similar. Both techniques aim at helping the client over his/her problems.
(2) In both situations, the counselor adopts an accepting, permissive, and non-judgmental approach for the client to participate freely such that the defenses are reduced.
(3) Both techniques aim at clarifying feelings and re-evaluation of thought content. The counselor helps the client to become aware of their feelings and attitudes and also to examine them.
(4) Both approaches provide for privacy and confidentiality of relationship (Yalom, 1995).

3.4 Differences between Individual and Group Counselling

Some differences also exist between individual and group counseling. They include:

(1) In group counseling unlike in individual counseling, the clients not only receive help but also give help to others.
(2) Individual counseling is a one-to-one, face-to-face relationship between the client and the counselor as a result is marked by intimacy, warmth and rapport unlike in group counseling where there is the physical proximity of others with perhaps similar problems.
(3) The counselor's task is somewhat more complex in group counseling than in individual counseling. This is because he or she has to attend to the need of several people at the same time and get a good result (Yalom, 1995).

In spite of the similarities and differences between group and individual counseling, it could be stated that group counseling is no substitute for individual

counseling. It is always advantageous if both techniques are used to supplement each other whenever it is practicable.

4.0 CONCLUSION

This unit provided information on individual and group counseling. Specifically, it defined individual counseling as a one-to-one, face-to-face relationship between a client, who is presenting with a problem and a counselor who seeks to find solution to the presenting problem. Group counseling is also defined as the process of resolving personal problems by placing clients in groups and under the guidance and supervision of a trained counselor.

5.0 SUMMARY

In this unit, we:

- Defined individual and group counselling
- Identified assumptions of group counselling
- Explained group counseling process
- Identified differences between individual and group counseling
- Identified similarities between individual and group counseling

6.0 TUTOR MARKED ASSIGNMENT

What are differences and similarities in individual and group counseling?

ANSWER TO SELF ASSESSMENT EXERCISE

Individual counseling is defined as one-to-one, face-to-face relationship between a client, who is presenting with a problem and a counselor who seeks to find solution to the problem.

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UNIT 3 PSYCHOLOGICAL EXPERIENCES OF ILLNESS

CONTENT

1.0 INTRODUCTION

Illness is an emotionally as well as physically depriving experience. The acute illness, like a severe case of malaria or flu is likely to trigger temporary discomfort and disruptions in family, work and social life. But chronic illness like HIV/AIDS, Cancer, Diabetes, can do lasting harm by threatening a person's sense of well-being, competence, and feelings of productivity. At their worst, emotional reactions to illness may culminate in the feeling that life is meaningless. Each stage in the progress toward wellness involves loss, grief, and acknowledgment of internal pain. It is expected that the counselor

should be able to recognize such emotional reactions to illness in order to facilitate healing process. This is thus the focus of this unit.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Illustrate conditions for coping in illness
- Identify stages of psychological reactions to illness

3.0 MAIN CONTENT

3.1 Conditions for Coping in Illness

How people react to chronic illness depends on many conditions, namely:

- Severity of the illness. Here, if the illness is chronic and severe, the patient may have more difficulties coping, unless, he or she is very determined to do so.
- Social support available: When friends, family and societal support is positive, it makes coping behaviour a lot easier
- Pre-illness personality of the person. A flexible and accommodating personality, prior to illness may, likely cope better than a rigid personality.

3.2 Psychological Reactions to Illness

Illness is a process, and like all processes it has different stages with different characteristics. A client can present himself/herself for counseling and the counselor should be able to recognize the emotional characteristics of each stage of illness.

The stages are not part of a once-through programme, but are repeated as symptoms recur or losses come about. The stages can occur in varying orders; often they are repeated. If a sick person lacks emotional support or social support, the process can stagnate. These stages are thus presented below.

3.2.1 Crisis Stage

In the crisis stage, the patient is seriously ill and very frightened. Both psychologically and physically, he or she has a decreased ability to

respond to others. The sick person's energies are directed inward toward healing, and controlling panic. The patient is often too sick to even be frightened. Events are often confused. Time is distorted. Disorientation is common. At these times we fall back on our innate biological ability to heal. The support network, on the other hand, is feeling a highly stressful increase in anxiety, especially as it must carry the full responsibility for arranging for medical care, covering finances, and seeing that children's lives, if children are involved, can go on with a minimum of disruption. The family may feel a need, sometimes an obligation, to be highly supportive of the patient (La Maistre, 1995).

SELF ASSESSMENT EXERCISE

What are the conditions for coping in illness?

3.2.2 Isolation Stage

In time, the acute nature of the illness may abate. But if total recovery does not occur, and the illness persists. There is a dawning awareness of everyone's part that the situation has become a chronic one. There will be no full recovery. There is so much uncertainty about the future that the patient may not be able to sleep at night and may seem restless and distracted during the day. The patient's anxiety often produces stiffness in dealings with others and oneself. The family has often exhausted itself during the acute crisis stage. Family members may become aware that they are angry, fearful, and disgusted about the sick member's situation. Both patient and family members retreat into themselves and their thoughts, now haunted by the knowledge that life may never be the same.

Friends also tend to give out at this point -- the idea of chronic illness is really terrifying to most people. After an initial burst of energy, some friends may find it too overwhelming a personal struggle to continue having contact with either patient or family. Some patients have been devastated by an apparent lack of concern shown by people for whom they care. In the isolation stage open communications and counseling are vital. Blame must not play a part. Talking about feelings is very important. Communication and sharing are ways to break the isolation (La Maistre, 1995).

3.2.3 Anger Stage

The sick person has been suffering severe upset, terror, anxiety, and helplessness. Add to this the sense of injustice, unfairness, and

senselessness of being struck down by a disease, and the result may be a rage reaction of tremendous proportions. Often the target of this rage is the patient himself or herself. The ultimate, most dangerous, expression of this rage at self is suicide. The commonly experienced feelings of despair may result in contemplation of suicide.

There are two reasons why the patient targets himself or herself for these feelings of anger and despair. First, it is almost impossible to be furious with fate; there is no external opponent. In order to provide some meaning for what has happened, many people irrationally conclude they have brought disease on themselves by being faulty or wicked in some way. It is difficult to keep clear that it is the disease that introduced the disruption into one's life.

Another serious problem of the anger stage is the strain on the family. Families who fare better during this stage understand that the sick person is not the same entity as the disease and they see that the whole family is in this predicament together and are committed to coming out of it as well as possible. Family members need to devise ways to nurture and adequately support each other in order to cope with both the anxiety and the practical life changes accompanying chronic illness (LaMaistre, 1995).

3.2.4 Reconstruction Stage

The sick person may now be feeling much stronger physically or may have had enough time to begin mastering new living skills. Important decisions or new social contacts may be in the picture. What is common is a growing sense of safety based on new competencies. Moods are happier and the difficulties seem a bit further away. The sick person is learning the possibilities and limits of the new competencies. Friends are selected on how well they react to the fact of illness. The family establishes new routines -- or it dissolves.

What exactly has been reconstructed? Certainly it is not life like it was before. Instead, it is a reconstruction of the sense of oneself as a cohesive, intact entity. The reconstruction takes on many concrete aspects, such as the development of new skills, but the most important value is emotional. When a customary pattern of living has been shattered by illness, the patient fears that he or she is no longer recognizable as a whole being. It is the reemergence of a positive self-image that constitutes reconstruction. Often people do well for a few weeks and then are devastated by some incident. But each experience with trusting and succeeding is a building block for the next step of reconstruction.

3.2.5 Intermittent Depression Stage

Now that everything is looking brighter, everyone is tempted to relax and may, therefore, be caught off guard when a significant depression recurs. The elation associated with new skills can give way to new feelings of despair as the patient recalls how much simpler it was to do routine things the old, pre-illness way. Nostalgia and grief may combine to produce sadness and discouragement.

Many people know exactly when they expect to hit these rough spots. Medical appointments and anniversaries are notable examples. Seeing a doctor, who confirms your intuition that your condition is not improving or is worse, often lead to depression. To many the third anniversary of having to give up the car, the first anniversary of a divorce, the time of the year the physical problems first occurred -- the list is endless. It may be best to seek counseling during these difficult times as a way of shortening their duration and providing new understanding of what all the feelings of loss are attached to. New understanding brings new resilience; it does not make the losses go away.

Intermittent depressions seem to combine two feelings. One is the awareness of loss of function that occurs several times a day in the course of ordinary living. But clearly, an amputee or chronically ill does not become depressed each time there is a reminder of the inability to walk normally. There is a second element involved. If the awareness of loss arouses a distinct image of what life would be like if the amputation or illness had not occurred, and if this fantasy has strong emotional meaning for the person, depression is very likely. This image of how you would be without the illness we call the *phantom psyche* (LaMaistre, 1995).

The phantom psyche is usually not far from consciousness. It is the self-punishing mechanism whereby the chronically ill person continually erodes his or her own self of self-worth and competence. "If only I didn't have this arthritis [or whatever illness] I could still be bicycling [or whatever activity]." "If only" statements are the bread and butter of the phantom psyche. They contain harsh judgments of worthlessness. In a happier mood, you might experience the same feeling of loss, but say to yourself, "I really miss bicycling, but at least I can take a walk today."

3.2.6 Renewal Stage

The losses, and the sadness they cause, never go away entirely. There is a sense of lingering regret for all the capacities that have been lost. A person who has mastered the technique of using a wheelchair can feel very proud of this achievement and know full well that this device is essential for retaining an active life. But the person does not have to like it.

4.0 CONCLUSION

In this unit, we presented psychological reactions to illness which were captured in predictable stages. They include: crisis stage, isolation stage, anger stage, reconstruction stage, intermittent depression stage and renewal stage. We also discussed conditions for coping in illness. A good knowledge of these reactions is very helpful in counseling and counseling process.

5.0 SUMMARY

In this unit, we discussed the following:

- Conditions for coping in Illness
- Psychological reactions to Illness

6.0 TUTOR MARKED ASSIGNMENT

- Management of the psychological reactions to illness is a vital feature of health counseling. Discuss

ANSWERS TO SELF ASSESSMENT EXERCISE

Conditions for coping in illness include: the severity of the illness, the social support available and pre-illness personality of the person.

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MODULE 3 HEALTH COUNSELLING, SKILL AND PROCESS

Unit 1 Defining Health Counselling
Unit 2 Basic Communication Skill for Counselling
Unit 3 Counselling Process
Unit 4 Conditions for Effective Counselling

UNIT 1 DEFINING HEALTH COUNSELLING

CONTENT

1.0 Introduction
2.0 Objectives
3.0 Main Content
- 3.1 What is health counseling?
- 3.2 Levels of health counseling
- 3.3 Special areas in health counseling

1.0 INTRODUCTION

So far in this course, we have been able to define health as well as health perceptions. Also, we presented a broad definition of counseling, approaches or theoretical dimensions to counseling, types of counseling (group and individual counseling) as well as psychological issues in counseling. In this unit, we will turn our attention to health counseling, special areas in health counseling as well as levels of training required of a health counselor. Enjoy your study.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define health counseling
- Identify levels of health counseling
- Identify special areas in health counseling
- Illustrate levels of training for health counselors
- Illustrate evaluation in health counseling
- Identify goals and approaches to evaluation

3.0 MAIN CONTENT

3.1 What is Health Counselling?

Health counselling includes all counselling services provided in health establishments. It includes educating patients on their health conditions, the need for drug compliance, awareness of risk factors, adherence to professional advice. It also includes crisis counseling, disclosure counseling, prevention counseling as well as bereavement counseling. HIV counseling is also one of such services.

3.2 Forms of Health Counselling

Two (2) major levels of counselling are commonly practised in health counselling, namely:

- Clinic-based counselling
- Community-based counselling

Clinic-based counselling is a type of counselling provided in a formal session – in a hospital, health centre or clinic by a trained professional such as a doctor, social worker, nurse or psychologist.

Community-based counselling is given in a non-formal environment in a village or urban neighbourhood by one community member trained in counselling to another community or family member.

3.3 Special Areas in Health Counseling

Special areas in health counseling are:

- HIV/AIDS Counseling
- Prevention Counseling
- Crisis Counseling
- Disclosure Counseling
- Bereavement counseling

3.4 Level of Training for Health Counselors

Counselor's services are preventive, developmental and therapeutic in nature. In order to assist the clients, the counselor must understand their needs, motives, perceptions, defenses, etc. Few, if any, persons have the ability to work effectively as counselors without formal education in human development, human behaviour and counseling process. The level of education needed is directly related to the level of work. There are three broad groups of counselors based on their level of training. They are:

- Non-professional counselor
- Para-professional counselor
- Professional counselor

3.4.1 Non-Professional Counselors

They include: peer counselors, friends, colleagues, volunteers or supervisors who try to be helpful to those in need. These group of people posses various levels of wisdom and skill to help the individual concerned.

3.4.2 Paraprofessional Counselors

These are persons who because of the nature of their professions, example, doctors, nurses, occupational therapists, physiotherapists, teachers, child care workers, youth counselors, probation personnel, etc., use a range of counseling techniques and have received some formal training in human-relations skills and counseling skill. They work as part of a team rather than as individuals.

3.4.3 Professional Counselors

They are formally trained in counseling to varying levels. People in this group include professional counselors, psychologists, psychiatrists, social workers, mental health occupational therapists and psychiatric nurses.

3.5 Evaluation in Health counseling

The effectiveness of counseling can be evaluated by determining to what extent the counseling goals have been achieved through the program. According to Shertzer and Stone (1968), the aim of evaluation is to ascertain the current status of the counseling service within some frame of reference and on the basis of this knowledge, to improve its quality and efficacy. *Evaluation is thus concerned with an assessment of the outcomes of counseling.*

3.5.1 Goals of Evaluation

Evaluation is an important aspect of health counseling. Some of the goals of evaluation include:

- To determine the appropriateness of the health program/counseling.
- To locate the weaknesses or limitations of the health program/counseling
- To discover effective measures to improve counseling.
- To indicate to the clients the nature of progress made and help motivate them towards more effective results.
- To help counselors or health managers to make the necessary personnel and material resources available to a particular health program in order to improve its effectiveness.

- To demonstrate to the society the meaningfulness as well as the usefulness of the health education and counseling

.

SELF ASSESSMENT EXERCISE

There are three broad groups of counselors based on their level of training, they are----------

3.5.2 Approaches to Evaluation

There are many different approaches to the evaluation of counseling outcomes. All approaches must satisfy three requisites, namely:

- The objectives should be stated in operational terms such that they can be observed and objectively assessed.
- The methods to be used in assessing the objectives must have demonstrable validity.
- The procedures employed in evaluation must be reliable.

The following approaches are frequently used in counseling evaluation.

(a) Summary

This approach is simple and commonly employed in several disciplines. It consists of identifying the population and obtaining a representative sample from it, collecting information or evidence from the subjects in the sample, employing a suitable evaluative schedule and making judgments in terms of the pre-determined criteria. In this approach, clients could be asked questions pertaining to the counseling program and its usefulness.
One of the practical problems of this approach is the non-availability of subjects for questioning. Another problem is the unreliability of the subjects' answers.

(b) Case Study

This approach is designed to study the client and assess the changes that take place as a result of the exposure to counseling. The advantage of this approach lies in its emphasis on the individual and his or her growth. The draw-back of this method is that it is time-consuming.

(3) Experiments.

The basic requirements of this approach are:

- Determining the objectives.
- Choosing appropriate methods.
- Selecting two or more groups of subjects who are comparable with one another.
- Applying counseling technique that could be measured.
- Measuring or assessing the final outcome.

The vital step in this approach is the study of two or more comparable groups. This approach is fraught with problems, for an experiment involves controls. In counseling situation control is difficult. However, in a limited sense, this approach could still be employed to evaluate the counseling outcomes.

Evaluation is important for determining whether counseling goals have been achieved as a result of the implementation of the counseling program. In a way, it is a method of validating counseling. Notwithstanding in all the difficulties and practical problems associated with evaluation, it is essential in all scientific endeavours.

4.0 CONCLUSION

We hope you enjoyed your study. In this unit, we presented a very brief definition of health counseling which was viewed as all counseling services provided in health establishments. We also identified special areas in health counseling which include crisis counseling, prevention counseling, and bereavement counseling and so on. These will be elaborated in the subsequent units. Finally, we identified different levels of training required for a health counselor as well as several health evaluation techniques.

5.0 SUMMARY

In this unit, we:

- Defined health counselling
- Identified forms of health counseling
- Discussed special areas in health counseling
- Ascertained levels of training for health counselors
- Discussed evaluation in Health counseling

6.0 TUTOR MARKED ASSIGNMENT

- Identify and briefly explain the goal of evaluation in health counselling

ANSWER TO SELF ASSESSMENT EXERCISE

There are three broad groups of counselors based on their level of training. They are:

- Non-professional counselor
- Para-professional counselor
- Professional counselor

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UNIT 2 BASIC COMMUNICATION SKILL FOR COUNSELLING

CONTENT

7.0 References/Further Readings

1.0 INTRODUCTION

There is a great need for adequate skills in counseling. Professional psychologists, counselors and psychiatrists often cannot cope with the demand of health counseling and many often do not have access to professional services. There is therefore the need to train every available and willing helper in health field on basic communication skill for counseling. This unit elaborates more on this.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Apply basic communication skills to counsel a client

3.0 MAIN CONTENT

3.1 Basic Communication Skills for Counselling

Counseling is a conversation or dialogue between the counselor and client. Thus the counselor needs basic communication skills in order to build a relationship and facilitate change. The skills include:

- Attending
- Listening
- Basic Empathy
- Probing
- Clarification
- Reflective commenting
- Summarizing (Egan, 1998)

3.1.1 Attending

This refers to the ways in which counselors can be 'with' their clients, both physically and psychologically (Egan, 1998). Health counselors can use certain non-verbal skills when attending to theirs clients. Egan, (1998) summarized these skills under the acronym *SOLER.*

- **S**: Face the client ***squarely*** and adopt a position that indicates involvement
- **O**: Adopt an ***open*** posture. The counselor should ask himself/herself, to what degree does his/her posture communicate openness and availability to the client.

- **L**: ***Lean*** towards the client (when appropriate) to show your involvement. A slight inclination towards the client might be a way of signaling that you are listening with empathy, while leaning back can convey the opposite message.
- **E:** Maintain good ***eye*** contact, but do not stare. Eye contact with a client conveys the message that you are interested in what the client has to say.
- **R:** Try to be ***relaxed*** or natural with the client. Do not fidget nervously or put on distracting facial expression.

3.1.2 Listening

Listening refers to the ability of counselors to capture and understand the messages client communicate as they tell their stories, whether those messages are transmitted verbally or non-verbally, clearly or vaguely (Egan, 1998).

According to Egan, (1998), active listening involves the following four skills:

- *Listening to and understanding the client's verbal messages.*

When a client tells you his or her story, it is always a mixture of experiences, (what happened), behaviours (what the client did or failed to do), and effect (the feelings or emotions associated with the experience and behaviour). Thus, the counselor's first task is to listen to what the client has to say.

- *Listening to and interpreting the client's non-verbal messages.*

Counsellors should learn how to listen to and read non-verbal messages such as posture, gesture, facial expressions, tone, pitch, voice level, breathing level, physical appearance, etc. Counsellors should learn how to 'read' these messages without distorting or over-interpreting them.

- *Listening to and understanding the client in context.*

People are more than the sum of their verbal and non-verbal messages (Egan, 1998). The counselor should listen to the whole person in the context of his or her social setting.

- *Listening with empathy.*

Empathic listening involves attending, observing and listening in such a way that the counselor develops an understanding of the client in his or her own world. Empathic counseling is selfless because it requires helpers to put their own concerns aside to be fully 'with' their client.

3.1.3 Basic Empathy

According to Egan (1998), basic empathy involves listening to clients, understanding them and their concerns as best as we can, and communicating this understanding to them in such a way that they might understand themselves more fully and act on their understanding. Empathy is the ability to recognize and acknowledge feelings of another person without experiencing those same emotions. This understanding of the client's world must then be shared with the client in either a verbal or non-verbal way.

3.1.4 Probing or Questioning

Probing involves statements and questions from the counselor that enables clients to explore more fully any relevant issue of their lives (Egan, 1998). Probes can take the form of statements, questions, requests, single words or phrases and non-verbal prompts. Egan, (1998) gives the following advice about probing:

- Keep in mind that probes encourage non-assertive or reluctant client to tell their stories.
- Use a mixture of probing statements, questions and interjections
- Be careful with questions. Do not ask a question if you do not really want to know the answer.
- Avoid leading questions that suggest the acceptable or desired answer.
- Use a mixture of empathy and probing to help clients clarify problems, identify blind spots, develop new scenarios, search for action strategies, formulate plans and review outcomes of actions.

3.1.5 Clarification

Clarification means making sure that you have understood the client correctly. Someone who is distressed might give a confused explanation of what is happening. The counselor must clarify to make sure that what he or she is hearing and understanding is actually what the client is trying to put across. For example: 'Do I understand correctly? You are saying that…. Or 'Do you mean that…(Life Line, 1997).

3.1.6 Reflective Commenting

Reflective commenting or paraphrasing can be defined as mirroring or reflecting back to the client what he or she is conveying to the counselor. The reflective comments include not only the specific content of the message but also the implied, stated or underlying feelings. In order to reflect, the counselor needs to

listen to the feelings behind the words of the client, and not only to the words. An example of reflective comment is as follows (Life Line, 1997).

Client: My life is a mess. I do not know how to get out of where I am. Everything I do seem to end in disaster.
Counsellor: Everything you do seems to be going wrong and you feel trapped in this mess.

The reflective comment of the counselor in the example reflects both content and feeling (trapped).

SELF ASSESSMENT EXERCISE

Reflective commenting requires correct identification and reflections of the client's feelings. Develop your own feeling vocabulary by taking a dictionary and listing all the words that describe *feeling*. For starters: abandoned, aching, accepted, accused, caring,……etc.

3.1.7 Summarizing

It is sometimes useful for the counselor to summarize what was said in a session so as to give focus to what has been discussed and challenge the client to move forward. Summarizing is particularly helpful under the following circumstances:

- At the beginning of a new session
- When the session seem to be going nowhere
- When a client gets stuck

4.0 CONCLUSION

We hope you enjoyed this unit. The need to adopt and apply basic communication skills in counseling was well elaborated here and the skills presented in an unambiguous manner. We enjoyed this unit and we hope you enjoyed it too. Now let us attempt the questions below.

5.0 SUMMARY

In this unit, we: identified and explained the following basic communication skills employed in counseling:

- Attending
- Listening
- Basic empathy
- Probing
- Clarification

- Reflective commenting
- Summarizing

6.0 TUTOR MARKED ASSIGNMENT

Identity and explain the basic communication skills required for effective counseling

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UNIT 3 COUNSELING PROCESS

CONTENT

1.0 INTRODUCTION

Counseling can best be described as a process. This means an identifiable sequence of events taking place over a period of time. Successful and effective counseling may take as little as thirty minutes, it may take a few sessions or it may take months. The sequence of events, the dynamics involved and the nature and extent of exploration differ with each individual, but the stages in the process are broadly similar for most individuals.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify four fundamental questions of the counseling process
- Describe conditions for counseling process
- Identify steps in counseling process

3.0 MAIN CONTENT

3.1 Four Fundamental Questions of the Counseling Process

According to Egan, (1998), all worthwhile helping models or processes that focus on problem management and change should help clients to ask questions and answer the following four fundamental questions:

- Current scenario
- Preferred scenario
- Strategies
- Action

1 Current scenario

Question: What are the problems (issues, concerns, undeveloped opportunities) I should be working on?

The answer to this question constitutes the client's current state of affairs or current scenario. To elicit the current scenario, counselors must help clients to tell their stories in such a way that the counselor as well as the client will understand the problem situation.

2 Preferred Scenario

Question: *What do I need or want instead of what I have?*

The answer to this question constitutes the preferred state of affairs or preferred scenario. The preferred scenario spells out possibilities for a better future, and it culminates in an agenda for change. Counselors must help clients to discover and commit themselves to what they need and want for a better future.

3 Strategies

Question: *What must I do to get what I need or want?*

The answer to this question produces strategies for goal-accomplishment action. Clients must need to discovers ways of bridging the gap between the current scenario (what they have) and the preferred scenario (What they need and want).

4 Action

Question: *How do I make all this happen?*

Answers to this question help clients to move from planning mode to action mode, getting-it-done or accomplishment mode. But action should not be the last stage of change. From the very beginning of counseling process, counselors should encourage clients to act - even in small ways - to start the transition from the current to the preferred scenario.

3.2 Conditions Required for Counseling Process

Before the counseling process is set in motion, certain conditions are satisfied. They include:

3.2.1 Readiness

This is the initial step in counseling on the part of the counselee or client. For example, many people drink alcohol though some are aware that it is undesirable and injurious, they persist in the habit. From among them, a few may desire to give up and are ready to seek assistance to get rid of the habit. Yet others may not bother themselves about this and will naturally make no efforts to give up the habit.

There are a number of factors affecting readiness. They include:

- **Ignorance**: Individuals may persist in certain kinds of habits without having the least idea that such habits are undesirable.
- **Resistance**: Individuals tend to show no interests or exhibit lack of enthusiasm to certain things due to an innate resistance to change.
- **Lack of motivation**: An individual may be aware that a particular habit is undesirable but may not be sufficiently motivated to do something about it.

3.2.2 Pre-counseling Interview

Once the client has reached the stage of readiness, the next stage is the pre-counseling interview or initial interview. It is meant to notify the client of his/her responsibilities, the manner in which the counseling services will be carried out, the frequency and time of the counseling sessions, etc. This interview must also concern itself with obtaining personal data and other basic information regarding

the client. The counselor on his/her part tries to establish an initial contact which could go a long way in establishing rapport and a healthy counseling relationship.

3.2.3 Case History

This is a systematic collection of facts about the client's present and past life. It comes immediately after rapport is established between the client and the counselor. Counselors with different orientations place different degrees of emphasis on case history and use different kinds of materials.

SELF ASSESSMENT EXERCISE

What are the factors influencing counseling readiness?

3.3 Steps in the Counseling Process

The counseling process, by and large, is the same for all problems and for all individuals. However, in order to achieve appreciable result, sessions are designed in such a way that it should progress in stages.

Stage 1

This is the stage *of awareness of need for help*. Most individuals go about their daily activities without much awareness of situations. Inwardly they may be experiencing suffering yet they may not seek help. Some individuals experience their problems either because of their severity or because someone close to them draws their attention to the problems. Such individuals are potential clients. They seek professional assistance because of feelings of distress and because they lack the necessary ability and information to deal with them on their own.

Stage 2

This is the stage of *development of relationship.* This stage focuses on the development of an emotionally warm and understanding relationship between the counselor and the client. The level of relationship established goes a long way in determining the outcome of the counseling.

Stage 3

This stage is aimed at *encouraging the expression of feelings and clarification of problems*. The expression of feelings not only helps in the release of emotional tensions but can also help in clarifying problems and putting them in perspective.

Stage 4

This stage is centered on *exploration of deeper feelings*. It is necessary that the counselor should not be content with a superficial view of the client's feelings. The counselor must try to explore the deeper feelings and conflicting situation, which have not only to be brought to the surface but also satisfactorily resolved without damaging the individual's personality.

Stage 5

This stage is focused on *integrating the conflicting situations and feelings that are at the root of the client's problems*. This stage therefore, consists of working in close harmony with the client with proper understanding; regard and sympathy for the client's inner feelings. This way, the counselor is able to synthesize and integrate the client's potentialities, needs and aspirations and direct them towards appropriate goals.

Stage 6

This stage is aimed *at developing the awareness of the client*. The client is helped in gaining insight into himself/herself, his/her problems and the world around him or her.

Stage 7

This is the stage in which the client is *encouraged to make use of the benefits gained from the session to the world of realities*. If the client is not able to adapt to the surrounding, then it can be inferred that he or she has not gained much from the health counseling.

It does not mean that the stage must be followed religiously. The experience of the health counselor goes a long way in determining the sequence to follow.

4.0 CONCLUSION

Egan, (1998), asserted that all worthwhile helping models or processes that focus on problem management and change should help clients to ask questions and answer the following four fundamental questions namely, current scenario, preferred scenario, strategies and action. This is instrumental in relieving the

suffering of the client. We also identified 'readiness' as a requirement fir effective counseling, because the client must be ready to seek and accept help. We further identified 7 stages of counseling process which are not necessarily sequential in nature. The experience of the counselor thus goes a long way in determining the sequence to follow.

5.0 SUMMARY

In this unit, we:

- Identified four fundamental questions of the counseling process
- Explained conditions required for counselling process
- Illustrated steps in Counseling Process

6.0 TUTOR MARKED ASSIGNMENT

What are the steps obtainable in the counseling process?

7.0 REFERENCES/FURTHER READINGS

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UNIT 4: CONDITIONS FOR EFFECTIVE COUNSELING

CONTENT

1.0 INTRODUCTION

Counseling is best described as a process but the process must be effective in order to achieve desired health and emotional goals. Counseling does not just occur anyhow. Certain conditions are necessary for effective counseling and they will be discussed in this unit.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify conditions required for effective counseling
- Identify desired personal attributes of an effective counsellor

- Explain code of conduct for effective counseling
- Identify behaviours considered unethical for health counseling

3.0 MAIN CONTENT

3.1 Conditions Required for Effective Counseling

Counseling does not just occur anyhow. Certain conditions are necessary for effective counseling. They include:

a. Physical Setting

Counseling can best be carried out under certain conditions, which include the physical setting. The physical setting is a place where counseling is rendered. It must be free from outside disturbance. The room should be simple but tastefully furnished; should give a feeling of warmth and should be comfortable, with lighting that is neither too flashy and bright nor too dull and depressing. It should have good ventilation. In short, it should be comfortable such that a relaxed atmosphere is provided in which the client can talk in a relaxed mood. There is a danger of taking the physical setting for granted and more often than not, it is neglected to such an extent that it seriously interferes with the counseling process.

b. Privacy

It is very important that all information obtained during counseling must be kept confidential. If there is need to give out any of such information, consent and permission must be sought and obtained from the client. Confidentiality goes a long way in maintaining trust and confidence in the relationship.

c. Understanding

On of the basic needs of an individual is the need to be understood. To be understood is to be loved, liked and accepted. Understanding is essentially the perception of another's attitudes, meanings and feelings. In a counseling session, understanding has two connotations. First, it refers to the client's understanding of himself/herself and the situation or environment, and second, to the understanding of the counselor of the client's position or situation. For counseling to be effective, it is important that the counselor is able to follow the client's mode of thought and to understand his or her feelings.

d. Rapport

Much of the success of counseling depends on counseling skills such as establishing rapport and empathy. Rapport is a warm, friendly and understand condition, which is essential for an effective relationship between a client and a

counselor. It is a relationship that cannot be established by force. It grows out of the warmth of the relationship. It is important counselors bring this skill to bear in counseling relationship.

e. Attentiveness

To understand the essence of the content and feeling expressed by the client, the counselor should be attentive while listening and observing. In counseling, listening means more than what is meant in common parlance. A counselor should not listen to the verbal communication alone but should also observe the non-verbal behavior of the client, such as facial expressions, postures, gestures, inflections in tone and periods of silence.

3.2 Desired Personal Attributes of an Effective Counsellor

No individual possesses all the qualities of the perfect counsellor. Nevertheless, because of temperament, background and experience, some people are better suited to become counsellors than others. Those individuals whose personal attributes match the demands of the profession are more likely to be personally and/or professionally satisfied with their role as counsellors.

Below are some of the desired personal attributes of an effective counsellor

- Intellectual competence
- Personal energy
- Self awareness
- Positive self-image
- Self confidence
- A sense of purpose and satisfaction with life
- An appreciation of one's strength and one's weakness
- Ability to main appropriate boundaries
- An ability to communicate effectively
- An ability to empathise
- Non-judgemental respect for and an interest in the welfare of others
- An awareness of and respect for the cultural differences of others
- Flexibility
- A sense of humour
- Respect for confidentiality
- An ability to be warm, genuine and honest
- Comfortable with power

3.3 Code of Behaviour for Counsellors

- Accept responsibility for attempting to enhance the client's well-being
- Be committed to doing no harm to clients by avoiding activities that have a high risk of hurting clients
- Respect the client's right to self-determination.
- Be committed to providing equal and fair treatment to all clients based on need
- Faithfully honour promises made to clients, be careful not to deceive or exploit them.

3.4 Behaviours Considered Unethical for Counsellors

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

SELF ASSESSMENT EXERCISE

Identify the code of behaviour required of a counselor

4.0 CONCLUSION

We saw that counseling is not just a process; it must be an effective one and such effectiveness is expected to be visible in the following area: physical setting, privacy, understanding, rapport establishment and attentiveness. A health counselor is also expected to posse's desired personal attributes of which some are: good self-image and self concept, personal energy, respect for confidentiality, and so on. This unit also presented code of behaviour for counselors as well as behaviours considered unethical for counselors and health counselors in particular. We hope you found this unit interesting.

5.0 SUMMARY

In this unit, we:

- Identified conditions required for effective counseling

- Identified desired personal attributes of an effective counsellor
- Explained code of conduct for effective counseling
- Identified behaviours considered unethical for health counseling

6.0 TUTOR MARKED ASSIGNMENT

What are the conditions required for effective counseling?

ANSWER TO SELF ASSESSMENT EXERCISE

A counselor is expected to: accept responsibility for attempting to enhance the client's well-being; be committed to doing no harm to clients by avoiding activities that have a high risk of hurting clients; respect the client's right to self-determination; be committed to providing equal and fair treatment to all clients based on need and faithfully honour promises made to clients, be careful not to deceive or exploit them.

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MODULE 4: HEALTH COUNSELING IN VARIOUS CONTEXT

Unit 1 Counselling and HIV/AIDS
Unit 2 Prevention Counselling
Unit 3 Crisis Counselling
Unit 4 Disclosure Counselling
Unit 5 Bereavement Counselling

UNIT 1 COUNSELLING AND HIV/AIDS

CONTENT

1.0 INTRODUCTION

The HIV test is different from all other tests. This is because it has enourmous emotional, psychological, practical and social implications for the client. Various studies have proved that good counselling assisted clients to make informed

decisions – such as whether to have an HIV test, helped people living with HIV or AIDS to cope better with their condition, live positive life and it has also helped in the prevention of HIV transmission. Counselling is a core element in the care of HIV/AIDS infected patients. HIV testing should never be done without thorough pre-test counselling. Pre-test counselling done in a proper and comprehensive manner prepares the client and counsellor for more effective post-test counselling. Because clients are often too relieved or too shocked to take in so much information during post-test counselling, the health care professional should make use of the educational opportunities offered by pre-test counselling (Alta van Dyke, 2005).

The basic principles of counselling and the skills discussed in previous units should form the basis for pre and post test counselling.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain the aims of counselling in HIV/AIDS
- Identify different HIV counselling programmes and services
- Illustrate coping strategies in HIV/AIDS
- Explain HIV counselling process
- Explain pre and post-test Counselling

3.0 MAIN CONTENT

3.1 Aim of Counselling in HIV/AIDS

HIV/AIDS counselling contains two broad aims namely:

- Prevention of HIV transmission
- Support of those affected directly and indirectly by HIV.

It is vital that HIV counselling should have these dual aims because the spread of HIV can be prevented by changes in behaviour. Preventive counselling has a particular contribution in that it enable frank discussion of sensitive aspects of a patients life, such discussion may be hampered in other settings by the patients concern for confidentiality or anxiety about a judgemental response.

Also, when patients know that they have HIV infection or disease, they may suffer great psychosocial stresses through a fear of rejection, social stigma, disease

progression and the uncertainties associated with future management of HIV/AIDS. Good clinical management and support is required to minimise morbidity and reduce its occurrence and counsellors in this field should have formal counselling training and also receive regular clinical supervision as part of adherence to good standards of clinical practice.

3.2 Different HIV/AIDS Counselling Programmes.

There are different HIV counselling programmes and services and they include:

- Counselling before the test is done (Pre-test counselling)
- Counselling after the test for those who are HIV positive and HIV negative (Post-test counselling).
- Risk reduction assessment to help and prevent transmission.
- Family and relationship counselling.
- Bereavement counselling
- Telephone “Hotline” counselling
- Outreach counselling
- Crisis intervention
- Structured psychological support for those affected by HIV
- Support groups counselling

SELF ASSESSMENT EXERCISE

What are the aims of HIV/AIDS counselling?

3.3 HIV Coping Strategies

There are different types of strategies that can help people with HIV/AIDS to come to terms with their condition and they include:

- Using counselling
- Problem solving
- Participation in discussions about treatment
- Using social and family networks
- Use of alternative therapies, for example relaxation techniques, massage etc.
- Exploring individual potential for control over manageable issues
- Disclosure of HIV status and using support options.

The importance of coping strategies involves active participation of patients to the extent the patients can manage themselves and are fully empowered in planning of care and in seeking appropriate social support from relevant authorities. Such an approach includes encouraging problem solving, participation in decision about their treatment and care and emphasising self worth and the potential for personal control over manageable issues in life.

3.4 HIV Counselling Process

Kotler, et al (2001) report that HIV/AIDS counselling is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. The counselling process should entail the following:

- Evaluation of the personal risk of HIV/AIDS transmission
- Discussion on how to prevent infection
- It concentrates specifically on emotional and social issues related to possible or actual infection with HIV/AIDS.
- With the consent of the client, counselling can be extended to spouses, sex partners and relatives.

3.4.1 Pre-Test HIV/AIDS Counselling.

The purpose of pre-test counselling is to give someone who is considering being tested for HIV all the necessary information and support to make informed decision. The following guidelines should be used:

- **Relationship building**
  It is often not easy for a client to share intimate details of his or her life with a counsellor. It is therefore important to create an atmosphere of safety and trust.

- **Confidentiality**
  It is important to assure clients that their right to confidentiality will be respected at all times.

- **Reasons for Testing**
  It is important to explore why client want to be tested. For example, is it for insurance purposes, because of anxiety about lifestyle or because the person has been forced to take the test (Alta van Dyke, 2005).

- **Assessment of Risk**

Assess the likelihood of whether the client has been exposed to HIV by considering if and how frequently he or she has been exposed to the following risk factors and lifestyle indicators:

- A client's sexual history and lifestyle
- Is the client an injecting drug user?
- Has the client received a blood transfusion?
- Has the client been exposed to possibly non-sterile invasive procedures such as tattooing or piercing?
- Has the client been exposed to HIV-infected blood in the work situation?

- **Information about the Test**

It is important to ensure that your client know what the HIV test entails. Explain the test procedure as well as the meaning of the test results.

- **Belief and Knowledge about HIV Infection and Safer Sex**

Determine exactly what your client believes and knows about HIV infection and correct errors and myths by providing accurate information about HIV infection.

3.4.2 Post-Test HIV/AIDS Counselling

Post-test counselling helps the client understand and cope with the HIV test result. In this type of counselling, the counsellor prepares the client for the result, gives the result and then provides the client with any further information required, if necessary refer the person to other services. The two usually discus ways to reduce the risk of infection or transmission of HIV and test results should always be given with counselling.

Counseling after testing will also depend on the outcome of the test-which may be negative or positive result or an indeterminate or inclusive result.

3.4.2.1 Counselling after a Negative Result

For both the client and counsellor, a negative HIV result is a huge relief. However, a negative result could give someone who is frequently involved in high-risk behaviour a false sense of security. It is therefore important for the counsellor to counsel HIV-negative clients in order to reduce the chances of future infection.

3.4.5.2 Counselling after a Positive HIV test Result

The health care professional needs to be tremendously responsible in how to communicate positive test results to clients. This is because, people's reaction to

test result depends on how thoroughly their counsellors have educated and prepared them before and after the test.

There is no guideline or a ten point plan for telling a person that he or she is HIV positive, though the following guideline may be helpful (Albers, 1990; Blom, 2001; Brouard, 2002, Van Dyk, 1999).

Prepare yourself before giving the results

The counsellor should prepare himself/herself before giving a client the result.

- Make sure you have the right result
- Make sure you understand what the result mean
- Make sure that you have time to spend with the client
- Make sure that you are emotionally ready to give the result to the client

Sharing the Result with the Client

Positive as well as negative result should be given to the client personally. The following are few DONTS that a counsellor needs to observe when sharing a positive HIV result with a client.

- Do not lie or dodge the issue
- Do not use delay tactics. Go straight to the point
- Do not present the client with the formal printed laboratory report to 'see for themselves' without saying anything.
- Do not break the news in a corridor or any other public place.
- Do not give the impression of being rushed, distracted or distant
- Do not argue or interrupt
- Do not say that 'nothing can be done' because something can always be done to ease suffering.

4.0 CONCLUSION

Many patients diagnosed with HIV some years ago are now feeling well enough to return to work and to study. Even with the significant medical advances in patient's management, counselling remains an integral part of the management of patients with HIV/AIDS, their partners and family. The content of this unit thus equips the health counsellor with necessary skills required for HIV/AIDS counselling.

5.0 SUMMARY

In this unit, we:

- Explained the aims of counselling in HIV/AIDS
- Identified different HIV counselling programmes and services
- Illustrated coping strategies in HIV/AIDS
- Explained HIV counselling process
- Explained pre and post-test Counselling

6.0 TUTOR MARKED ASSIGNMENT

Health counsellor needs to be tremendously responsible in how to communicate HIV positive result to clients. Discuss

ANSWER TO SELF ASSESSMENT EXERCISE

HIV/AIDS counselling contains two broad aims namely:

- Prevention of HIV transmission
- Support of those affected directly and indirectly by HIV.

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UNIT2 PREVENTION COUNSELLING

CONTENTS

1.0 INTRODUCTION

In this unit, we will learn about prevention counseling. We are all familiar with the saying that prevention is better than cure, thus prevention counseling provides basic health information that could inform lifestyle changes in all health-related matters.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define prevention counseling
- Identify forms of prevention counseling
- Identify goals of prevention counseling
- Explain universal precautions in health care

3.0 MAIN CONTENT

3.1 What is Prevention Counselling?

Prevention counselling is similar to pre-test counselling as it provides an opportunity for the counsellor/client to negotiate and reinforce a plan to reduce or eliminate the risk of infection or illness. Prevention counseling can also be given to relatives and significant others of an infected person so as to protect them from contacting the infection in the process of caring for the PLWHA.

3.1.1 Forms of Prevention Counselling

Prevention counselling can be categorized into two namely:

a. **Primary Preventive Counselling**: This is the counselling given to an individual to avoid contracting an infection.

b. **Secondary Preventive Counselling**: This is the counselling given to an individual who is ill to help reduce the risk of re-infection. It is also given to the family, significant others and care givers of any infected person to enable them to be able to give proper care to the relative, as well as to protect themselves. It covers such issues as *Universal Basic Precaution* as well as *Home Based Care.*

3.1.2 Goals of Prevention Counselling

Prevention counselling facilitates an accurate perception of health risk for those who are unaware, uninformed or in denial. It should also:

- Translate the client's risk perception into a risk reduction plan that may be enhanced by knowledge of, for example, HIV infection status.
- Helps clients initiate and sustain behaviour changes that reduce their risk contracting infectious diseases.
- Assess the clients readiness to adopt safer behaviours by identifying behaviour changes the client has already implemented and negotiate a realistic and incremental plan for reducing health risk
- Determine the client's understanding of HIV transmission and other infectious diseases and the meaning of, for example, HIV antibody test results
- Safe sex options can be discussed. A condom demonstration can be carried if client is willing to use condoms and is interested in knowing how to make proper and consistent use of a condom

SELF ASSESSMENT EXERCISE

Identify forms of prevention counseling

3.2 Universal Precautions

Universal precautions are a set of guidelines to help prevent people from infecting themselves while caring for a person who may have a communicable disease. This also includes caregivers in the home.

Universal precautions are protective measures that are standard practice the world over that where created in order to prevent contact with body fluids of a person who may or may not have a communicable disease or infection.

Universal precautions in relation to HIV are based on the simple fact that there is no way to be certain a person is not infected unless the individual takes an HIV test. The recommended guidelines indicate it is safer to treat and to handle everyone's blood and body fluids as if they were infected. This is very important in health settings where all patients irrespective of their HIV status are treated as if they are positive. Health personnel has no right to force anybody to take an HIV test but the health personnel has to also make sure he/she is protected from contracting the infection without infringing on the patients right.

Prevention methods to avoid transmission covers most body fluids such as blood, blood products, semen, vaginal fluids (including menstrual blood), as well as saliva, urine, feces, and mucus which may contain blood that is not visible.

Basic methods that everyone should follow include**:**

- Avoid unprotected contact with all blood and body fluids. When contact cannot be avoided the use of barriers such latex or plastic gloves should be used
- A barrier should be used to apply bandages or gauze on a cut or scrape, as well as to stop any bleeding after an accident or injury.
- Discard or decontaminate anything that has had direct contact with blood or body fluids such as bloody tissues, paper towels, gauze, etc.
- Wash any bloody clothes first in hot water and bleach before using detergent.
- Knives/razors used for traditional rituals (including scarification/tattooing/circumcision etc.) should not be shared and should be sterilized appropriately.

4.0 CONCLUSION

In this unit, we saw that prevention counselling is similar to pre-test counselling as it provides an opportunity for the counsellor/client to negotiate and reinforce a plan to reduce or eliminate the risk of HIV transmission. Thus prevention counselling is both informative and life saving. We also highlighted universal precautions that are geared towards protecting the health worker from blood contamination.

5.0 SUMMARY

In this unit, we:

- Defined prevention counseling
- Identified forms of prevention counseling
- Identified goals of prevention counseling
- Explained universal precautions in health care

6.0 TUTOR MARKED ASSIGNMENT

Explain the goals of prevention counseling?

ANSWER TO SELF ASSESSMENT EXERCISE

Forms of preventive counseling are primary preventive counseling and secondary preventive counseling

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UNIT 3 CRISIS COUNSELLING

CONTENTS

1.0 INTRODUCTION

In mental health terms, a crisis refers not to a traumatic event or experience, but to how an individual responds to the situation. The events that trigger this crisis can run the gamut of life experience, from developmental hurdles (such as going through puberty) to natural disasters to the death of a loved one. Crisis counseling can help individuals deal with the crisis by offering assistance and support. The roots of modern day crisis counseling date back to World War I and World War II. Prior to this time, soldiers who exhibited significant psychological reactions to the experiences they had at war were frequently seen as weak or even disloyal (Hill, 1985). However, it soon became apparent those soldiers who were immediately offered treatment fared much better than their untreated counterparts. This unit will elaborate more on elements of crisis counseling.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define crisis
- Identify features of crisis
- Define crisis counselling
- Elements of crisis counseling
- Identify the role of the health Counsellor in crisis counselling

3.0 MAIN CONTENT

3.1 Crisis Defined?

A crisis is not a situation but a persons' reaction to the situation, and thus, it is a subjective experience. What maybe mildly distressful to one person maybe a crisis to another. What determines a crisis is how a person copes with the crisis. Crisis a can be dangerous if the normal coping skills fail to accommodate the crisis. A crisis occurs whenever a client feels:

- Intensely threatened
- Completely surprised and caught unaware by whatever is happening
- Emotionally disturbed as a result of loss of control
- Emotionally paralyzed because there seems to be no way to solve the problem

It is important to note that any event that a person perceives and defines as a crisis is a crisis for the person

3.2 Features of crisis

A crisis is made up of the following features which defines how an individual assess what he/she regards as a crisis:

a. **The blow**: This is the initial shock, fear or realizing that something is wrong. An awareness of being at high risk or confirmation of HIV-positive status, (fear of) death of self or loved one could constitute a blow.

b. **The recoil**: This occurs when the person is struggling emotionally to come to grips with the full implications of the crisis at hand.

c. **Withdrawal:** Some people want to be alone with their sorrow or anger and to isolate themselves from contact with others. Others suffer depression or acute anxiety.

d. **Acceptance:** The individual comes through the crisis without permanent loss of self-esteem and with restored sense of control over his crisis and life in general. He/she has developed an appropriate coping strategy to deal with the crisis.

3.3 What is Crisis Counselling?

Crisis counselling is a short term intervention which focuses on dealing with the immediate situation. It involves helping clients to understand the crisis situation, express their feelings about it, and outline an action plan and getting referrals.

Crisis counseling in relation to HIV/AIDS is defined as a confidential dialogue between a PLWHA and a counsellor aimed at enabling the client to cope with the crisis which is being experienced. The crisis could be:

- Diagnosis of HIV infection
- Unexpected death in family
- Breakup of a relationship
- Death of another PLWHA
- Emergence of new symptom
- Treatment failure or anything that an individual perceives as a severe life event

3.4 Elements of Crisis Counseling

Crisis counseling is intended to be quite brief, generally lasting for a period of no longer than a few weeks. Crisis intervention is focused on minimizing the stress of the event, providing emotional support and improving the individual's coping strategies in the here and now (Parad & Parad, 1999). Crisis counseling involves assessment, planning and treatment.

While there are a number of different treatment models, there are a number of common elements consistent among the various theories of crisis counseling.

1. **Assessing the Situation**

   The first element of crisis counseling involves assessing the client's current situation. This involves listening to the client, asking questions and determining what the individual needs to effectively cope with the crisis. During this time, the crisis counseling provider needs to define the problem while at the same time acting as a source of empathy, acceptance and support. It is also essential to ensure client safety, both physically and psychologically.

2. **Education**

   People who are experiencing a crisis need information about their current condition and the steps they can take to minimize the damage. During crisis counseling, health counsellors often help the client understand that their reactions are normal, but temporary. While the situation may seem both dire and endless to the person experiencing the crisis, the goal is to help the client see that he or she will eventually return to normal functioning.

3. **Offering Support**:

One of the most important elements of crisis counseling involves offering support, stabilization and resources. Active listening is critical, as well as offering unconditional acceptance and reassurance. Offering this kind of nonjudgmental support during a crisis can help reduce stress and improve coping. During the crisis, it can be very beneficial for individuals to develop a brief dependency on supportive people. Unlike unhealthy dependencies, these relationships help the individual become stronger and more independent.

4. **Developing Coping Skills**

In addition to providing support, crisis counselors also help clients develop coping skills to deal with the immediate crisis. This might involve helping the client explore different solutions to the problem, practicing stress reduction techniques and encouraging positive thinking. This process is not just about teaching these skills to the client, it is also about encouraging the client to make a commitment to continue utilizing these skills in the future (Cherry, 2010).

SELF ASSESSMENT EXERCISE

- Identify the features of crisis

3.5 Crises Counselling: The Role of the Health Counsellor

One of the health counselors' major roles during crisis counseling is to help the client define the problem and help restore a sense of control. Sometimes the crisis is so overwhelming for the client that he/she is unable to identify what the major problem of the crisis is, is it the HIV diagnosis itself or is it the need to disclose HIV status to a spouse that is causing the crisis and if both are regarded as a problem, which is the more serious of the two to the client. The counselor must "Begin where the client is" and be reassuring and supportive as the client discusses the crisis. The counsellor must listen carefully and patiently because the client may sound incoherent initially but with adequate support will calm down and start communicating in a more coherent manner.

A counsellor should never play down the seriousness, what a client regards as a crisis, for example by saying "you are over reacting". What this communicates to the client is that the counsellor does not take his problem seriously and is patronizing him/her. Counsellors should never offer false assurances to clients such as statements like "all will be well" because the counsellor really does not know if all will be well and cannot guarantee the client that his HIV diagnosis status will decline rapidly to AIDS or that if client was raped that the rapist is

probably not HIV positive. This sort of false reassurance may temporarily help in calming the patient but on the long term if the client does test HIV positive or declines rapidly from HIV to AIDS, the client will lose trust in the counsellor and feel that the counsellor lied to him/her.

The counsellor should help break the problem into smaller parts and help client prioritize different aspects of the problem. The counsellor should repeat certain information repeatedly to ensure that the client understands the situation and is not in denial. But the counsellor should not overstate the issue and annoy the client who is already emotionally overwrought.

The counsellor should also help client set realistic goals for problems and identify which ones he can do something about and which one the client will just have to accept as a part of life.

4.0 CONCLUSION

In this unit, we were made to understand that crisis is not a situation but a persons' reaction to the situation, thus, it is a subjective experience. Features of crisis were summarized as: the blow, recoil, withdrawal and acceptance. Crisis counseling was further described as a short term intervention which focuses on dealing with the immediate situation. It involves helping clients to understand the crisis situation, express their feelings about it, outline an action plan and get referrals. Also one of the counselors' major roles during crisis counseling is to help the client define the problem and help restore a sense of control.

5.0 SUMMARY

In this unit, we:

- Defined crisis
- Identified features of crisis
- Defined crisis counselling
- Elaborated on elements of crisis counseling
- Identified the role of the health Counsellor in crisis counselling

6.0 TUTOR MARKED ASSIGNMENT

What are the elements of crisis counseling?

ANSWER TO SELF ASSESSMENT EXERCISE

A crisis is made up of the following features: The blow, recoil, withdrawal and acceptance.

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UNIT 4 DISCLOSURE COUNSELLING

CONTENTS

1.0 INTRODUCTION

The decision whether or not to disclose a challenging health status is very difficult because the disclosure (or non-disclosure) may have major and life-changing implications. Counsellors should help their clients consider carefully the benefits and negative consequences that disclosure may have for them as individuals. Thus, disclosure counselling assists clients to understand the need to share their health status with trusted loved ones for the purpose of support and care. In addition, it assists clients understand the importance of disclosure to reduce risks of re-infection by partner(s).

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain disclosure counselling
- Identify types of disclosure counselling
- Identify benefits of disclosure counselling
- Illustrate guidelines for disclosure counselling
- Explain partner notification

3.0 MAIN CONTENT

3.1 Disclosure Counselling

Whilst disclosure of life-changing health status may result in a negative reaction from people it is also advocated as a way to reduce stigma. For example, disclosure brings dreaded chronic disease close to home for people especially when it is a loved one or a respected member of the community it is easier for them to accept the disease than if it is a stranger.

3.1.1 Types of Disclosure Counselling

Types of disclosure counselling are:

- Full disclosure – Publicly revealing the health status
- Partial disclosure – Revealing ones health status to close relatives and associate such as spouse, relative or friend.

3.2 The Benefits of Disclosure

The benefits of disclosing include**:**

- Disclosure can help people accept a challenging health status and reduce the stress of coping
- Disclosure can ease access to medical services, care and support.
- Disclosure can help people protect themselves and others. For example, openness about HIV-positive status may help women to negotiate safer sex practice.
- Disclosure may help reduce the stigma, discrimination and denial that surround chronic illness like HIV/AIDS, TB, Leprosy, etc.
- Disclosure promotes responsibility.
- Disclosure encourages planning for the future (Alta van Dyke, 2005).

3.3 Guidelines for Disclosure Counselling

- Counsellor must respect a client's decision not to disclose to partner when adamant and not put any pressure on client to disclose status out of coercion. This is important because the client may not be psychologically and emotionally prepared to disclose and at times disclosure may put the client in danger of violence and abandonment by partner. The counsellor should understand why the client is reluctant to disclose and help the client to identify and work out plans to surmount the disclosure barriers.
- Counsellor must never disclose client's status without consent. This is part of the confidentiality clause of counselling. Irrespective of who the counsellor feels needs to know about the clients status, the counsellor is

obliged by ethics and by law not to disclose the clients health status unless with clients consent.

- The counsellor must support client through the decision-making process with on-going counselling sessions. The client may take anytime from a few days to months to decide when and who to disclose status to and it is the counsellor's duty to provide emotional support during this period until the client makes a decision.
- If the client refuses or is taking time to disclose status then counsellor must work and encourage the client to identify at least actions that would be adopted to reduce risk of infecting partner during this period.
- The counsellor must be ready to have series of counselling sessions with client before arriving at a final decision.

SELF ASSESSMENT EXERCISE

Identify the benefits of disclosure

3.4 Partner Notification

There are three ways in which partner notification can be carried out. They are

1. Client Referral

This is a situation where the client or patient chooses to inform the partner himself or herself. The Counsellor should help the client brainstorm on the best way to inform the partner. Other issues that need to be discussed are how best to deal with psychological and social implications of disclosing one's health status to others, how to respond to partner's reactions including the possibility of personal violence directed towards clients or others and how partner can access counselling and testing services.

The advantage of this sort of disclosure is that client is familiar with the partner and knows the best way to approach difficult issues with the partner and also knows what to do to calm or appease partner during such emotional crisis.

The disadvantage is that the client lacks the counseling skills and experience which may help to alleviate the situation. Also the clients might unintentionally convey incorrect or incomplete information about health status to partner. It is important for the client to realize though that once disclosure has occurred there is an increased potential of third party disclosure by partner which the client has no control over.

2. Counsellor Referral

This is a situation whereby the counselor provides disclosure of client's status to client's partner with client's consent.

The counselor needs to assess the best way to inform the partner and this is done by extensive counseling sessions with client.

The counselor should readily verify that confidentiality has been maintained and protected and that it is with clients consent that counselor is disclosing. This sort of partner notification is important because it may be able to defuse the partner's potential anger.

3. Dual Referral

In this situation the partner is informed by both client and counselor after rehearsal has been done to see how best the disclosure can be carried out. There is a need for series of counseling sessions to build the confidence of client and to rehearse with client to ensure smooth discussion with partner.

The advantage of this sort of partner notification is that both client and counselor can promptly react to any situation that arises from partner, the counselor handling the situation with a professional touch while the client gives it a personal coloring.

It also allows the counselor to play an active role in ensuring access to accurate information, correction of misconceptions and counseling support for partner. Finally the counselor can assess situation and encourage both of them to come for on-going counseling sessions to help them get over the crisis period.

4.0 CONCLUSION

In this unit, we were made to understand that disclosure counselling assist clients to understand the need to share challenging health status with trusted loved ones for the purpose of support and care. We also identified the benefits of disclosure which aims at protecting partners and loved ones. We further illustrated guidelines for disclosure counselling and lastly, partner notification in disclosure counselling.

5.0 SUMMARY

This unit, we:

- Explained disclosure counselling

- Identified types of disclosure counselling
- Identified benefits of disclosure counselling
- Illustrated guidelines for disclosure counselling
- Explained partner notification in disclosure counselling

6.0 TUTOR MARKED ASSIGNMENT

There are three ways in which partner notification can be carried out. Identify them and briefly explain each.

ANSWER TO SELF ASSESSMENT EXERCISE

The benefits of disclosing include**:** helping clients accept challenging health status, protect the loved ones and ensure improves access to medical services, care and support.

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UNIT 5 BEREAVEMENT COUNSELLING

CONTENTS

1.0 INTRODUCTION

Everyone's experience of grief and loss is unique. It is normal to feel sad and even angry when a person close to us dies or leaves. People can experience similar feelings when a relationship ends. Mourning is a 'cycle of loss' which often includes denial, fear, loneliness, grief, anger and letting go. It is a painful process but allows us to come to terms with the loss. Grief, although normal, can manifest itself differently in people. Some people move through its different stages almost effortlessly and others can get stuck at one stage. For these there is the possibility of grief turning into depression as the feelings turn inwards to despair (Pickup, 2008).

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define bereavement counselling
- Identify factors influencing grieving
- Identify symptoms of bereavement
- Explain stages of bereavement
- Identify goals of bereavement counseling
- Identify tasks of bereavement counsellor

3.0 MAIN CONTENT

3.1 Bereavement

Bereavement in relation to challenging health problem could be grief over the loss of a dear one or grief upon learning one or a partner or a friend is seriously ill. Grief is multidimensional it can be experienced on all levels of the person, in the heart (feelings and emotions), the mind (thoughts), the spirit (meaning of life), the body (physical manifestations). It is a time of transition, beginning with period of diagnosis to death, shock of an anticipated loss, of trying to prepare for the inevitable.

Death, even though it is an inevitable end for everyone, when it occurs irrespective of the manner of death (illness, old age) there is a deep sense of loss for the people left behind. When death follows a terminal illness (like AIDS, Diabetes, Cancer) even though the family and friends know that the death is inevitable and have watched the person slip away during the illness, they are still left with a sense of loss. People grieve not only for the deceased, but also for the unfulfilled dreams and plans for the future that they hoped to share with them.

There is no right way of coping with death; people respond to a loss in their own individual way. The way a person responds is partly dependent on their relationship with the deceased, but it also depends on their own personality and upbringing.

3.2 Factors influencing Grieving

Factors that may influence the grieving process include:

- Mode of death
- Where the death occurred (geographically near or far, sudden or expected, etc.)
- Historical antecedents (previous losses and how the person grieved)
- Prior mental history
- Personality variables (age, gender, stress level, etc.)
- Social variables (ethnic and social sub-cultures, religious persuasion and faith)
- Degree of perceived emotional and social support
- Concurrent stresses (griever's health status) and changes following a death.

3.3 Symptoms of Bereavement

The following are some symptoms of bereavement:

- Physical pain - tightness in the body, breathlessness, lack of energy
- Confusion
- Hallucinations
- Disbelief
- Obsession with the deceased
- Sleeplessness
- Lack of appetite

3.4 Stages of Bereavement

There are typical stages that most people go through when confronted by sudden unexpected loss and tragedy. It is important to note that the stages are not separate from each other, do not necessarily follow each other simultaneously but can overlap one another. The stages are fluid, and an individual may move in and out of them in their unique individual manner and tempo. The stages include:

a. Denial

This is usually the first reaction that people have to the loss of a loved one or a diagnosis of chronic health status. At first, people tend to deny the loss has taken place, and may withdraw from usual social contacts.

b. Anger

There is the stage of anger at self, loved one, God, the world, the disease or virus and the world in general. Questions such as “Why me?”, “Why did it happen to him/her?’ are asked over and over again. The grieving person may be furious at the person who inflicted the hurt (even if he/she's dead), or at the world, for letting it happen. S/He may also be angry with her/himself for getting infected/ or loved one dying, even if, realistically, nothing could have stopped it.

c. Bargaining

At this stage the grieving person may make bargains with God, asking, "If I do such and such, will you take away the loss?", “I promise I'll be a better person if….” Hoping that the loss will disappear or magically be made right.

d. Depression

At this stage the person feels numb, although anger and sadness may remain underneath but the person feels tired and does not care any longer about what happens. A sense of hopelessness and helplessness washes over

the person and leaves him or her unable to muster energy to do anything and everyday functioning may also be a problem.

e. Acceptance

At this stage there is a sense of resignation, when anger, sadness and mourning have tapered off. The person simply accepts the reality of the loss and lets' go, but memories still remain. It is not a pleasant feeling but rather a feeling of being ready for whatever may come.

Counsellors should listen actively to the client and should be able to listen without judging or trying to guide the person on how to grieve. Showing compassion and empathy should be the counsellor's primary tool in helping client.

3.5 Goals of Bereavement Counselling

The main goal of bereavement counseling is to increase the reality of the loss to the mourners and help provide psychosocial and emotional support to them. Bereavement counselling also helps:

- The person deal with spoken and unspoken feelings which he/she is experiencing about the loss of loved one or the chronic illness diagnosis
- The person overcome difficulties of readjustment to everyday life after the loss or diagnosis
- To encourage the person to say an appropriate goodbye and to feel comfortable reinvesting in life after the loss of the loved one without feelings of guilt
- The person to be able to adjust to life after a chronic illness diagnosis.

3.6 Task of Bereavement Counsellor

Task of bereavement counselor includes the following:

- Meet with clients, and analyze origin of client's grief
- Explain psychology behind attachment, grief, and loss
- Develop with client healthy coping mechanisms
- Keep good notes, and develop client profiles and reports about grief process
- Meet with other social workers and counselors to discuss client progress
- The typical day for a bereavement counselor will involve a lot of listening to both people who have lost a loved one, and those who are only just coming to terms with a death that occurred a long time ago. They may spend time meeting with terminally ill individuals and their families. They may meet with them in person, or talk with them on the phone. The

bereavement counselors may try and analyze the root of the grief, and help make it manageable and healthy for their clients (Pickup, 2008).

SELF ASSESSMENT EXERCISE

What are the symptoms of bereavement?

4.0 CONCLUSION

We hope you enjoyed this unit. Here we looked at bereavement counseling, its goals and features. We noted that grief is a normal process which often includes denial, fear, loneliness and anger. It is thus the duty of the health counselor to provide social and emotional support for the bereaved.

5.0 SUMMARY

In this unit, we:

- Explained bereavement
- Identified factors influencing grieving and bereavement
- Listed symptoms of bereavement
- Identified stages of bereavement
- Illustrated goals of bereavement counseling
- Illustrated task of bereavement counselor

6.0 TUTOR MARKED ASSIGNMENT

What are the stages of bereavement?

ANSWER TO SELF ASSESSMENT EXERCISE

Symptoms of bereavement are:

- Physical pain - tightness in the body, breathlessness, lack of energy
- Confusion, hallucinations, disbelief
- Obsession with the deceased, sleeplessness, lack of appetite

7.0 REFERENCES/FURTHER READINGS

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