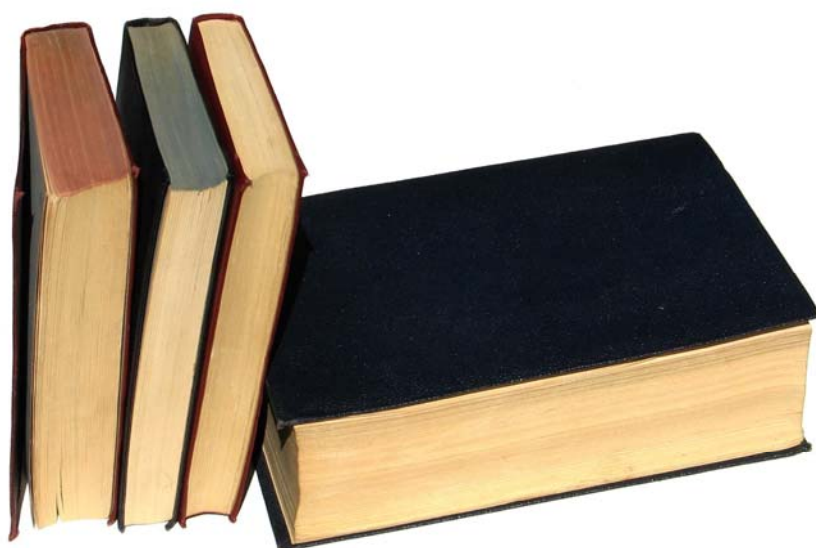


AIPC'S CASE STUDY COLLECTION

2007



AUSTRALIAN INSTITUTE OF PROFESSIONAL COUNSELLORS

AIPC's Case Study Collection

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Table of Contents

Section One: Counselling Microskills

A Case Outlining How to Focus on Solutions	1
A Case of Using Logical Consequences to Help a Client to Make Difficult Decisions	6

Section Two: Counselling Therapies

A Case for Gestalt Therapy	12
A Case Using Behaviour Therapy	18
A Case Using Rational Emotive Behaviour Therapy (REBT)	24
A Case Demonstrating Person Centred Therapy	30

Section Three: Family Counselling

A Cycle of Dysfunctional Parenting and Unsatisfactory Child Development	37
Behaviour Modification with Children	48
An Insight into the Solution	51
A Case of Domestic Violence	57

Section Four: Grief and Loss Counselling

A Case of Grief and Loss	65
A Person Centred Approach to Grief and Loss	70
A Case of Grief Using an Eclectic Approach	74
A Case of Acceptance and Letting Go	82

Section Five: Stress Issues in Counselling

A Case of Stressful Life Change	89
A Case of Low Self Esteem	95
A Case of Mid-Life Difficulties	99
A Case of Using a Person-Centred and Cognitive-Behavioural Approach to Burnout	103
A Case of Social Anxiety	108
A Case of Management of Anxiety and Stress	114

Acknowledgments	119
About the Institute	120
Diploma of Professional Counselling	121
Recommended Resources	122
Downloads	122

Introduction

Case Studies are excellent training and professional development resources. They provide an overview of a 'real life' situation, merging theoretical knowledge and practical elements through a structured narrative.

Writing a professional Case Study is not a simple task. It not only requires elevated literacy and a knack for writing, but also extensive underpinning knowledge and practical experience. As such, quality Case Studies are not as easily found as other resources.

AIPC has helped in excess of 50,000 students pursue their goal of becoming a professional counsellor over the past 15 years. This vast experience has highlighted the power of Case Studies in assisting contextualize theoretical knowledge. We acknowledge the value of Case Studies in the mental health profession. Our students and graduates have always benefited from the quality content published in our National Journal and associated publications – and in a way, we've always kept most of them as a treasure within our knowledge reservoir.

But that was until now...

To assist and collaborate with practicing and aspiring counsellors, we've developed an eBook containing **20 professionally written Case Studies**. These cases have been hand-picked from dozens of publications and divided into 5 Categories: Counsellor Microskills; Counselling Therapies; Family Counselling; Grief and Loss Counselling; and Stress Issues in Counselling.

We trust this resource will assist the development of counsellors and mental health professionals throughout Australia, and around the world. We look forward to receiving feedback from readers: simply email ezine@aipc.net.au with your comments, suggestions, additions or anything else that comes to your mind.

Enjoy your reading and feel free to forward AIPC's Case Study Collection 2007 to family, friends and colleagues.

Kindest Regards,

Sandra Poletto

Sandra Poletto
Chief Executive Officer
Australian Institute of Professional Counsellors

Section One

Counselling Microskills





A Case Outlining How to Focus on Solutions

Author: Jane Barry

Michelle has come to counselling due to increasing feelings of hopelessness about the direction of her life. She is complaining that she is too "bogged down" in her problems to see where she should be going. This is Michelle's second session with the Counsellor. She has spent her previous session discussing the areas of her life that she is unhappy with. Within this session, the Counsellor decides to trial a solution-focussed approach with Michelle. The Counsellor hopes to move Michelle onto discussing ways she can overcome the problems that she has described by focussing more on solutions rather than problem descriptions.

For ease of writing, the Professional Counsellor is abbreviated to "C".

Essential Case Information

Michelle is twenty-one and has been studying Veterinary Science for the last 3 years. She would like to finish her degree in the next few years, but doesn't think that this will ever happen. Currently, Michelle is deferred from her studies and is working two part-time jobs. She works at the local shopping centre on weekdays and waitresses in the evenings and on most weekends. She dislikes both of her jobs, mostly because they involve dealing with the public. Michelle has strong desires to move on with her career and is frustrated by spending all her time working at tedious jobs.

Michelle lives with her partner James, who is also a student. When they were both studying full-time, they were having difficulties supporting themselves financially. They made an arrangement where one of them would work to support the other, until their studies were completed. As James is further along in his studies, Michelle has opted to work, and allow him to complete his studies. James will then work to support Michelle in her own studies. Michelle had planned to work for about one year, however, James has discovered that he will be required to do an extra year of study to qualify for the position he wants.

This means that Michelle will have to wait at least two years before she can continue her studies. She is currently feeling very trapped by the arrangement and she does not feel positive about her situation over the coming years.

She has been reluctant to approach her partner about these feelings, and she can't see any way around her predicament.

In the previous session, "C" did a Personality Need Type Profile for Michelle. She has moderate Type "D" needs, which means that Michelle's studies and career goals are an important means for her to meet her achievement needs. "D" types are not particularly social, preferring to interact with those who have similar interests to them. This explained to Michelle why she does not enjoy the public contact involved in her part-time jobs. Michelle was pleased to find that there were some valid reasons for her desires to continue study and for her discontentment with serving the public. However she was still experiencing difficulty in understanding how this would help her to change her circumstances.

Session Content

In this, the second session, "C" asked Michelle if it would be okay to ask her some questions about her situation; in particular how she thought life would be when she didn't have these problems. Michelle said she was happy to give it her best shot.

"C" asked Michelle if there had been any times during the past few months when she felt happier about the direction of her life. Michelle responded that she had been feeling good about her life when she attended a Veterinary seminar a few weeks ago. "C" questioned Michelle as to how she had organised this for herself. Michelle replied that "one of the girls I waitress with did the shift for me, so that I could attend. I've offered to take one of her shifts next week in return."

"C" then asked her what it was about the seminar that made her feel better. Michelle replied "it was great to be with people who were interested in the same field as myself. The presenters inspired me to think about the areas that I would eventually like to work in. It was fantastic to meet other people who were practicing in those areas and they gave me some good advice. I even made some contacts with Vets in my state."

"C" congratulated Michelle on her decision to attend the seminar, and providing herself with a situation that would gratify her need to pursue her studies. Michelle responded that the feelings of happiness did not last too long once she had to return to work. "Dealing with the public is so draining, and many of the people I work with find the work dull. I don't feel like I have much in common with anyone there."

Through the use of a 'Miracle Question', "C" asked Michelle to describe what her life would be like if she did not have this problem. "Michelle, imagine that you woke up tomorrow morning and found that your problems had disappeared. What would you notice to be different?"

"I'd be working, as a Vet, in my own surgery, in my field of speciality. I wouldn't have to do any more waitressing or serving the public. I'd be working towards my own career." "C" replied, "that sounds like a longer term goal to me, what do you think might happen in the meantime to move you towards that goal?"

"...I don't know..., perhaps I'd have more time to do my studies. I could maybe leave one of my jobs and take on some more subjects... though I'd have to check this with James. One of us would still have to do the work, in order for us to survive."

"C" complemented Michelle on her ideas, "talking with James and renegotiating your arrangements sounds like a good first step Michelle." "C" went on further to ask how Michelle might approach James about her ideas. Michelle was uncertain about this, and she expressed her concern that James might not feel that she was supportive of his career direction by proposing change.

"C" asked Michelle to think of the times when she demonstrated her commitment to her partner's goals. Michelle responded "there are many times I suppose. I agreed to work initially in order to allow him to finish his studies. I also help him out with his assignments." "C" asked Michelle how James had responded to her commitment. "He has been pretty grateful actually, I don't know why I think that he wouldn't support my goals ... and I have to consider that the arrangements have changed since we first made them."

"C" praised Michelle for giving some supportive reasons to negotiate changes for herself. "How would you approach James about your ideas now, Michelle?" Michelle went on to think about how she could approach James about her feelings and negotiate some changes to occur in their agreement. In particular she thought of alternative means of financing herself and James, by seeking loans, or reducing their cost of living. In the past, Michelle's parents had assisted her with sorting out her finances, so she thought to discuss these possibilities with them. She considered that James may also have some ideas to contribute.

Both "C" and Michelle were feeling positive about the solutions that Michelle had developed for herself. "C" asked Michelle if she could rate how hopeful she felt about her ability to change her circumstances. Michelle responded that on a scale of 1 to 10, she was at about a '6'. "Okay," said "C", what else might have to happen for you to increase that score?" "Well, I'd like to be more focussed on my study at the moment," replied Michelle.

As Michelle had already stated this goal, "C" responded with, "you mentioned before how happy you felt after attending that seminar. It seemed like such a good strategy for yourself. I am wondering if you can organise to attend some further seminars?"

"Yes I can, however, they only happen every now and then. Though several of the students were hoping to form a study group and meet on a regular basis. There were plans to invite some of the local seminar presenters along, to give us some feedback on our work I guess that I could try to attend some of these."

"C" asked Michelle how she might organise this for herself.

"I could probably change some shifts with the girls that I work with, some of them are pretty keen for more money. I might have to lose a shift every now and then, to get to the study group."

"C" affirmed this goal of Michelle's, as a pro-active step towards meeting her needs and maintaining her enthusiasm for her studies. Michelle responded positively to the feedback and went on further to say that ideally, she would like to be able to begin her practical experience and assessment next year. "C" inquired further into this area of her work, and Michelle became more animated as she discussed her plans for her career and future.

"C" questioned Michelle about the ways in which she could achieve her goal to commence practical work. At all times, "C" acted as the interested listener, and asked questions to increase his understanding of Michelle's goals, rather than assuming that he knew what Michelle would want. Michelle was able to determine some ways in which she might go about starting practical work, whilst still balancing her financial requirements. She also thought more about the agreement that she and James had made, and ways in which it might be modified.

Nearing the end of the session, "C" requested that they take a short break before summarising the goals and outcomes for Michelle. "C" prepared some feedback to offer Michelle in this time.

In summary, "C" discussed how Michelle had initially been feeling that her goals were out of reach. Michelle obviously had dreams and goals that she had wanted to pursue, and "C" had noticed how inspired Michelle seemed when she discussed these in detail. "C" felt that Michelle already had the skills that she needed to solve her problems, and she had demonstrated this by organising time to attend seminars and student work groups. "C" also complemented Michelle's shift in attitude about approaching James with her issues and solutions. "C" validated Michelle's goal to assert her own needs, in a considerate way, with her partner.

From Michelle's discussion, it seemed to "C" that her solutions consisted of:

Renegotiating an agreement with James where she could reduce her work. Maintain her support of James' goals to finish his study, whilst still meeting her own career goals.

Organise some time off from work to attend study groups or seminars. Look into other financial arrangements for herself and James, such as student loans, parental assistance, reducing rent and other expenses. Organise to start Practical placement with a Veterinary Surgery next year.

"C" also suggested that Michelle might use some of her contacts from the seminar to assist her with finding placements, and possibly some part-time work.

"C" mentioned that they had focussed mostly on meeting Michelle's goals for study and career, rather than other issues such as work. "C" explained to Michelle that focussing on a few main issues, was easier than dealing with several issues at once.

As Michelle's main goal appeared to be her career, they had focussed on that area. "C" suggested that her issues regarding work would likely be reduced, once she was meeting her priority needs to study and work in Veterinary Science.

"C" asked Michelle how she would rate her control over her future, upon reaching the end of the session. Michelle described herself as an 8. She was feeling particularly positive after revisiting her goals for a career. It had been sometime since she had the opportunity to discuss them, and this session had helped her to focus on what she could do to change her situation. She reinforced for herself again the benefit of attending seminars or study groups on a regular basis to keep her enthusiasm going for her career goals.

End of Session

Some points to consider with Solution-Focussed Counselling: This style of counselling, focuses on discussing what the client can do to change their situations, rather than focussing on the problems the clients present with. This does not mean that problems are ignored, rather that the emphasis is on building solutions.

The client will usually be able to describe the who, what, where and why of their problems however, the role of the counsellor will be to encourage the client to inquire into the who, what, where and why of their solutions.

The counsellor assumes that the client has the skills required to solve their own problems and assists the client to do this by:

- Asking the client about how they have solved problems before
 - Asking the client about exception situations, when the problem was not evident
 - Asking the client about what they did to make the exception situations occur
 - Asking the client how they would like their situation to change for the better and what it would take for this to occur (the miracle question)
 - Asking the client to prioritise their goals and solve them one at a time
-

A Case of Using Logical Consequences to Help a Client Make Difficult Decisions

Author: Grahame Smith

Essential Case Information

Richard is a 41-year-old plant operator in a heavy machinery company. He works long hours and must start very early each day. Twelve months ago he accepted a transfer from a country location to a capital city 250 kilometres away from his family. Due to financial obligations this was seen as a necessity. He travelled back to see his family on weekends. He has a wife and 4 children to support.

His wife Amy is 38 yrs old, has 4 young children and works 2 days per week as a shop assistant. She now regrets the decision they both made for Richard to work so far away. The weekends he comes back to her and the children are getting fewer and when he does return, all they seem to do is argue. Amy is frightened that her marriage will fail and is also concerned Richard has found another women (Richard had an affair 15 yrs earlier soon after they had married). They both decided to come and see me for marriage counselling.

A Personality Need Type Profile was prepared for both Richard and Amy. Richard was identified as a Type A (possessing a stronger need for recognition) and Amy Type C (possessing a stronger need for security). Both Richard and Amy were helped to understand what their emotional need types were and from where need gratification would come. Over time poor communication between them had resulted in them both not understanding their emotional wants, desires and overall needs. Richard was a risk taker, while Amy required higher levels of security.

This counselling relationship has been in place for six months. One of the key areas identified by both of them was the lack of trust in their marriage. Clarke 1998 tells us that "trust tends to relate to a person's perceptions (attributions), value judgement, self-esteem and, therefore, to their self-image. For example a client says "I trusted him and he did that to me," a statement of significance, indicating that values once held by the client are no longer valid."

During a number of counselling sessions Richard denied that he was having an affair and said that his issues with Amy centred on her unwillingness to trust him and her failure to include him in family decision-making. Amy felt neglected by Richard, that he had abandoned her, she was concerned he had become very angry, his behaviour had become erratic and she was fearful he was seeing another woman.

Soon after this session, Amy contacted me in a distressed state. She had found out Richard was having an affair and that he had become very ill. She needed to see me urgently. A counselling appointment was organised that afternoon. This was only a very short discussion.

Situation - Amy has discovered that Richard is having an affair. He has experienced an emotional breakdown and is in hospital.

Amy was clearly very upset. However, she was able to indicate that she had come to see me so she could decide what she would do about her marriage.

The Counselling Session

C: Last time we met you were concerned about your husband's emotional state and his erratic behaviour. Can you tell what has happened?

Amy: Well to my absolute shock I have found out my husband is having an affair with another woman. As you know I had some suspicions for some time, but the woman actually rang me to warn me my husband was having a breakdown. Can you believe that! He sat here in this room and lied to both of us so many times! I feel like throwing him out and divorcing him. But there are the kids to worry about and I still believe I actually love him.

C: Amy I hear what you are saying. You must be feeling shocked and betrayed. And yes his lying to us both is a serious issue.

Amy: Yes so much so I can't describe it, I certainly feel confused and not wanted any more.

C: Where is your husband now?

Amy: Well this woman was right. He went crazy when I confronted him about it. Threatened to kill himself. In the end I had to call an ambulance. He is in a hospital at the moment, sedated.

C: How terrible for you and your children. How long ago was this?

Amy: 2 days ago.

C: You are doing very well Amy. You have been able to share your feelings in this room before in safety so keep going, just take your time. (It's important now that I take time to validate Amy's feelings and reassure her that this room is a safe place for her).

You mentioned that you wanted to divorce him. Have you considered some of the impacts on you and your children if you did this? Things like the house, finances, not having a partner in your life.

Amy: Sort of. It frightens me when I think of being alone, with less money and possibly no house. But he is so confused at the moment I can't even talk to him about it and I am so angry with him!

C: Amy you have a right to be angry about the lies that have been told to you. (At this point I validate her right to be angry about what has happened). Can I ask what the doctors say about your husband?

Amy: They say once his medication starts to work he will be easier to talk to.

C: That must help a little knowing he can be assisted.

Amy: Yes, it does. Him being in hospital helps me to cope at the moment. Unfortunately I still love him I think.

[In this very difficult situation it is essential that the counsellor does not lose sight of the client's goal. Amy wanted help in deciding what to do next with her marriage. To help her achieve her goal, questions were asked of Amy to help her consider the logical consequences of various courses of action she could take.]

C: Amy a few minutes ago I asked you about the possible impacts a divorce could have on you and the children. It may be of some value for you to imagine what it would be like in the future if you stayed with your husband and then what it would be like if you decide to divorce him. Is this OK with you? (it's important in this emotional situation that the counsellor obtains the client's permission to explore what is obviously a painful process).

Amy: I'm not really sure about this. My mind is not very clear. But I will give it a try. If I were to stay with him, the girlfriend goes. No more cheating. He has to come and see you. He will have to sort out his emotional problems. At least the kids would have a father at home. They do like him a lot. He has to move back from the city. We could keep the house and have more money to live on.

C: Amy you are doing very well, keep going, how about if you were to decide to leave him.

Amy: That would be good pay back. He deserves some pain. But I know the house would probably be sold along with the boat and other things. There would probably

be a lot less money. I know I would get very lonely. The kids would miss him. That's all I can think of.

C: You have done a great job thinking about what might happen. It must be upsetting to have to do this. So where do you want to go from here?

Amy: This has helped you know. I can't imagine what must be going through your mind considering he pulled the wool over your eyes too! I'm going to wait till his emotions settle down and I can talk to him. I want some answers from him first. But I think I want to save my marriage if I can. If this was to happen soon I am not sure how to go about it.

[In this statement Amy, is again seeking out how I feel about Richard's abuse of the counselling relationship. I handle this by giving a short answer and then shift focus back to her new goal.]

C: Amy, yes it's true Richard lying to us both greatly disappoints me, but my role is to help you achieve your goals, which may indirectly help Richard.

New Goal: Amy wants help to get her husband to see value in their marriage once again.

Amy: Thinking about all that I have told you today, where to from here? If I decide not to divorce him, how can I get him to get rid of the girlfriend?

[It is also important to note Amy is now seeking specific feedback and advice from me as the counsellor and to notice that her goal has shifted from her seriously contemplating divorce to perhaps saving her marriage.]

C: Amy, I can see your distress and I hear just how hard this is for you to decide what to do. But that's a fair question to ask. Though without knowing clearly why he decided to have an affair it is a little hard to be specific. However, just like you and I did earlier, we examined the possible futures for you depending upon what you decided to do. You still saw some value in your marriage after thinking this through. It is possible Richard could do the same.

You may be able to encourage him to think about the good times you have both had together and the positive life you both have had over the past 10 years. The children he loves are part of this. You may be able to get him to see there are negatives for him too, if you divorce him or if he was to move out from your home. You could help him see this. This may also help him to realise that your children and you have greater value than the girlfriend. I could help with this if you wanted me to. How does that sound to you? Have I got close to the mark?

Amy: I think what you said might help.

[The Counsellor can now provide Amy with information, some instruction and options.]

Amy: If I was to try and do this alone with my husband, how could I go about it?

C: I will not try to kid you that this will be easy, especially if you do not get the sort of answers you may hope for. Are you sure you want to try this alone?

Amy: I am not sure yet, but I could get the chance unexpectedly and so I want to be ready for it if I can.

C: Well, I suggest you and I role-play what could be used to help you to help your husband see value in your marriage. We could swap roles. I become you, then you try it, after me. I could also role-play being your husband and try and give you a number of different answers to the same questions. This may assist you to prepare for his different reactions. Do you think this would be helpful for you?

Amy: I'd like to give it ago, when could we do this?

Amy waits for the opportunity to speak to her husband.

End of Session

Some points to consider with undertaking Marriage/Relationship Counselling and using Logical Consequences.

- Emotions can run very high for clients in such situations and thus client thinking and decision-making can be deeply impacted upon. Using this process can help a client to be more logical in their decision-making.
- In this particular case the client has been given accurate feedback, specific information about their situation, some instructions and some clearly articulated options still open to her.
- To remain ethical in this circumstance it needs to be acknowledged that the counselling relationship with Richard has changed. At some stage his non-disclosure about his affair would need to be confronted. It may mean that I could no longer be his counsellor and he may have to be referred on to another relationship counsellor.

References

Clarke J. (1998). *Advanced professional counselling: The fundamentals of human behaviour and the theory and practicalities of counselling*. Brisbane: J&S Garrett.

Section Two

Counselling Therapies



A Case for Gestalt Therapy

Author: Jane Barry

Komiko is from a second-generation Asian family. She has lived in Australia all her life, yet her Asian roots are deep. She has been raised according to traditional Asian culture and in addition, she and her family are devout Catholics. Komiko has never questioned her upbringing before, yet now at the age of 26 she is struggling with value conflicts relating to her religion, culture and sex-role expectations and has come to counselling in order to allay some of her confusion.

A précis of the sessions is as follows. For ease of writing the Professional Counsellor is abbreviated to "C".

Background Information

Komiko had a strict and formal upbringing with her parents and the various Catholic schools that she attended. She was taught to always honour and respect her elders, such as her parents, teachers and priests. Because of this she explains that she has never really felt independent of figures of authority, and has usually acted out the role of a willing child. She states that she seeks the approval of those in authority and whenever she attempts to assert her own will, she experiences guilt and self-doubt.

She has always followed closely the rules and morals of the Catholic Church, through her school and adult life. Komiko has never been married, nor has she had a long-term relationship or experienced sexual intimacy. She states that this is primarily because of the codes she has learned to live by, however there have been times when she has wanted to break away from these. She is interested in living away from her parents and experiencing a relationship out of wedlock, however she is afraid that if she does so, her parents will not accept her decisions.

Although Komiko is frightened to break away from the codes and rules that she has learned, she is seriously considering their validity and realism. She has noticed a change in her own beliefs about morality, and how she no longer accepts her family's and church's beliefs without question. She wonders about the importance of her own individual conscience, and following her changing beliefs.

The questions she asks herself include: What if I am wrong? Who am I to decide what is moral or immoral? What will I discover if I follow my own path? Will I lose my self-respect or be able to survive the guilt I feel if I don't follow the teachings of my church and parents?

Generally, Komiko would like to be less dependent; less socially inhibited, less emotionally reserved and be more assertive and able to make important decisions in her life. Instead she finds that she is extremely self-conscious and always considers how she should and should not act. She wonders if she has the strength to act in opposition to what she has learned from her culture, her parents and her church.

Session Content

After drawing out Komiko's story and beliefs, "C" considers some of the core issues that she is facing. "C" summarises the nature of Komiko's struggle as follows:

Child roles vs Adult roles:

- Catholic morals vs non-Catholic morals
- Asian influences vs Western influences

Whilst listening to Komiko, "C" considers briefly her own opinions about these conflicts. "C" is a Western, non-Catholic woman and realises her own biases in these arguments may lead her to influence Komiko away from traditional, Asian and Catholic codes of living. "C" also considers that Komiko may be looking to "C" as someone in authority to grant her permission to act more in accordance with her own views.

"C" started with a warm up exercise with Komiko. "C" asked Komiko to summarise the way she was feeling about herself. Komiko stated that she felt self-conscious, weak willed, lacking in assertiveness and dependent. "C" discussed these opinions further with Komiko and asked her questions such as "How are you dependent? Who is responsible for your self-consciousness? What do you take responsibility for?"

Komiko became aware of her passivity through this exercise, and her tendency to allow others to dictate how she should live. "C" then asked Komiko to use the "I take responsibility for." exercise where she repeated out-loud, all of the current feelings that she was responsible for. "C" then encouraged Komiko to take responsibility for the goals she wanted to achieve.

Komiko said:

- I am responsible for my self-consciousness.
- I am responsible for my dependency.
- I am responsible for my independence.
- I am responsible for my decision making.

"C" added some responsibilities of her own:

I am responsible for helping you explore your blockages.
I am responsible for allowing you to make your own choices.
I will not take responsibility for your decision making.

This exercise allowed "C" and Komiko to examine their roles in the counselling relationship and reinforced that Komiko was responsible for the decision making. Komiko and "C" both were fairly warmed up after this exercise, so "C" encouraged Komiko to perform a dialogue exercise between her assertive self and her unassertive self. "C" explained that this was a chance for both of these sides to talk to each other and air their grievances.

"C" said to Komiko, "In this first chair I want you to position yourself as your assertive self. Your assertive self should talk to your unassertive self in this other chair. "As your assertive self, I want you to sit, speak and act in an assertive manner. You should tell your unassertive side what it is you want to be more assertive about and why."

As Komiko progressed through this exercise, "C" prompted her to talk about what her assertive side felt and to point out what she didn't like about her unassertive self. Komiko grew slowly into her role as her assertive self. She experimented with the role of advice giver and decision maker, clarifying the choices that she wanted to make in regards to her life. In particular these included moving out of her parental home and pursuing a relationship.

After this point, Komiko was a little quiet. When prompted to speak, Komiko explained that she feared her parent's response to these changes. "C" then suggested that Komiko take on her unassertive side. Komiko's unassertive side defended some of the actions and principles of her traditional upbringing. She explained some of the value that she saw in behaving in accordance with the beliefs of her parents.

She wanted to make her own choices, but she wanted her parent's approval to do so. She was afraid that they would not tolerate her decisions. She explained that some of her parent's expectations included having supervised dates with young men, living at home until she was married, preferably marrying a Japanese man, wearing skirts and dresses and generally keeping a feminine appearance.

After lengthy discussions with her two sides, Komiko came to realise more clearly the nature of her conflict. Her assertive side wanted to move out of home and be more independent, realising that she may have to live with the disapproval of her parents for a while. Komiko's unassertive side felt afraid without the support of her family. She thought that maybe she could ease her parents into the idea of her moving out by starting to collect furniture, saving money, looking for suitable apartments and discussing her plans with them.

"C" suggested to Komiko to consider the consequences of moving out on her own, or staying in her parents house. "C" also suggested to Komiko to write a letter to her parents, to tell them of her fears of their disapproval and the consequences this has for her. "C" explained to Komiko that the letter should not be sent, but that she could bring the letter to their next session to discuss its meaning.

In the final part of the session, "C" asked Komiko how she might feel about attempting a more difficult exercise - playing the role of her non-Catholic self, non-traditional self. "C" explained that Komiko was already well acquainted with her Catholic/traditional self and suggested that she experience what it would be like to be her non-Catholic, non-traditional self.

Initially Komiko was hesitant and didn't understand how she might act as a non-Catholic or non-traditional self. "C" suggested that she think about how she might look, what she might wear, how she might do her hair. Komiko thought that she might wear pants more often, dress in a less feminine style and cut her hair shorter. She practiced walking around the room, as this side of herself, slowly gaining confidence to put a bounce in her step and imagining her hair to be shorter and coloured. She was quite shy about her performance and so "C" joined in also, by mimicking her movements and asking her to describe how she felt about herself.

When seated again, "C" moved on to ask Komiko how she might act on an average day. "C" asked her to imagine her non-Catholic, non-traditional self going to work, doing the shopping or visiting friends. Komiko imagined herself talking avidly to her more assertive friends about making decisions. She discussed the possibility of having her own place to be herself, and how she might plan meals for herself and arrange everything to her own liking. She thought of having friends stay over for weekends and setting up a study room for her work.

Komiko moved on to consider having the freedom to see a male friend from church that she was interested in, without being under the watch of her parents. After this point she was quiet and "C" asked what she was thinking. Komiko said that her Catholic/traditional side was not happy about this, as she was afraid of becoming involved with someone.

"C" prompted Komiko to imagine how her non-Catholic, non-traditional self might approach this problem. Komiko thought that her non-Catholic self probably wouldn't get involved unless she thought that the relationship could be serious. When asked what being serious meant, Komiko replied that there would be some sort of verbal agreement with her partner and that she would feel in love. She thought that she might see him on weekends and would consider introducing him to her parents.

"C" asked her how her non-Catholic, non-traditional side would feel at this stage. Komiko thought that she might be quite happy, though her Catholic/traditional side feared that her parents might find out earlier, or might not approve of her choice. As the session was near to finishing, "C" asked Komiko to stop playing the role, suggesting that they may work further on these roles in the next session.

Komiko sat quietly for some time, reflecting on her role reversal. "C" expressed her admiration of Komiko's attempts to explore herself and her conflicts. "C" asked her to give herself some feedback on the session.

Komiko felt that she had further explored her motives for change and her fears of change in further detail. She had come to realise her responsibility for both her assertion and lack of it, and had been surprised at the extent of her desire to take more control of her life. She felt that her assertive side had the strength to be independent, whereas earlier, she didn't think that she had any inner resources to make changes to her life. She hoped to continue the therapy until she became more decided about the decisions she wanted to make.

"C" validated this progress that Komiko had made and suggested that they might continue the next session by exploring some more of the conflict between her catholic/traditional and non-catholic, non-traditional values and to consider the letter that she was to write to her parents.

End of Session

Some points to consider with Gestalt Therapy include:

- The assumption of Gestalt therapy is that individuals are responsible for their own growth and behaviour. It is an experiential approach, designed to help people gain more awareness of what they are doing. Gestalt therapy is an active therapy and clients are expected to take part in their own growth.
- Most of the techniques of Gestalt therapy are designed to assist people to more fully experience themselves. The therapist should not force clients to partake in experiments if they don't want to, but in this instance should explore the client's resistance to the therapy.

Some of the activities and exercises employed by Gestalt therapists include the following:

- I take responsibility for this is to help someone accept their own personal responsibility for their feelings, actions and their subsequent consequences. This can be useful if the client is blaming others for their problems. By taking responsibility for their problems, the client may be more empowered to change their thinking, actions, and feelings.
- The dialogue exercise...this is a useful experiment to employ if the person is engaged in a struggle of some kind. The client should carry on a conversation between the two parts of themselves that are in conflict. This exercise can help the client to better understand the motives of each side and clarify their experiences.

- I have a secret...this is a technique for exploring secrets and imagining revealing them to others. It allows the client to think about the reactions of others to their secrets and understand the reasons for keeping these secrets. Writing a letter to someone (but not sending it!) may be a way to explore secrets or taboo subjects.
- Reversal technique...if a client is attempting to deny a side of themselves, this technique may be used to help explore the side they wish to cover up. By experiencing themselves as this side, may help them to explore what they are failing to deal with.
- The Rehearsal technique...we rehearse many things inwardly, when we imagine how situations will be. The technique is to rehearse these out-loud by acting out all the things that you might be experiencing inwardly. You might do this when facing something you are afraid of, such as applying for a job, or asking someone for a date.
- The exaggeration exercise...this is designed to draw attention to our body language. The client is to deliberately exaggerate a body movement that they do often, such as frowning or smiling when they feel hurt. The exercise aims to make people more aware of their feelings when they use these particular body movements and gestures.

These are just some of the experiments used in Gestalt therapy. You may know of others. Perhaps you might like to think about how you might use these experiments with someone like Komiko.

A Case Using Behaviour Therapy

Author: Jane Barry

Rose has come to counselling to help relieve her fears about driving. About 15 years ago, she had an accident while driving and has not driven a car since. She has recently applied for a job, and she will need to use a car to get there. She feels motivated to learn to drive again, however every time she even thinks about driving she experiences mild anxiety attacks. The Counsellor has decided to use Behaviour Techniques with Rose to help her overcome her fears.

A précis of the sessions is as follows. For ease of writing the Professional Counsellor is abbreviated to "C".

Background Information

Rose has never been a confident driver; however what little confidence she had was lost after she was involved in an accident. The accident was fairly serious and both Rose and the other driver sustained injuries. Rose was not at fault in the accident, however she blames herself for not being quick enough to avoid the accident. She has been very fearful about driving since that time, which has resulted in her refusal to drive for 15 years.

Rose says that she experiences anxiety whenever she is a passenger in a car. She states that she breaks out in a cold sweat, feels light headed her vision blurs and her hands and legs shake. The only exception to this is when her husband, George drives. When asked about the reasons for this exception, Rose said that George talks to her and keeps her calm while they are driving. Over time Rose has become increasingly relaxed with his driving.

Rose has accepted a position as a receptionist for a suburban accountant. She is excited about getting back into full-time work, especially since her children have grown up and are leaving home. The office, at which she works is located about 20 minutes from her home, however there is no public transport connection between her home and workplace.

Rose will initially rely on the help of her husband and eldest daughter to get to and from work, however this arrangement is only temporary due to her family's changing schedules. Rose realises that she needs to consider driving herself to work if she intends to keep her job in the long-term.

Rose's expectations about therapy are uncertain. She hopes to be able to overcome her fears of driving enough to get herself to her job. She is concerned that she has not driven for over 15 years and wonders if it is too late to start now. On the positive side, she knows that she has the support of her husband and the motivation to get to work to assist her in reaching her goal.

On completing a Personality Need Type Profile, Rose was found to have moderate type "C" needs.

Session Content

In the initial session, "C" inquired into Rose's problem with driving and spent some time building a rapport with her. Rose seemed quite motivated to change her behaviour, especially as she was concerned about keeping her new job in the long term. Rose's relationship with her husband was another important motivator, as he helped her to remain calm while driving. "C" suggested that Rose invite George along to the next session, so that George could become part of the strategies they devised.

"C" defined some of Rose's goals, as he understood them. These included relearning to drive, building up her confidence, reducing her anxiety levels, driving both to and from work each day, and driving to friend's places, or the shops, on the weekend. Rose did not want to drive during the night. Rose confirmed these goals and rated them according to her preferences. Initially she wanted to reduce her anxiety while driving and relearn to drive and then she wanted to be able to drive to and from work on a regular basis.

Since the accident, Rose explained that she felt very uncertain about her driving abilities and believed that she was an unsafe driver. She thought that her lack of confidence in her driving abilities attributed to her having the accident in the first place. "C" and Rose discussed her negative beliefs and looked at the consequences of those beliefs. "C" was able to convince Rose to consider that accidents are indeed part of the risks taken when driving and that not all traffic situations are predictable. "C" explained that people learn to become safe drivers through experience and by learning from their mistakes.

"C" explained to Rose that she needed to learn to become a safe, confident driver. Since the accident she had not given herself the opportunity to learn to be a safe, confident driver again. She had decided that she was not a safe driver based on the accident and so assumed that she could never learn to become one.

"C" assigned Rose some homework to learn about safe drivers. "C" had previously compiled some videotapes on defensive driving from the Department of Transport. He gave Rose one of these to watch. The video demonstrated people who were safe drivers and those who were not. "C" asked Rose to make a personal list of what qualities she thought were important for safe drivers and to say which driver she identified with most of all. "C" intended to use the video to display appropriate driving models to Rose, from which she could learn.

George accompanied Rose to the next counselling session. Rose and "C" discussed the homework activity firstly. Rose had defined several important characteristics of safe drivers which included: good observation skills, remaining calm in emergencies, a good understanding of road rules, keeping to speed limits and respecting other drivers. "C" suggested that these were areas that both Rose and George could work on together.

Together with "C", Rose devised a long-term plan to achieve her goals. "C" explained that the plan would be broken up into small, manageable steps, which would allow Rose to achieve her goal more easily. This process (systematic desensitisation) would help to slowly build up Rose's confidence in driving, rather than trying to encourage Rose to drive to work the next day, which would be too confronting and anxiety producing for her.

The first step of the plan was for Rose and George to play relaxing music in the car whenever they drove. The music was to be used during those times when Rose was feeling calm about being in the car. "C" hoped that Rose would learn to associate the relaxing music with relaxed driving. "C" was careful to ensure that the music was calming, but not so relaxing as to make them drowsy. Rose and George were to carry this out for about 2 weeks. During this time "C" asked Rose to sit in the drivers seat of the car when the car was parked, in order to desensitise herself to her fear.

Rose sat in the car each day for 5 minutes and then slowly increased the time to 20 minutes. After one week, Rose turned the ignition on and sat in the car for similar times. She practiced changing gears, pressing the brake, using the indicators and adjusting her mirrors, while the car was parked and running. Rose also played the calming music while she sat in the car, which helped her to relax.

The second step for Rose was to drive the car on quiet streets or in a large car park, with George present at all times. George would play an important role by providing a safe driving model for Rose to follow. He would also be able to tutor Rose in ways that supported her type "C" needs for security

Rose and George committed themselves to start the program on weekends at 8.00am. George would drive to a remote suburb or car park, and Rose would spend 20 minutes driving the car with George's support. When Rose reached her target time, she would increase that time by 5 minutes the following day.

"C" gave Rose a logbook to fill out. This logbook contained a record of her drives and the length of time she drove. She was also instructed to rate the anxiety that she felt while driving the car. Where 0 equaled no anxiety, 5 equaled moderate anxiety (sweaty hands, fast heart rate, dry mouth) and 10 equaled high levels of anxiety (faint headed, nauseous, impairment of judgement). "C" asked Rose to identify the highest level of anxiety she felt she could handle while driving. Rose thought that at level 7 she would feel too nervous to drive. "C" then explained to Rose that whenever she felt anxiety to a level of 7, she was to stop the car carefully and play the relaxation tape until she felt calm enough to drive once more. Rose also needed to record the time she spent calming down, in her logbook.

George's role was to help Rose remain calm and to encourage her while she drove. "C" reinforced to George that it was important that he remained calm at all times and never contributed to Rose's anxiety levels. George was to ensure that Rose reached her goal time for each drive and he was only to praise her when she had succeeded. "C" reinforced to George that he was to model calm and safe driving behaviours for Rose to be guided by.

The next week, both Rose and George appeared a bit despondent. Rose had experienced high levels of anxiety the first day and had only managed to drive for about 5 minutes. They had waited for over an hour for Rose to calm down and eventually George had driven home. Rose had not wanted to attempt a driving lesson again. When asked about the incident, Rose said that she gave in to her desire not to drive. She just wanted to have George drive her and not have to force herself. She said that she felt disappointed in herself because she had given up so easily.

Together "C" and Rose explored some ways to increase Rose's motivation to drive. "C" suggested going back to an easier task, like sitting in the car driver's seat of the car and starting the engine. Rose felt that she had already achieved this task and preferred to tackle the driving. Her concern was that she didn't have the will power to start driving again and needed some extra encouragement.

"C" suggested they think of something to negatively reinforce Rose's behaviour. "C" explained that negative reinforcement increases the likelihood of a behaviour occurring, through the avoidance of an unpleasant consequence. Rose thought that driving avoided the unpleasant consequence of having to walk or take public transport. "C" then suggested that the unpleasant consequence of Rose not fulfilling her goal could be George driving home from the car park alone, while Rose caught the bus or walked.

It seemed that the car park was on the direct route of their local bus and was only a 40-minute walk home. Though Rose was a little hesitant, she agreed that she was more likely to drive if she thought that she would have to walk home. George agreed that he would be able to carry out his side of the program if it became necessary for him to leave, so long as Rose did not become angry.

"C" suggested that they draw up a contract in the session to agree to this proposal. "C" explained that both parties needed to demonstrate their commitment to the contract so that it would ease any tension caused by George leaving Rose behind in the car park. Both George and Rose signed the contract.

The negative reinforcement and contract strategy worked and next week, Rose drove around the car park for 20 minutes the first day and 25 minutes the second day. After a month, Rose had progressed to driving for an hour around country lanes and driving home after these journeys. Rose would use the relaxation music in the car to calm her down when she felt anxiety over the level of 7 (this was according to her internal stress rating scale). Her logbook recorded the increased time she spent in the car and a reduction in the time she spent calming herself. This logbook helped to reinforce her growing confidence in her driving ability.

Three months into her program, Rose had started to drive to work. She and George began early in the morning (on a weekend) when there was little traffic around. Rose attempted firstly the drive to work only, then the drive from work only, then both together. Rose then worked her way to driving to and from work, in peak hour traffic, assisted by George. Eventually, Rose did achieve her goal to drive to and from work on her own.

To finalise the program, "C" and Rose developed some longer term goals which included completing a defensive driving course and visiting friends on the weekends. To continue to reinforce her driving behaviour Rose decided to save some of her salary towards buying a newer car for herself.

By implementing the Behaviour Modification Program, Rose found that she had the capabilities and will power to become a safer driver. She was very proud of her new found confidence, both on the road and in herself.

End of Session

Some points to consider with Behaviour Therapy:

- Behaviour therapy concerns itself with action-oriented approaches to solving behavioural problems. This means that it relies on the active participation of the client, and the collaboration of the therapist.
- Behaviour Therapy was developed from behavioural theories such as classical and operant conditioning. It is based on principles of scientific method - whereby the procedures of the therapy are clearly stated (goals), tested (applied and measured) and revised based on the assessments made.
- The procedures of Behaviour therapy are educational and are designed to fit the unique needs of the individual and the environment in which the behaviours are occurring.

- The goals of therapy are for the therapist to explain the nature and course of the treatment and to identify the goals that are relevant to the client. Then the client and counsellor collaborate, to initiate conduct and evaluate the strategies and progress.

The techniques of Behaviour Therapy include the following:

- **Relaxation training** - where clients are given exercises to practice relaxing their thoughts and muscles.
- **Systematic desensitisation** - where clients are gradually desensitised to fear inducing stimuli, or stimuli that cause compulsive and obsessive behaviours.
- **Modeling** - where clients learn to perform new behaviours by observing the behaviour of other people.
- **Assertion training** - where client's challenge their own negative self-statements and develop more appropriate self-statements that will lead to assertive behaviours. Assertion training also includes practicing newly acquired, assertive behaviours.



A Case Using Rational Emotive Behaviour Therapy (REBT)

Author: Jane Barry

Thomas is a 33 year old married man, who has recently become a father. He explains that he feels his self-esteem has been gradually deteriorating ever since he was married. He says that he can't find reasons to enjoy life with his wife due to feelings of inadequacy as a husband. In his new role as a father, Thomas had hoped to find the happiness that he was looking for; however this has not been the case. He mentions that his relationship with his wife's family is strained and thinks that this is the root of his problem. In this scenario, the Professional Counsellor will be using a Rational Emotive Behavioural approach with Thomas.

For ease of writing the Professional Counsellor is abbreviated to "C".

Background Information

Thomas was married 4 years ago to Helen. They met after leaving school and have been in a continuous relationship since that time. Thomas describes his relationship with Helen as a strong friendship, but also explains that they have experienced recurring problems in their relationship.

Thomas feels that the main problem is the interference of Helen's family in their partnership. Helen has had a close relationship with her mother and father and had been living with them up until 5 years ago. Neither Helen's mother nor father approved of her relationship with Thomas, since their first meeting. Thomas is at a loss to explain their disapproval of him, and it appears that he has tried in many ways, to gain their respect.

Initially Helen was hesitant to continue a relationship with Thomas, due to her parent's strong reaction to him. At times they even carried on their relationship in secret to avoid her parent's reaction. It became more apparent to them that they would eventually have to overlook Helen's parents' opinions of their relationship and follow their own wishes.

Finally, Helen and Thomas moved into their own apartment and became engaged to be married. Since becoming married and having their first child, Thomas has continued to extend himself to great personal lengths to maintain any of his parents-in-law's support. It is his belief that if he extends himself enough, that they will come to love him as much as they love their daughter.

He finds this position very demanding. Of particular difficulty is that Helen's parents expect to be visited on a weekly basis, by their daughter and new grandchild. These weekly meetings are very draining for Thomas as his parents-in-law are still openly critical of him. At best, he says, they ignore him. In these situations, he finds that Helen is quite passive, though she tells him that she wishes her parents were less critical. Helen has said to him that it is usually best to just let them have their way, and this appears to reflect her pattern of coping with the situation.

Session Content

"C" firstly aims to assist Thomas to understand his feelings and beliefs about the current difficulties. They discuss Thomas's beliefs and feelings about his relationship with his wife and parents-in-law. It appears that for a long time Thomas has held the belief that if he just tries hard enough, Helen's parents will stop their criticism and come to respect him. He also thinks that without their approval, he will never completely gain the full respect of his wife.

"C" used humour to begin to challenge Thomas about his views. The use of humour in REBT is a strategy to reduce the importance and value that clients place on certain irrational beliefs. This strategy does need to be balanced with sensitivity and timing, to ensure clients do not become offended by the counsellor's use of humour. Humour is most effective when the client is also able to enter into the joke and it shouldn't be used to belittle the client or their feelings.

"Thomas it seems to me that you have been seeking the approval of these people, since the first day that you met them. In that time you have been ignored, belittled, backstabbed and denied respect. Even after your public declaration of love to their daughter, their behaviour towards you has not changed. Under these trying circumstances, I must congratulate you on your undying loyalty to your wife and her family!"

Thomas reacted well to the humour and responded with a joke about his wedding vows, "On my wedding day, I never realised that I also had to love, honour and cherish my wife's mother and father!"

"I am absolutely certain that you never would have vowed that on your wedding day. After all, a marriage is the unity of only two people", replied "C". "This leads me to wonder about your reasons for continuing to appease Helen's parents, in what appears to be beyond the call of duty and in the face of such adversity."

Thomas responded to "C's" confrontation. "I've always felt this need for their approval. To me, it is all wrapped up in my role as a husband. It is my duty to be a good son-in-law and I've just hoped that they'll come to accept me in time."

"C" asked Thomas about how he would prefer to be treated by his parents-in-law. Thomas replied that he wanted a friendship with his new family and to be respected by them. He wanted them to be less pushy and more cooperative with himself and Helen.

"C" spent some time then explaining the nature of irrational beliefs with Thomas. "Due to certain learning experiences in our lives, we come to accept certain beliefs about ourselves and others. These beliefs may be inappropriate for us if they don't allow us to realise happiness or acceptance of the disappointments in life. Our beliefs are reinforced by particular thoughts that we should behave in certain ways. If our thoughts and behaviours are more concerned with the welfare of others, rather than ourselves, this can lead to lowered self-esteem and further self-condemnation. The task that all of us face at sometime, is to realise that some of our thoughts and behaviours are not healthy and to replace these with more self-appreciating thoughts and behaviours."

From this discussion, Thomas came to understand that he had control over his own beliefs and therefore, control over his behaviour and a chance to improve his self-esteem. The first step, "C" explained, was to identify the irrational beliefs that were controlling his life. The irrational beliefs that "C" and Thomas identified are listed below:

- "I must have the respect of my parents-in-law".
- "It is my duty as a good son-in-law and husband to meet the approval of my wife's parents".
- "My wife will never completely respect me if her parents do not respect me".
- "If I keep trying, they'll eventually accept me".
- "My need for happiness is secondary to the needs of my in-laws".

"C" said, "Thomas, you said before that you want Helen's parents to be less pushy and more respectful of you. I would challenge you that these are preferences that you have, which you have little personal control over. You cannot expect to change another's behaviour. Instead I would like you to think about your own behaviours and how you might have more control of them, by changing your irrational beliefs. We can do this through a process of debate, where we weigh up the pros and cons of your beliefs"

"C" began the debate by challenging Thomas about his beliefs through a series of questions. "Why do you need your parent's-in-law approval to be a good son in law? What constitutes good parents-in-laws? If you had a son-in-law, how would you treat him? At what point do parents need to reduce their control of their children? Do you expect to be meeting your parents-in-laws demands for the rest of your married life? Where did you learn that you have a duty to obey Helen's parent's wishes?"

Through open debate and discussion of these questions, Thomas was able to view his irrational beliefs from different angles. He was able to see how his belief impacted on his own well being, and that his future happiness was dependent on his ability to change his belief and subsequent behaviours.

The next step involved identifying and constructing new, more appropriate beliefs with Thomas. "C" encouraged Thomas to rethink alternatives to the irrational thoughts that he identified earlier. Instead of the belief, "I must have the respect of my in-laws," Thomas was encouraged to rephrase this as a preference. "I would like to have the respect of my in-laws." To this belief he also added some other preferences such as "I would like to be able to respect my in-laws in return." Other modified beliefs for Thomas included:

- "It is not my duty as a son-in-law to accept personal criticism or being ignored".
- "It is my duty to be respectful of my wife's family, though not to the point of sacrificing my happiness".
- "My wife respects me as her husband and partner".
- "My wife's love is not determined by the influence of her parents".
- "My wife and I have the right to determine how we will be involved in the life of our families".
- "My priorities for happiness begin with myself, my wife and my son".
- "I accept that my in-laws may never accept me for who I am".

"C" and Thomas also listed behaviours that could increase his personal happiness and reflect his new beliefs about himself.

Personally invite his parents-in-law around for visits, instead of visiting them.

Address any demands from parents as requests and notify them that the matter will be discussed by Helen and himself in private. With Helen, redefine boundaries between couple issues and family issues. For example, discuss the amount of time that should be spent with various family members.

Expect parents to be more respectful of him and do not tolerate criticism. Determine the consequences if this behaviour is not forthcoming, ie: politely leaving, hanging up the phone or ending conversations if no respect is shown to him. Encourage ways in which Helen could also expect more respect from her parents.

Discuss his personal changes with Helen and talk about the implication of these for both of them.

In summary of the session, "C" expressed enthusiasm at Thomas's willingness to explore his irrational thoughts and self-condemning behaviours. "C" recommended a further discussion of Thomas's self-statements and establishment of a program of behaviour change, structured on his new beliefs. For homework, Thomas was required to identify other problems and self-defeating beliefs that were affecting his life.

For each of these, he needed to challenge their rationality and record these thoughts in a personal log book. The log book would act as an inventory of all of Thomas's irrational thoughts and beliefs. He could refer to this book as a reminder to himself of the beliefs that he was challenging. "C" also suggested that he could begin to identify more appropriate thoughts to supplement his irrational thoughts and record these in his log book. "C" highlighted to Thomas that disputing irrational beliefs was something that required practice and to not expect this to happen automatically.

Thomas also suggested inviting Helen to take part in counselling with him, so that she would be more aware of his new beliefs and for them to discuss mutual strategies for managing their family problems.

At the end of the session, "C" reminded Thomas of the presence of irrational and self-defeating beliefs that he holds and how these impact on his opportunity for personal happiness and self-confidence. The challenge for Thomas was to continue to become more aware of the presence of self-defeating beliefs in his life and to energetically replace these with more personally satisfying thoughts.

End of Session

Some points to consider with Rational Emotive Behaviour Therapy are as follows:

- People have the capacity for rational and irrational thoughts and beliefs. Irrational beliefs can also be described as absolutistic cognitions. Absolutistic cognitions by nature demand that certain situations or behaviours should, or must occur in order to meet certain standards that the client believes to be necessary. REBT proposes that humans are fallible and imperfect and endeavours to help clients realise and accept their fallibility and construct more satisfying thoughts and beliefs. We often seek counselling due to the consequences that we are experiencing because of our irrational thoughts and beliefs.
- The focus of REBT is to help the client to understand the connection between their irrational beliefs and their present problem. The counsellor aims to expose the irrational and self-destructive beliefs and to challenge their value to the client. For example, if a client thinks that they need the approval of everyone around them, then the REBT therapist will identify this belief and dispute the client's reasons for holding this belief.

Once exposed, the therapist and client can then work towards identifying more appropriate and rational beliefs. From these beliefs it is hoped that new feelings and thoughts will arise for the client.

This process is known as the ABC theory of personality where:

- a) The activating event or stimulus, paired with the
- b) belief about the activating event, causes a
- c) consequence (the emotional and behavioural response)
- d) is the disputing intervention that is introduced to change the (b) belief. After which a new
- e) effect (more appropriate belief) becomes associated with the original (a) activating event. Lastly new
- f) feelings arise which are associated with the new beliefs about ourselves.

The methods involved in REBT include:

- Disputing irrational beliefs in a systematic and logical way.
- Changing one's language from shoulds, oughts and musts to preferences.
- Using humour to reduce the exaggerated effects of irrational thoughts and beliefs.
- Doing cognitive homework to identify absolutistic beliefs behind their problem. This can include assignments to observe their self-fulfilling prophecies, reading self-help books and listening to tapes of earlier counselling sessions to critique their original self-defeating beliefs.
- Using modelling and role play in the session to encourage the client's use of more rational thoughts and beliefs.



A Case Demonstrating Person Centred Therapy

Author: Jane Barry

Michael has made an appointment to see his School Counsellor. He is due to finish school this year and is undecided about what direction he should take once he leaves school. Michael is a high achiever and his parents want him to make the most of his opportunity to enter University and study Law or Medicine. Whilst Michael is interested in Medicine, he feels that his interests at the moment are directed towards working and travelling abroad. He wants to discuss his preferences with the School Counsellor and to talk about the pressure he has been experiencing.

For ease of writing, the Professional Counsellor is abbreviated to "C".

Essential Case Information

"C" has known Michael for the last 18 months and has developed a rapport with him. Michael and his parents have visited "C" a few times to discuss Michael's career options and the subjects that would benefit him the most. From these meetings, "C" has ascertained the following information.

Michael's parents would like him to achieve a high OP score and are encouraging him to pursue science and maths subjects to allow him access to University to study Law or Medicine. Michael's father is a Barrister and would like to see his son follow on in his professional footsteps. Michael's mother wishes for Michael to have a professional career, but she has also encouraged his interest in arts, history and travel.

Both parents have contributed considerable time and energy into Michael's education and Michael is very grateful for their support. As he has a very close relationship with his parents, Michael feels a great deal of pressure to follow the goals that they have set for him. Whilst he would like to follow a career in Medicine, he is not sure that he has the life experience to make such an important decision.

After the last meeting, Michael confided to "C" that he did not want to go into university straight after school. If he could have his own way, he would prefer to take some time off from study and travel for a while. He has a close group of friends who are interested in welfare work. Together they have plans to travel and work voluntarily. These dreams with his friends seem exciting and challenging to him and would allow him some time to come to a decision about his career.

Michael has talked to his parents about travelling, particularly to his mother. She understands his need to see the world and to experience a different side to life, however she is also concerned that he is still very young and inexperienced. She would prefer to see him enter University first and travel when he gets a little older. Michael's father is also concerned about Michael's preferred directions.

He fears that if Michael doesn't undertake University at this age, he may spend his life wandering around the world, without any substantial training to fall back on. Michael's older sister (Theresa) has dropped out of her studies and has spent the last 5 years travelling. Michael's father does not want to see his son follow the same direction as his sister. He has offered to finance his son's further education if he enters university directly after school.

"C" has previously administered a Personality Need Type Profile for Michael, and has found him to have moderate type C/D needs. After some discussion with Michael, "C" believes that he has fairly high need gratification through his school work and home life, however the disagreement with his parents has been causing him some discomfort, particularly because of his security needs.

Session Content

"C" has decided to use a person-centred approach with Michael. "C" believes that Michael has the resources to come to his own decision about his life. Because of the rapport that already exists between "C" and Michael, "C" suspects that Michael may look to him to acknowledge his right to choose his own path. Because of "C's" respect for both Michael and his parents, "C" believes that a person centred approach would be of benefit, to ensure that the responsibility for the decision remains with Michael.

When Michael arrives, "C" begins the session by making him comfortable and asking some questions about his sports interests. Both "C" and Michael are interested in touch football, and it is a topic that they have discussed in some detail in the past. As this conversation draws to a close, "C" asks Michael about his reasons for making the appointment.

As Michael explains the difficult decision he has to make, "C" pays close attention to Michael's body language and his description of feelings. "C" attempts to make Michael feel listened to by making eye contact with him and by sitting forwards, in a more active listening position.

"As you know, Mum and Dad are really keen for me to go to University next year, but I really don't like the idea. I'm not looking forward to more years of study yet," Michael explained. "I'm getting to the point where I don't want to do any more study after this year; I'd rather hang out with Paul and Mica. Their parents don't put the same pressures on them to study and they don't mind if they travel after leaving school. Compared to them, I feel like I'm wrapped up in cotton wool."

"C" paraphrased Michael's comments, focussing on his feelings, "so your feeling that you haven't got as much freedom as your friends do." "Well, yeah," replied Michael, "I've always gone along with what Mum and Dad wanted, and so I've never had any reason to really disagree with them, and I've always kinda wanted what they wanted anyway. But now I don't. Sure it will be great to go to University one day, it's not like I'm going to be like my sister and never come home, but Dad is really paranoid about it."

"C" responded, "It sounds like you've got some plans of your own that are different to your sister's and your fathers, is that right?"

"Definitely," Michael said with emphasis. "Definitely," "C" replied, "you said that with a lot of conviction!" "Yeah," Michael replied, "you know, I've got some really good ideas of where I want to go and what I could do with my life." "That's great," responded "C", "I'd really like to hear about them."

As Michael describes his plans for the future, "C" listened carefully and felt proud of the goals Michael was setting himself. "C" appreciated the strength of character that Michael demonstrated, for someone of such a young age. "C" felt that Michael had both the conviction and determination to create meaningful goals for himself and to carry them through.

Michael felt excited and elated to talk about his plans so candidly with someone. He felt that "C" had a deep appreciation of his needs, which inspired confidence in himself and the goals that he dreamed about. Michael was surprised and heartened by the depth of his convictions and the strength of his belief in his goals. Having someone listen to him so intently made him feel special and worthwhile. He genuinely felt that his world was an exciting and challenging place to be.

"C" expressed some of his thoughts to Michael, so as to further convey his genuine concern for Michael. "You certainly seem to have some very clear goals for yourself. From what I know of you, you're a very determined young man and you've achieved very well at the subjects that you've taken on. I am sure that you can achieve all of your goals if you keep your determination. It takes a lot of maturity, and a certain type of person to be able to identify your goals so clearly. I can imagine that it must be frustrating to experience some obstacles to reaching your dreams."

"Yes...I'm not sure what to do about that," replied Michael. "I know that my parents mean well and are worried for me, but, I think that I want them to support me in other ways now." "How is their support of value to you," inquired "C".

"Probably more valuable than what I realise! You know, they've done a lot for me. I've always been into a lot of things and they seemed to have sensed that and tried to give me lots of opportunities. In some ways we're a well suited family, you know? They want a son who achieves well, and I just want to achieve. Up until this point, we've mostly agreed about what I achieve at. My sister is different though, she is happier to just accept life as it comes along and she never used to like Dad pressuring her to do stuff. They used to argue a lot and sometimes I think she saw going overseas as a way to escape and be herself."

"Dad was pretty upset when she went; I think he took it personally. I know he would just go crazy if he thought that I was going to do the same thing. I just wonder if I can ever get him to see that the decisions Theresa made and the ones I want to make have got nothing to do with him. I really don't want him to think that I'm ungrateful or doing it to spite him."

"C" reflected, "it sounds like your pretty grateful to your father and that you respect him. It also sounds like you are trying to find some ways to tell him about your plans, whilst still respecting him."

"Yeah, though I'm still afraid that he won't agree to my plans," replied Michael.

"C" responded, focussing on his feelings, "can you tell me more about your fears?" "Well," Michael replied, "I don't know, I guess I fear that he'll back off and not offer me any more chances to go to University."

"How would you feel if that happened," inquired "C". "Really let down and angry too. I mean, he's got to let me make my own life now. I'm not just a kid any more," Michael responded, frowning.

"C" reflected Michael's meaning back to him. "You're feeling angry about your lack of freedom and you want your father not to treat you like a kid any more. You want to go to University some day, but you'd like to have a break from study and travel with your friends. You're afraid that your father will not accept your decisions and you will lose respect for each other. Does this sound right to you?"

Yeah, Michael sighed, "so what am I supposed to do? Why won't Dad give me some credit for my own sense? Does he think that I'm going to be a kid for the rest of my life? I deserve to make my own plans," complained Michael.

"C" nodded and responded, "they're all important questions Michael, what do you think some of the answers might be?" "I don't know," replied Michael, "I thought that you could help me out there." "Hmm," said "C", "that's a tough one. I can see why you're having such difficulty in making a decision. On the one hand, you've got some very exciting plans of your own that you want to fulfil. On the other hand, your trying to consider the plans that your parents are offering you, to get a tertiary education. I'm also wondering how you'll make a decision."

"Ultimately, I'd like to do both," said Michael. "C" nodded and remained silent for a period. Michael also sat silently, thinking to himself. After a period, Michael replied, "I think I need to think about it some more. I need to talk to my parents some more too. I've been a bit afraid to talk about it directly, in case they definitely say 'no'. I was thinking that I have to put in my selection for university soon, so perhaps I could apply for Medicine, but then defer for a year. It might be easier for Dad to accept, if I did this. What do you think about that?"

"C" replied, "discussing some of your options with your parents is a good idea. Perhaps you might think about how you would approach them. How might you feel if they still did not accept your proposals?"

"I'd feel let down and angry. I think I'd want to leave home if that happened. I wouldn't want to make a scene, but I do want to live my own life. I think that I would have to leave."

"C" replied, "that is a serious move, leaving home. Your goals must be very important to you indeed."

"They are!" Michael exclaimed.

"C" probed further into Michael's feelings about the choices he wanted to make. In particular he asked Michael about approaching his parents to discuss his goals. "C" focussed in on what Michael would say to his parents to let them know the seriousness of his intentions. "C" also asked Michael to consider how his parents might react to his news. From this, Michael developed some strategies for himself to use when telling his parents of his intentions.

In summary, "C" expressed his appreciation of Michael's world and experiences. "C" validated Michael's feelings and goals and complemented Michael on his mature strategies to explain his goals to his parents. Michael's decisions included setting a time with his parents to discuss his goals, to suit everyone. He thought that they might go out for dinner one evening, to mark it as an important event. Michael would ask his parents to think about their goals for him and discuss these over dinner. In this way Michael would be allowing for his parents to contribute to his plans and hopefully influence them to listen to and respect his own ideas.

As a finishing point "C" asked Michael how he had felt about the session in general. Michael had appreciated the opportunity to talk about his issues and goals so completely to someone. He said he felt clearer about the direction he wanted to take in his life and was beginning to consider how to explain his goals to his parents. He thought that "C" had really appreciated him for who he was and it made him feel more mature in himself. He had hoped that "C" would have offered him some more direct advice about what to do, but understood that it was his own responsibility to decide.

End of Session

Some points to consider with Person Centred Therapy are as follows:

- This therapy focuses on the quality of the client / counsellor relationship. It assumes that clients are basically trustworthy and have the inner resources to find solutions to their own problems. It is a less directive therapy on the counsellor's behalf, meaning that clients are free to set their own goals and create the conditions that will allow themselves to explore their needs and behaviours.
- Therapists themselves contribute to the client's growth by providing a warm, positive, trusting, and open relationship with the client. The three important qualities the counsellor should possess are congruence (genuineness), unconditional positive regard (acceptance and caring) and accurate empathetic understanding (ability to deeply grasp the world of another person).

There are no fixed techniques that apply to Person Centred Therapy, rather there are a set of principles for counsellors to be guided by. Some of these are as follows:

- The client is experiencing a discrepancy between the way they perceive themselves, the ideal picture of themselves and the reality of their situation. They may feel helpless and unable to make a decision, or direct their own life.
- Whilst the client may look to the counsellor for direction, the emphasis will be upon the client to take responsibility for their own decisions and to learn to use the therapeutic relationship to increase their self-understanding.
- The therapist should attempt to understand the client's world through listening, empathising, respecting and accepting them; and in doing so, the counsellor will be integrating him/herself into the relationship with the client.
- The therapist should try to experience genuine care and acceptance of their client, otherwise, the client may feel that the counsellor is feigning interest and will not fully disclose their feelings.

As clients experience the therapist listening to them and accepting them, they learn how to accept themselves. As they find the counsellor caring for them, they start to experience themselves as worthwhile and valuable. When they experience realness from the counsellor, the client is encouraged to shed their pretences with themselves and others.

Section Three

Family Counselling





A Cycle of Dysfunctional Parenting and Unsatisfactory Child Development

Author: Grahame Smith

Essential Case Information

For ease of writing, the Professional Counsellor is abbreviated to "C".

Family Background

[NB All names have been changed]

Beatrice is a 40-year-old married mother of four children; she married young and over time she and her husband separated on three occasions. Her husband previously subjected her to both psychological and physical abuse. As a child she lost her mother to suicide leaving her to be raised by her father. Unable to raise his daughters and work at the same time, Beatrice was passed around to various extended family members to be cared for. Unfortunately this exposed her to ongoing physical abuse.

Joe is 43 years old and the father of the four children; he has left Beatrice on 3 occasions over a 20-year period. He was raised in very poor circumstances and was subjected to physical abuse by his parents. He became addicted to alcohol in his teen years and developed increasingly violent behaviour.

Both Beatrice and Joe were raised in tragic and violent circumstances. Beatrice had to develop coping skills to survive an environment dominated by feelings of abandonment, parental loss and physical violence; home was not a safe place for her and her sisters. She also suffered unresolved grief in relation to her mother's death; consequently positive parental modelling was non-existent.

Joe had to survive a home life filled with violence where his father's aggressive behaviour was exacerbated by heavy bouts of drinking. Forced to leave home when only 15 to fend for himself, Joe turned to drinking and made poor choices in his friends. Family modelling for Joe was a negative experience and he suffered from strong feelings of rejection and abandonment.

Both Beatrice and Joe had no concept of how to provide a loving and nurturing environment for children. As a consequence their children witnessed their mother being physically abused over many years; they were neglected and felt abandoned during the times their parents were separated. The dominant emotion they experienced in their home life was fear. As the children grew into adolescence Joe and Beatrice became Christians and their life changed. Both decided they wanted to restore their marriage and be better parents. They separated in order to sort out their individual issues and a positive change in the behaviour of both parents became apparent.

A complicating factor was the death of Joe's Aunty who had over the years been a great supporter of the children, providing care and love. It was at this time that their 14-year-old daughter Ann started to display powerful aggressive behaviour towards her parents and others. She also began to drink excessive amounts of alcohol and participated in high-risk activities with friends. Her parents convinced Ann to attend a series of counselling sessions.

Background Information on Ann's Difficulties and Proposed Approach

The Broad Principles

Ann's situation needs to be considered in the context of three broad areas of her life: her family and home environment, her school situation and her friends. As a counsellor a number of questions would need to be asked when considering how to help Ann. These could include questions about her family history, what her home environment is like, what is happening at school and how she is getting on with her friends; problems in any of these areas could be affecting her behaviour, causing the recent aggression and rebellion.

The Family Situation and Environment

Firstly we might consider the difficult subject of the possibility of abuse occurring in the home environment. In this case the counsellor would need to first consider the two primary determinants of behaviour: inherited traits (personality needs) and social learning (learned attitudes).

Ann may have inherited aggressive tendencies from her parents which when coupled with the parental modelling have made her vulnerable to feelings of anxiety and aggression; however it is important to remember that having aggressive parents does not automatically mean that a child will inherit the aggressive trait.

Thus the interaction between the influences of Ann's genetic inheritance (i.e. her personality, represented by traits, needs and genetic predispositions) known as 'personality needs' or 'behavioural tendencies' and those of her learned attitudes, shaped by socialisation and modelling influences, will be the major determinant of her behaviour.

In the case of Ann's parents, their behaviour could also be the result of genetic loadings pre-disposing them to aggressive tendencies, coupled with what they may have learned as children brought up in an abusive environment.

The counsellor would look at all areas of Ann's life, her primary environments, considering the possibility of specific events having had a negative impact on her, the family modelling she has been exposed to and her own personality traits.

The lack of appropriate parental modelling in the parents' childhoods has made them unable to provide a functional safe home environment for their own children. Their separations, drinking and abusive behaviours have all impacted on Ann's overall wellbeing, including her physical, emotional and mental states.

The counsellor would consider a range of possible aspects when working with Ann:

- A possible genetic predisposition towards anxiety and aggression inherited from her parents; such a predisposition would be exacerbated in a violent environment.
- The behaviour being modelled by her parents will influence Ann's behaviour, both at home and at school. Ann may perceive aggression as a normal and appropriate way of dealing with problems.
- Ann may not be able to satisfy her lower order needs (such as those for security, shelter, freedom from threat etc) to an acceptable degree; if this is the case then her middle and higher order needs for love, belongingness, acceptance, self-esteem and self-fulfilment will also be unfulfilled. If her basic needs are not being met Ann could well be left feeling vulnerable and hostile.
- Another area which needs to be considered is grief and loss related to the death of Aunty. Often if a close friend or a member of a family is severely injured, dies, or is forced to leave, the parents may be given comfort and counsel but the children can be forgotten. They may have to find their own way through their sense of loss and grief, leaving them vulnerable to anxiety. Grief which is not being managed has the potential to lead to behavioural changes, such as Ann's aggression.
- At the age of fourteen Ann's physical health may be a factor negatively affecting her life. It would be advisable to suggest that she has a check up with the family GP to rule out any physical problems.
- The counsellor would also be looking for any major changes in her environment, such as moving house or changing school, which could involve the loss of social and/or family connections.

The School Environment

Ann's school environment needs to be examined. A counsellor would ask whether there have been any changes at school which might affect Ann's behaviour. Some of the areas to consider are:

- Has a new teacher taken over her class? If so has this affected her in some negative way? Perhaps they have a mutual dislike for each other. She may have developed a very close relationship with her former teacher, which is now lost. She may believe the new teacher does not understand her or dislikes her.
- Perhaps their teaching style is very different and she is falling behind in her studies. She may be bored with her schoolwork. It may be useful for the counsellor to contact her teacher and discuss Ann's situation, with permission from both Ann and her mother.
- Has a close friend left the school recently? If this is the case she may feel very lonely and no longer want to go to school. Or has a new teenager come into the school environment who is a bully? She now may be 'picked on' where previously school (or the school bus) was a safe place for her. Her needs for security and acceptance are no longer being met at school so she doesn't want to be there any more.

Her Friends

In relation to Ann's friends, a counsellor would be examining whether some significant change had occurred recently. For example:

- Ann has social needs, which relate to her desire for friendship and companionship; are these social needs being met? And by whom?
- Has a close friend recently moved away or died? If this were the case she would be experiencing grief which triggers a number of emotional and physical reactions
- Has her circle of friends suddenly rejected her? If she is no longer accepted by her normal group of friends, she may be feeling rejected and confused about what she must do to regain peer acceptance. She may not want to socialise any more in case she is rejected again; she may become angry or resentful and take it out on others.
- She may have a boyfriend and the relationship is causing difficulties or has come to an end.

Factors to Consider When Counselling Adolescents

When counselling an adolescent it is important to remember that it differs from counselling either children or adults. Things to consider:

- Adolescents can be strongly egocentric. This trait starts in early adolescence and carries most weight in mid- to late-adolescence. They may have the notion that everyone is watching them, at times parading in front of others to invite attention. They may make up success stories about themselves, which they start to believe. This can lead to the idea they are bullet proof or powerful and cannot be hurt.
- A critical adolescent task is the formation of personal identity; failure to achieve a satisfying personal identity is very likely to have a negative psychological effect on them and on their development into adulthood.
- Teenagers are often experimenting in making their own decisions apart from parental influence. Part of this learning curve is for them making “both helpful and unhelpful choices”. This is part of life and the counsellor must recognise this if they are going to be successful in forming a working alliance with a teenager.
- Young people particularly need to feel they have some power/control in the counselling relationship. Often profound disempowerment is a fact of life for a teenager where they have lost control to others and their direction appears to have been predetermined.

Session Content

C met Ann in the waiting room, and using observation skills assessed her as being nervous and unhappy.

C introduced himself to Ann in a cheerful manner in an attempt to commence building a rapport with Ann. C tried to put Ann at ease, by using affirmation skills to send her a very positive message about the courage she showed in coming to see C.

C: Your mother contacted me concerning your situation on Wednesday and gave me some background information. (C is doing this to demonstrate his willingness to be honest in the relationship by disclosing to Ann that her mother had contacted him, again adding weight to rapport building).

Ann: I thought she had when she gave me your phone number.

C: How do you feel about being here today?

Ann: (with eyes downcast) Well, I feel very nervous. I'm not sure what is going to happen. Mum tells me I need help but I'm not sure anyone can help me. She says I'm out of control.

C: That's what your mum tells you, but what I am really interested in is what you think, how you are feeling.

C is validating Ann's right to an opinion and also aiming to empower Ann by emphasising Ann's ideas rather than her mother's.

Ann: That doesn't happen very much to me you know, adults don't think my opinion's worth anything. I like the way you do.

C noticed that Ann was looking at her shoes while responding to C's questions; sensing her discomfort C shifted the focus of his questioning.

C: Ann, I notice you're looking at your shoes a lot when you're talking to me. They're very nice joggers, are they new? Have you started a new sport?

Ann: Yeah, I have actually. Just started doing athletics. The sports master told me I could be a good runner one day if I train hard.

C: That's great – good luck with it.

C distracted Ann from her nervousness by focusing Ann on a topic that was neutral, showing a genuine interest in what Ann saw as important to her. This relaxed Ann and the session was able to move on.

C: How much do you know about counselling?

Ann: Not much. I thought it was for people who are sick in the head.

C: Well for most people it is to help them sort out every day problems and issues. It helps them work their way through stressful times or when they are having disagreements with other people. It helps them change behaviours they don't like doing and choose new ones which are more useful to them. Does that make sense?

Ann: Yes it does, I can understand that.

C: Ann, before we go any further I need to give you some information and explain what happens to the information you give me. Is that OK with you?

Ann: Yes that's OK.

The counsellor then explained issues and limitations of confidentiality to Ann, making sure that she understood that what she said to him would not be repeated to her parents.

C: Ann, how have things been for you at home or at school.

Ann: Mum keeps me from going out with my friends all the time; I can't even invite them back to have some fun. She tells me I can't be trusted, it's not safe. At school there's this gang of girls who bully me. It's so hard I can't even concentrate on what the teacher is saying.

C: The bullying at school must be very hard for you to cope with Ann. Have you tried to do anything about it?

Ann: I've been to the teacher and asked for help a few times, but nothing seems to get done. I've spoken to mum too, but she can't help much either, she works all week. Dad lives somewhere else and works funny shifts.

C: Would it help if I were to become your advocate and spoke to the school principal about this?

Ann: I'll have to think about that one, I'm not sure, it could help.

C: Well, have a think about it Ann, it's your decision to make. Ann, you mentioned that you were not allowed to go out with your friends, can you tell me more about that?

Ann: Well, Mum's had a hard life, when she was younger things were bad for her and she's scared bad things will happen to me too. She won't listen to me. I get so frustrated, I can't have any fun!

C: Ann, what do you think would have to change for Mum to let you go out with your friends?

Ann: Well, that's a good question, I don't know.

C: Ann, have there been times in the past where your mum has let you go out with your friends?

Ann: Well, yes there have been. Mum let me go out months ago.

C: What was different then?

Ann: Well, Dad had to run me to my friends and I had to be home by 11.00 pm or else.

C: So, what's changed then to stop you being allowed to go out now?

Ann: Oh, I got home one night about four in the morning. Mum was really cranky.

C: Ann, what do you think you could do to turn things around?

Ann: Maybe get Dad involved again and stick to my curfew of 11 o'clock.

C: That's a great solution, Ann, well done! You mentioned earlier your Dad does not live at home, are your parents separated?

Ann: Yep, been like that on and off for years. I live with Dad one week and then Mum the next. Not sure where I will be from week to week. Often lived with my aunty until recently, but she died. Now it's just Mum and Dad.

Ann then began to cry. C allowed Ann to weep for as long as she wanted to, letting her experience her grief and loss.

C: That was very brave of you, Ann - to cry in front of me. Ann, I want you to feel that this is a safe place where you can be yourself.

Ann: I really miss her, I loved her a lot. I didn't get a chance to say good bye to her. She cared for me and was so gentle. She was the only one to treat me kindly. Mum and Dad have been so angry with each other for years they forget me and get very cranky with me. All this makes me really sad and angry at the same time!

Ann became emotional again unable to contain her anger she cried out, and using coarse language struck out at life, shaking and crying. C allowed Ann to release her emotions until she ended it by looking down at the ground. C remained silent until Ann spoke, respecting her right to be angry and frustrated.

Ann: I'm sorry I did that in front of you. But I'm not really a nice person, so I'm told. But I do feel a bit better after that.

C: Ann I mentioned a little while ago this is a safe place for you to be yourself. That hasn't changed. Considering what has happened to you, you have a right to be upset and frustrated. Ann, can I ask you who tells you that you are not a very nice person?

Ann: Well, they use worse words than that, but that's what they mean. People at school and at home. It hurts to hear it. I feel worthless at times.

Ann is revealing that she sees herself as a worthless and rejected person, a significant piece of information for C.

C then asked Ann a scaling question to measure anxiety levels she was feeling at the moment.

C: Ann, on a scale out of 10 where 0 is no anxiety and 10 is a great deal of anxiety, what are you feeling at the moment?

Ann: I am feeling quite anxious, about a 7, but it was 10 a couple of minutes ago.

C: Ann, I need to tell you something very important. I see in front of me a unique and pretty young lady who, despite all the hard things you have been through, you are still doing well at school, still caring for yourself and you want to do better in life. You have athletic skills and you were able to form a close relationship with your aunty. So you are a valuable person. (C is re-enforcing Ann's strengths and uniqueness to start rebuilding her self-esteem).

Ann: It's nice to hear someone tell me I am important. I don't hear that very often.

C: Ann, you will find that during counselling sessions I will keep emphasising your strengths and achievements, this will help motivate you to make the changes you want to make. Are you happy with this approach?

Ann: Yeah, that sounds good to me. By the way I'm feeling much better now.

C: Ann, I'd like to change the direction we are taking and clarify some information you gave me about your family and school situation. Is that OK with you?

Ann: Yes I think so, but it is sad for me to think about my family at the moment.

C: Ann, if it's too hard for you to speak about this you can stop at anytime.

Ann: OK.

C: Ann you mentioned you loved your Aunty a great deal and you miss her a lot, can I ask what is your happiest memory you have of your Aunty?

Ann: I think it was last year when I spent my holidays with her. We did everything together. I loved it. When I think about it, it makes me feel loved.

C: Ann our memories of people can be very powerful, can I suggest when you are missing her, fill your mind with the good memories of her, the special times you had with her. This will help with your sadness. Do you think this could help you?

Ann: You know, I think this will help. It just did a minute ago.

C: Ann, I would very much like to see a photo of your Aunty. Would it be OK with you if you brought one along the next time we meet? (C is attempting to further strengthen the working alliance with Ann by showing an interest in something very important to her).

Ann: Yes I would like to that. I will bring a photo of her next time.

C: You have also mentioned you have been feeling very angry lately. How has this affected your relationships with your parents and friends?

Ann: Well, I've been so upset and angry I keep yelling at my parents and my friends lately. I don't know what to do about it.

C: Can I ask you to shut your eyes and imagine a recent time when you started to get angry; try and remember what was happening inside you at that moment.

Ann: OK I'll try. I couldn't think straight, and my face got hot. Then I started to shake.

C: You're doing very well to remember it. Those feelings you just described can be used by you to help control your anger. Next session I will show you how to relax and to change what you are thinking about so you can stop yourself losing your temper. How does that sound?

Ann: That'd be good.

C: It would be useful if you could over the next week record on a note pad when you become angry, including information about what caused it, who was involved, what you were thinking and how it affected you.

C is helping Ann to become self aware of her body before she loses control of her anger and is also providing to her some practical steps she can take to help herself over time.

C: Do you think this could help you?

Ann: Well I'll give it a try and see what happens.

C then suggested Ann to reward herself for keeping this record and asked her about something she liked doing. Ann said that she liked looking in clothes shops after school. C is helping Ann to place value on keeping these records by providing a reward for her, which also acts as an incentive for her to keep doing it.

C finished this session by again congratulating Ann on her courage in dealing with some really difficult issues in her life.

End of Session

In this session the counsellor demonstrated the following strategies:

- Creating conditions to help Ann bring some equilibrium back into her life; supporting her in what she is experiencing, providing information to her about her reactions and her mental state being affected by grief and loss.
- Normalising as much as possible her reactions to her difficult home and school life.
- Examining her current situation, what support networks she has available to her, identifying the major issues and her concerns.
- Using focused problem solving methodology C attempted to establish realistic, achievable and clear goals for her to improve her quality of life both at home and school, exploring possible options, and also checked her levels of comfort using scaling questions.
- Identifying what supporting actions needed to be taken ie. Self-help, counsellor support etc.
- Discussing how she could monitor her own emotional state and become self aware, as a prelude to using agreed counselling interventions.

Next Session

Ann's risky behaviour will need to be challenged in the next counselling session as it appears she does not understand the concept of consequential thinking, (i.e. the consequences of her actions based on her choices).

Bibliography

- Clarke J. (1998). *Advanced professional counselling*. Brisbane: J&S Garrett.
- Corey, G. (1996). *Theory and practice of counselling and psychotherapy* (5th Ed.). Pacific Grove: Books/Cole Publishing Company.
- Geldard K., & D. (2004). *Counselling adolescence* (2nd Ed.). London: SAGE publications.
- Tunnecliffe M. (2002). *Key elements of crisis counselling: A paper presented at the convention of the critical incident stress foundation of Australia*. Melbourne.



Behaviour Modification with Children

Steve and Jan have come to counselling regarding their 5 year old daughter, Kim who screams when she doesn't get her own way. She is starting school next year and her parents are concerned with how she is going to fit in and what will happen if she doesn't get her own way.

A précis of the session is as follows. For ease of writing the Professional Counsellor is abbreviated to 'C'.

Session Content

In the first session C gathered information from Steve and Jan about their discipline techniques and what they have done in the past when Kim screams. Jan said that they have tried everything and nothing works. C asked Jan to expand on this - what exactly have they tried and what happened.

Jan said that over the last year she has tried ignoring Kim's behaviour but she found it actually got worse. C asked Jan if she ever gave in to Kim instead of ignoring her and she said she did but only about once a week.

Jan said that she tried sending her to her room every time that she screamed and that Kim's screaming stopped after being in her room for a few minutes but it didn't stop the screaming actually occurring. C asked Jan what Kim was doing when she was let out of her room and Jan said that she was just playing with her toys.

Steve said he had had enough and although he disliked hitting Kim he felt it was a last resort. Steve explained that Kim would just scream for longer if he hit her. Both Jan and Steve were very distressed about Kim's behaviour.

C didn't want the parents to feel as if they had failed but needed to tactfully point out why their previous attempts at stopping Kim's screaming had been unsuccessful. So C talked to Steve and Jan about how she felt that she could help change Kim's behaviour and emphasised that the parents had made a positive step by seeking professional help and how it showed commitment to their daughter and her upbringing.

C then explained to Steve and Jan that she was going to use similar techniques to what they had used previously but would modify them slightly. C also explained that she would highlight for them the reasons why their previous attempts were unsuccessful so that they could reuse the techniques for other problems that arose.

C began by explaining that Kim was screaming because she was getting some sort of reward for screaming. That reward may be just receiving attention whether it be negative or positive attention. So basically Steve and Jan had to ensure that Kim received no reward for behaving in this way.

C then explained that when Jan had ignored Kim's screaming but gave in to her once a week then Kim was actually still being rewarded for screaming. That is, she was getting what she wanted, even if it was only once a week. C explained to Steve and Jan that this was enough for Kim to continue screaming. She will continue to scream if she knows there is a chance that she will get her own way, even if only occasionally. C also talked about time-out as punishment and explained that sending a child to a room full of toys is more of a reward than a punishment. So if Kim is asked to do something she doesn't want to do, she just screams and gets to go to her room and play with her toys.

Also if Kim is hit for screaming then she may still be receiving attention for the screaming. Even if the attention is negative some children see this as better than no attention at all. C then asked Steve and Jan to consider what they do when Kim is quiet and playing with her toys or watching TV. They responded by saying that they try not to disturb her so that she will stay quiet. C then explained that in essence what they were doing was ignoring Kim when she was good and giving her attention (even if it is negative) when she was bad.

C then spoke to Steve and Jan about setting up a behaviour modification program for Kim. The aim of the program is to reduce the behaviour of screaming. The first step of the program was for Steve and Jan to record Kim's behaviour before they tried to change it. They kept a daily tally of every time Kim screamed when she didn't get her own way. It was not necessary for the parents to tell the child that they were recording her behaviour. C informed Steve and Jan that they would need to continue to record Kim's behaviour while they were trying to change it.

Session two was held after Steve and Jan had collected the two week baseline and it was now time to try and change Kim's behaviour. The first step in doing that was to not reward or reinforce Kim's screaming in any way. C explained to Steve and Jan that they had two options on how to change Kim's behaviour - they could use either planned ignoring or time out.

C then highlighted what each was and explained that if they use planned ignoring they must NEVER give into the child and that the screaming will probably increase for a short time before decreasing. On the other hand if they use time-out then they must always put the child in time-out whenever she screams and again must never give in.

Steve and Jan decided that they would try planned ignoring first. C then gave them the following step by step guide on how to ignore Kim's screaming.

- **Step 1.** Look away from your child or turn your back on the child within 5 seconds.
- **Step 2.** Move away from your child (at least 3 feet). Leave the room if you can.
- **Step 3.** Maintain a neutral expression on your face. No smiling or looking upset. Keep in mind that if your child detects that they are getting to you then they have your attention and the chances of the screaming worsening is increased.
- **Step 4.** Ignore everything your child says. Do not enter into any conversations with them. You can tell them at the outset that you are going to ignore their screaming.
- **Step 5.** Begin ignoring as soon as your child engages in the unwanted behaviour. The sooner you can cut off the supply of attention that maintains the unwanted behaviour, the better the results.

C advised Steve and Jan to back up the planned ignoring of the screaming with labelled praise of Kim's behaviours which they like. This can be used to tell a child exactly what it is a parent likes about the child's behaviour e.g., "Kim, I really liked the way you were quiet when I was on the phone" or "Kim I really like the way you are playing quietly". The idea of this is that Kim will prefer to behave in ways which receive parental attention or rewards.

When Steve and Jan implemented the program they found that for 2 weeks Kim's screaming did increase but they continued to ignore it and in the third week the behaviour started to decrease.

A final session was set for 4 weeks after Steve and Jan began to change Kim's behaviour. The final session was designed to iron out any problems which may have occurred. A common problem when introducing a behaviour modification program is that other problem behaviours may surface. In the final session C also explained to Steve and Jan that the program they implemented was designed to decrease an undesirable behaviour but programs can also be introduced to increase a child's desirable behaviour.

Examples of behaviours a parent may want to increase could be time spent on homework or a child picking up all their toys. Programs designed to increase a child's desirable behaviour use rewards and reinforcers including star charts. This visual aspect to behaviour change can help increase a child's self esteem as they are given responsibility to choose which way they want to behave. If they choose the appropriate way then they receive a reward.



An Insight into the Solution

Author: Karen Booth

This case history details a significant time in the life of the Smith-Curtis* family. This family did not come to counselling voluntarily, but were referred by the Department of Families after substantiated allegations of abuse and neglect of their two children. The counselling agency, (a non-government service provider), is experienced in working with involuntary clients who make up two thirds of the total agency caseload. The agency clearly articulates that its services are provided using a Solution Focused framework.

Background Context

The Smith-Curtis family consists of Lisa Smith, aged 23, and her partner Jason Curtis aged 25. They have been together for two years.

Lisa has a daughter from a previous relationship who was born when Lisa was 14 years old. This child, Trudy, now aged 9, lives in foster care and Lisa has not seen her for three years. Lisa writes to Trudy and sends her a present on her birthday and at Christmas, but has not received any correspondence from Trudy in the last eighteen months. Jason has never met Trudy.

Lisa also has a son from a different previous relationship, who was born when Lisa was 19. His name is Matthew and he is now 4 years old. Matthew lives with his mother Lisa and stepfather Jason.

Lisa and Jason have a son, Dylan, who is 6 months old. Dylan is Jason's only child.

Presenting concerns

The substantiated allegations of abuse and neglect centre around the family's inability to provide stable and suitable accommodation. They have a history of being homeless and highly mobile.

There are also current concerns regarding enough food being provided for the children and the children's health and physical care needs being met. Dylan has had to be treated by a doctor for severe nappy rash on three occasions in the last month.

There are many reports of both children looking and smelling unclean. Currently, the family resides in a caravan park. Matthew has been reported on several occasions to have 'broken into' other people's caravans and been found 'stealing' food from their cupboards and fridges. Consequently, the family is very unpopular in the caravan park and has been threatened with eviction by the manager if things don't improve. The family frequently has trouble paying the rent for the caravan.

The Department of Families has referred this family because they have a high level of concern about the well being of the children. They have been to see Lisa and Jason and told them they must stop treating the children this way, and start to meet the children's needs, or the children will be removed and placed in foster care. Department staff are also concerned that both children's development is delayed, and have told the family that they must take the children to be assessed by a Department-nominated Pediatrician.

Agency Intervention

When the worker first went to meet the Smith-Curtis family, the family was, understandably, very nervous and suspicious of the worker. Lisa and Jason were extremely anxious about their children being 'taken away'. At times their language was hostile and defensive, while other times their language was pleading and emotional. The worker allowed the family to tell their story and to listen to them.

Lisa indicated that a lot of her fear was as a result of her experience with her first child Trudy, who she did not want to 'give up', but had been 'made to' by her parents. Lisa said her parents had subsequently disowned her anyway, and she had had to take care of herself. Lisa confided that she felt very guilty about Trudy and "could not bear it" if Matthew and Dylan were removed. Jason also confided in the worker that he had grown up in a boy's home in another state and that he didn't want "that kind of life" for his children.

Lisa and Jason questioned to what extent the worker could really help them, identifying that maybe they should "just move again". This was a strategy they used to escape their problems and avoid 'the welfare'. They explained that this was why they had moved so many times - people "kept interfering" and "saying terrible things" about them, but "no-one would help".

Lisa identified that she herself had phoned the Department of Families out of desperation, because Jason was sick and missed two casual shifts at the factory and they had run out of baby food. Lisa had wanted some practical help but instead she said she had "ended up being investigated" and found to be a "bad mother". At this, Lisa burst into tears.

From this conversation several things stood out to the worker. Firstly, both Lisa and Jason wanted to parent their children. In fact, they were so committed to keeping their children with them, that they had taken extreme steps, literally packing up and moving overnight to avoid the chance of the children being taken from them. Secondly, both Lisa and Jason were experiencing a significant degree of anxiety and discomfort, making it more likely that they would be motivated to change. Thirdly, Jason had a job. Fourthly, Lisa had sought help on at least one occasion. Lastly, both Lisa and Jason had not had good models of parenting themselves, and were estranged from each of their extended family. This family was doing the best they could under the circumstances.

When Lisa became composed, the worker asked if it would be all right to ask them both a question, and that this question would sound a little strange. Lisa and Jason looked a bit confused by this but were curious enough to say a hesitant "yes". Jason then piped up and said "you're not going to ask us about our sex life are you?" To which the worker replied, "No! It's not that sort of question!" This really broke the tension and everyone laughed. The worker then resumed and posed the miracle question to Lisa and Jason. "Suppose when you go to sleep tonight a miracle happens and all your problems are solved. When you wake up in the morning, how will you know that the miracle has happened? What will be different?"

Lisa replied, "I would live in a fancy mansion, with red curtains and carpet on the floor. I would be a Princess and Jason would be my Prince. Our boys would each have their own room. They would have lots of toys. Trudy would live with us. Sometimes I would go out to work at Coles and be the lady at the cash register. I would always be nice and smile at everyone and say 'have a lovely day'. We would eat meat, like steak, and have ice-cream for dessert."

Jason looked at Lisa and was astonished (as was the worker!). He said, "I've never heard you talk like that ever. I never realised how much I mattered to you."

After some silence, the worker asked Jason what his miracle would look like. He replied, "I would have a job that was full time- not casual. I would own a house and provide for my family. We would always have food. The 'welfare' would not know our name. We would have friends and at least one of them would have a pool. We would go on car trips as a family and have fun. We would be happy."

Again the worker allowed for silence as both Lisa and Jason reflected on what had just been said.

From this conversation, several things stood out to the worker. Firstly, there was a lot of agreement between Jason and Lisa in their idea of a miracle - secure accommodation, living together as a family, and meeting the children's needs. This family knew what they needed to do differently, and, this would address all of the Department of Families concerns.

Secondly, there were many practical steps within each miracle that the worker felt confident to assist Lisa and Jason to achieve. Thirdly, this family had some hope that things could be different, because they could imagine living differently.

The worker then asked Lisa and Jason if it was O.K. to write down their miracles because the worker thought they contained some really important things. The worker pointed out the similarities and differences in their miracles. The worker asked how Lisa and Jason would feel about the three of them working together to start to make some of the miracle come true. Both agreed that they would love for it to be true. Jason asked, "Do you have a million dollars? Are you really from Gold Lotto?!"

The worker responded that unfortunately no, she didn't have that kind of money, but that she did have some ideas about how to help them get closer to the miracle anyway. The worker then asked Lisa and Jason if they felt that they had done enough for our first meeting, and whether we could meet again tomorrow. Both agreed. The worker then asked them to think about if they could also find some ideas about how to get closer to their miracle.

The next two sessions were used to clarify and specify the points in the miracles that both Lisa and Jason felt were important and 'do-able'. They both know they had to look after their children better and were determined to get 'the welfare' out of their lives.

Ultimately, their goals were:

- Get out of this caravan park and into a house. It will have 3 bedrooms and a fence. We will take a six-month lease.
- To learn to budget so that we always have food and nappies.
- To be the best family we can be.
- Jason - To get a full time job at the factory.
- Lisa - To get a job at Coles on Thursday nights (Jason could look after the children)
- Overarching all of these goals was the goal "For our kids to live with us and grow up in this family."

A meeting was then convened with the family, worker, and Department representatives to outline the goals that Lisa and Jason would be working towards. The Department confirmed that if Lisa and Jason could achieve these goals all the concerns would be addressed. This helped to give Lisa and Jason extra motivation to work hard on their goals.

In the next two sessions, Lisa and Jason were able to identify many things that they could do to bring them closer to the miracle coming true and reaching their goals. In the following weeks, they began to act on their ideas.

Jason decided to approach his boss and ask for a full time job at the factory. After two weeks, Jason was offered a permanent part time position on Mondays and Fridays. Jason indicated that he was willing to continue to work additional casual shifts on the other weekdays until further permanent days arose. This change in the predictability of Jason's employment meant that for the first time in a long time the family could start to use a budget, and had some faith in being able to succeed. After a further six weeks, the family had saved \$250 towards a bond on a rental property.

They had to use the private rental market as housing commission waiting lists were very long and supported accommodation was not available in their area. The agency was able to loan the family a further \$270 to secure a 3 bedroom property, with a fence, renting for \$130 a week. Moving into a rental property was an extremely significant event for the family and was a catalyst for a great deal of change.

Lisa and Jason decided to go to financial counselling and the worker referred them to a specialist agency for this. This work was seen as long term, as both Jason and Lisa had subsequently revealed they had high levels of past debts still outstanding.

Lisa told the worker that she wished she had some friends who also had children. Lisa said that their neighbours had children who were teenagers and they were too old for her children to play with. The worker suggested Lisa might like to take Matthew and Dylan to the local playgroup. Lisa was keen to go but felt very nervous and wondered if anyone would talk to her or play with her children. The worker offered to accompany Lisa for the first few times she went, and Lisa accepted this offer.

The worker also went grocery shopping with Lisa on several occasions and helped prepare the evening meal, as Lisa had confided that she 'didn't really know how to cook and shop', and often the family got takeaway or pre-prepared meals like frozen pizza. Lisa discovered that she enjoyed cooking, once she had had some practice, and the worker helped her find simple and nutritious recipes to cook. Lisa was surprised (and very happy!) to find that she had had enough money to buy a tub of ice-cream on two occasions.

Lisa took both children to the scheduled assessment at the Pediatrician. She was very worried about what he might say and if he had the power to say they were 'bad parents' and everything they had done 'would count for nothing.' Lisa and Jason seriously thought about 'taking off' however they decided not to because "we need to leave that bad life behind us." The children were found to be in the lowest normal percentile group for their weight and age.

Matthew's fine motor skills were below average. In all other areas the children were seen to be within a normal developmental range. The pediatrician commented on the positive responsiveness of both children to their mother. This assessment confirmed that a lot was going right in the way that Lisa and Jason were parenting their children. They needed to continue to do more of what was working well and maintain the changes made in the areas of concern.

Lisa decided that she would put her goal of working on Thursday nights on hold until Dylan was at least 12 months old. She also said she wanted to "enjoy their new life." Towards the end of the intervention, some 12 weeks later, Lisa and Jason asked the worker to refer them to "someone else who can help if we need it". The worker referred them to their local community centre, which Lisa felt particularly comfortable about, as this was where she attended playgroup.

Postscript

18 months later, the Smith-Curtis family has had no further involvement with the Department of Families in regard to Matthew and Dylan. They have moved once, and are currently on a twelve-month lease. Jason has three and a half days a week of full time work with a different factory. Lisa is four months pregnant with the couples' second child. Lisa has a half-day contact visit with Trudy once a month, which she negotiated with the Department of Families.

This intervention demonstrates how the Solution Focussed approach can be applied in very difficult situations such as when there are child protection concerns in a family. The miracle question allowed Lisa and Jason to think outside of a problem saturated framework and formulate their own goals for the future. The worker at all times listened to the family, and had faith in their ability to solve their own problems with their own solutions. The worker recognised that the family was the expert in their own situation. The worker helped to bring hope into the family and noted what they were doing well and the exceptions to the problems they were already living.

*All names and identifying information has been altered.



A Case of Domestic Violence

Author: Paul Hodge

The client, Gary, called to make his first appointment and said he was persuaded by "a mate" to attend counselling to control his anger. In short Gary was a perpetrator of physical abuse against his intimate female partner, Julie, who is 22 years of age. The couple has no children but his partner has recently expressed a desire to have a child with him.

The client is 28 years old and a labourer by occupation. He has only had casual/contractual employment and has been subject to periods of unemployment, the longest being three months. At the time of beginning counselling Gary was unemployed and renting with his partner in a shared house with another couple.

Brief outline of the counselling techniques used in the session

The counselling approach chosen is based on the findings in a report by authors Richards, J; MacLachlan, A; Scott, W; & Gregory, R. (2003) - Identification of Characteristics and Patterns of Male Domestic Partner Abusers.

Psycho-educational techniques became prominent early in partner abuse treatment, and remain ubiquitous today. Psycho-educational programs typically include educational instruction around power and control issues, gender role attitude restructuring and anger management. Participants also learn how to manage hostility and aggressive impulses (Arias & O'Leary, 1988). In current psycho-educational programs, the focus is on altering the attitudes of abusers by teaching new options, strategies and skills. Abusers are also expected to become responsible for their abuse, anger and violent behaviour. (Richards et al 2001-2 p. 10)

As reported by Hamburger (1997 cited Richards et al, 2001. p.10) "cognitive behaviour therapy (CBT), like psycho-educational intervention, is well suited to treating men who abuse their partners". The aim of CBT is to place responsibility for cessation of domestic violence with the perpetrator. CBT approaches also provide systematic, empirically based methods to facilitate specific behaviour change and cognitive re-structuring. This all adds up to CBT being a logical choice in counselling Gary.

Background

The introductory session revealed that Gary had also been under pressure from his partner's family to attend counselling or face retaliation. There was also a serious warning from his partner that she would leave him if he did not seek help to change his behaviour and stop his displays of physical abuse in the home. It was obvious that Gary felt intimidated and irate by the 'threats' yet he did admit to behaving with "mild physical and verbal abuse" towards his intimate partner. Incidents of this abuse include slapping and pushing her, shouting insults to her face, and delivering embarrassing comments about her in public.

Gary's history revealed that he had previous relationships, without children, that ended as a result of his violent and abusive behaviour. According to Gary no serious harm has been dealt to his current partner; he has not been officially charged by police for assault. He claims that his abusive behaviour is restricted to behind closed doors or only in the home.

Session Details

The structure of the CBT sessions, were adapted from a cognitive behavioral therapy group for abusive partners (for details see Taft, Murphy, King, Musser, & DeDeyn, 2003). In this case study, sessions were divided into four sequential blocks of two sessions. Each session sought firstly to assess and develop Gary's motivation to change and subsequently to offer him self-management strategies to help him deal with his anger issues.

In the first block the client was guided to explore his motivation to change and commitment to a nonviolent relationship; assessing his readiness to change in the first session could provide a predictor of positive outcomes. [For an overview of Motivational Interviewing (MI) refer to Resnicow, Dilorio, Soet, Borrelli, Hecht, & Ernst, (2002). For a discussion on predicting a perpetrator's readiness to change refer to Scott & Wolfe (2003).]

The second block was devoted to teaching crisis management techniques, such as time out, to avert violent behaviour during difficult relationship situations.

The third block involved assisting the client to formulate his own self-management plan to deal with his anger and stress, including self monitoring of anger cues, rational restructuring of anger-producing thoughts, and applied relaxation exercises.

The fourth block has the client working on learning positive relationship skills as an alternative to coercion and aggression, including communication and assertiveness skills.

This plan is flexible and I have allowed two additional sessions for wrapping up, reviewing changes made, and articulating goals and plans for continued personal work.

Session One: Motivational Interviewing Style

The tone and mood setting for the first session follows the motivational interviewing (MI) style closely (Miller & Rollnick, 1991 cited Resnicow et al 2002).

The basic tenets of MI are closely related to Carl Rogers person-centred counselling being:

- Non-judgmental
- Empathetic
- Encouraging
- Non-confrontational
- A supportive climate where the client can feel comfortable expressing both positive and negative aspects of his current behaviour.
- where the client is encouraged to talk more than the counsellor
- Initially the role of the counsellor is to engage in reflective listening without attempting to confront denial, irrational or maladaptive beliefs, or try to convince or persuade.
- Primarily invites the client to think about and verbally express his own responses for and against change, how his current behaviour may conflict or be an obstacle to achieving immediate and long term goals.
- An opportunity to use a neutral tone to address discrepancies in client knowledge, beliefs or behaviours without promoting defensiveness

As Gary's counsellor I had to make sure that I resisted providing information or advice until he had first presented his own understanding of his 'life's frame of reference', including any ideas he thought possible for changing his behaviour.

[In the following transcript counsellor is abbreviated to C and Gary to G.]

C: Well Gary, where would you like to begin?

G: (Shifting in his seat) Well... I have been made to come here by my girlfriend, Julie, and her family.

C: Yes.

G: They say I'm a violent person because of what I do when I get agro with Julie. (Looking away, breaking eye contact)... All I do is shout at her, then she goes whingeing to her family and they all gang up on me.

C: What else happens?

G: (Raising his voice, leaning forward and gripping the armrests.) I really got agro because she complained to her parents. If she'd just copped it... then things wouldn't have got out-of-hand. C: Just copped it?

G: She's always on at me to get a better job, to be like her sister's boyfriend. Day in, day out she's nag, nag, nag... I never seem to do anything right. I can't help it if there are no good jobs out there... Look at these hands (standing, then sitting down, holding out his hands, his voice rising). Do they look like the hands of someone who doesn't know what hard work is?

C: I see what you mean Gary.

G: I wish to hell other people would see that I'm not a bludger, I can match any man in doing a bloody hard day's work. I had to work hard... no one ever cared about Poor Old Gary! (slumping in his chair, head bowed, punching left fist into right hand).

C: What are you telling yourself Gary?

G: (shouting) You tell me!

C: I've only known you 15 minutes.

G: Well, (getting up and walking towards door) aren't you going to try and stop me?

C: No, it's up to you.

G continues walking around the room, his body tense, anger and frustration in his face; C watches him in silence. After a few minutes Gary show signs of calming down and returns to his chair.

C: What are you telling yourself here?

G: I have been in and out of relationships with women... why... I love Julie... she is the best girl so far. Why do I get so angry with her?

C: It is good to hear you using "I" statements.

G: What do you mean?

C: It tells me that you are accepting responsibility for your own behaviour.

G: It might sound like that to you but I see it differently. She doesn't know when to shut up!

C: How could you behave differently to avoid getting angry?

G: I thought you'd say that.

C: Gary, I can only help you if you want to change.

C suggested they take a short break during which Gary could think about things on his own.

On resuming C began to provide feedback on what Gary had said.

C: It seems that Julie is very unhappy with your behaviour and she is asking you to change it. You love Julie and want the relationship to last and not turn out like others you have had in the past. While your anger is directed against Julie and generally in private, your behaviour is now beginning to attract possible retaliation from Julie's family. Does that describe the situation?

G: Yeah, that's right

C: Can you help me understand what you mean when you say you love Julie and want the relationship to last?

G: I guess I don't want a repeat of those times when I felt lonely. I have been alone enough times and I don't want the hassles of starting another relationship. I want some continuity in my life and Julie is the one.

C: So you fear being on your own again?

G: (After a long pause) So?

C: So what has controlling your violence got to do with being here?

G: If I want to remain an important part of Julie's life I need to treat her differently... If I want to feel... (hesitates before closing his mouth tightly and turning his head away)

C remains silent, waiting for him to continue, there is a long pause.

G: I hate it when I get like this

C: Like what?

G: I want to go now.

C: You know you can leave anytime.

G: You're trying to get me to admit that I'm in the wrong, that it's all my fault when we argue.

C says nothing.

G: I do all I can to be what she wants me to be, but she always finds me lacking... I get angry and hit her... I shout at her and put her down. I want her to feel as bad as she makes me feel.

C: OK, Gary I'm asking you to try and hold on to that feeling of wanting to hit back. Let it slowly build but stop when you sense you are about to lose control.

G tenses his upper torso, raises his right arm as if to strike out then shouts: You bitch! You never give me the same approval you hand out to others!

C: Stay in control. Hold back from striking. Listen to me Gary, listen to my voice. Repeat after me. I... HAVE... A... CHOICE!

G: I... HAVE... A... CHOICE!

C: I... CHOOSE... TO... REMAIN... CALM (my voice level drops and slows down when saying the word calm).

G: I... CHOOSE... TO... REMAIN... CALM C: We repeat this sequence until Gary's temper and anger subsides.

(Now in a calm voice) "I have a choice and I choose to remain calm" - Gary repeats these words a number of times and then stops and stares into space, C remains silent, watching him.

G: Do you think that will work for me the next time I get agro?

C: Together we can start to make a difference.

G: I need a break.

During the short interlude I took time out to consider what I had learned about Gary. I sensed that he might fit the typology of a male batterer who according to Holtzworth-Munroe & Gregory (1994 p. 492) is a family-only batterer rather than someone likely to be violent in the wider social context. He may have high security and belonging needs, and low self-esteem. A lack of social and assertiveness skills may also contribute to his abusive behaviour.

C: Gary, we're nearing the end of this session, is there anything else you want to talk about?

G: I can't think of anything.

C: I know it's not easy for you to control your anger, but you managed to do so.

G: I lost it a bit.

C: Can you tell me what it felt like when you "lost it"?

G: Well, I sure was not happy with myself...I had time to think about it during the break when I went outside... and... after I calmed down I was still shaking a bit... .. I do want to fix it.

C: Have you any ideas about how you would like to fix it?

G: No, not really

C: Would you like to consider some possible ideas?

G: OK.

C: Let me begin by saying that I have confidence in your ability to change. I'm going to suggest some material for you to read on your own. Find somewhere comfortable you enjoy, away from the environment that you find yourself being violent in. It's a book which describes some better ways to deal with those times when you and Julie lock horns and you respond with the violence and anger that harms her and your relationship. It includes chapters on communication and assertiveness skills, how to express yourself better and how to manage anger. What do you say?

G: I think I can manage that...but what can I do now to stop myself from flying off the handle.

C: You have already found one way to cope.

G: I have?

C: Time out, just like we did during this session. Move out of the difficult situation, calm down and then you will find it much easier to try to deal with what is making you angry.

G: So until I see you again, I make a conscious decision to take time out whenever I feel I am getting angry?

C: It will not be that easy in the beginning but with practice it will get easier and each time you succeed you will be reinforced by feeling of being in control; a sense of empowerment in making a conscious choice to stop your anger building before it gets out of control. Maybe, when Julie sees you are trying to change she may also change some of her styles of communication. Gary, it is very important that you tell yourself when you immediately sense your anger rising: I...HAVE...A...CHOICE... AND... I...CHOOSE...TO REMAIN...CALM.

G: I have a choice and I choose to be calm... I have a choice and I choose to be calm.

C: Then when you have removed yourself from the situation that's making you angry, I want you to try the relaxation exercises I taught you. If you don't want to do the exercises, you can do something physical that you enjoy - walking fast, jogging, cycling perhaps.

G: OK, I'll try.

C: Something else you might consider which might help is to write down when you get angry, what the triggers are, what happens just before. If we can start to identify what is making you angry, it will be easier to find ways to manage it.

G: I hope it will not happen as much. But I get your drift. Thanks for your help.

The session ended with Gary feeling positive about doing the homework tasks he had been set and confident about using the mediating response he had learned. In future sessions we would look at role playing to practice better communication and relationship skills.

Reference List

- Bard, J. A. (1980). *Rational emotive therapy*. Illinois: Research Press.
- Holtzworth-Munro, A., & Stuart, G. L. (1994). Typologies of male batterers: three subtypes and the difference among them. *Psychological Bulletin*, 116(3), 476-497.
- Johnson, D. W. (1993). *Reaching out: interpersonal effectiveness and self-actualization* (5th Ed.). Boston: Allyn & Bacon.
- Resnicow, K., Dilorio, C., Soet, J., Borrelli, B., Hecht, J., & Ernst, D. (2002). Motivational interviewing in health promotion: It sounds like something is changing. *Health Psychology*, 21(5), 444-451.
- Richards, J., MacLachlan, A., Scott, W., & Gregory, R. (2003). *Final report: identification of characteristics and patterns of male domestic partner abusers*. Canberra: Criminology Research Council. Retrieved July 28, 2005 from <http://www.aic.gov.au/crc/reports/200001-04.pdf>.
- Scott, K. L., & Wolfe, D. A. (2003). Readiness to change as a predictor of outcome in batterer treatment. *Journal of Consulting and Clinical Psychology*, 71(54), 879-889.
- Taft, T., Murphy, C. M., King, D. W., Musser, P. H., & DeDeyn, J. M. (2003) Process and treatment adherence factors in group cognitive-behavioral therapy for partner violent men. *Journal of Consulting and Clinical Psychology*, 71(4), 879-889.

Section Four

Grief and Loss Counselling





A Case of Grief and Loss

Author: Sarah Shanley

Tina presented to counselling due to her partner recommending it. Tina agreed with him that she had been feeling low in mood and distant from her partner over the last six months, and she agreed that it was time for her to try and do something about it.

For ease of writing the Professional Counsellor is abbreviated to "C".

Session Details

In the first session Tina informed the C that her grandmother to whom she was particularly close to passed away a little over six months ago. It has been since this time that Tina has been feeling unmotivated, and she states that she feels 'sad' most of the time. Tina states that she is still unable to talk or think too much about her grandmother as it makes her too upset (this was also evident in the interview by Tina's physical reaction to speaking of her grandmother), and for this reason she avoids doing so.

The first session was spent gaining rapport with Tina, explaining the process and limitations of counselling, and getting a broad view of Tina's situation. C also pointed out that sometimes at the beginning of counselling client's can actually feel a bit worse before feeling better, due to bringing up issues that they may have been avoiding. Tina accepted this information and stated that she was ready to deal with the things she had been "pushing aside".

At the end of the first session, C summarized the main issues presented, i.e. low mood, feeling unmotivated, unresolved grief, some relationship problems, and career issues. From this summary it was deemed by both the C and Tina that the unresolved grief played a key role in all of the other issues and should be the focus of the sessions.

Essential Case Information

Tina is an 18 year old female who completed year 12 last year. She is currently studying Office Administration at TAFE however lately she rarely attends classes and states that she has no interest in the course and would prefer to be studying photography. Tina also works part time at a local bakery. She has held this job for over a year, however she has been calling in sick a lot recently and not attending.

Tina was raised by her paternal uncle with very close involvement from her paternal grandmother, after her mother gave her up at birth as she was so young. Tina had very little contact with her mother until age 14, however she did have regular contact with her father and she remains close to him. Tina has 2 younger half brothers on her father's side, and one half sister on her mother's side. Since contact with her mother began, Tina has become very close to her half sister, and she states that her relationship with her mother is improving but that they do not talk about anything personal together.

Tina is currently in a relationship with a 20 year old male named David. Tina met David through a cousin at a party and they have been seeing each other for almost a year. Tina describes David as very supportive and she states he was 'great' after her grandmother passed away, although she feels she has been pushing him away lately.

Session Content

The next session began with easing Tina into speaking of the loss of her grandmother. This involved focusing on how Tina felt she had dealt with the loss so far, i.e. had she cried, yelled, talked with someone about her feelings, spent time alone etc. Tina admitted to 'blocking out' any feelings at the time of her grandmother's death and avoiding thinking about it since. She states that she felt she should be strong for her two younger brothers and her father. Tina stated that she hardly spoke to anyone about her feelings and she had not cried very much at all, at the time or since.

Through negotiation with Tina, C decided to loosely base the counselling sessions on the "Seasons for Growth" manual for working with young people experiencing grief and loss. This manual uses a four stage model, corresponding to the seasons of the year, to help young people work through their unresolved grief issues.

Before beginning these sessions, C assisted Tina to come up with some definite goals of counselling. This was an important process as it enabled the two to come together as a team to brainstorm ideas of goals for Tina. Tina came up with a number of goals which included:

- Stop 'blocking' thoughts of her grandmother
- Allow self to grieve and especially cry if needed
- Become able to remember grandmother and speak about her without becoming too upset to do so
- Move forward positively in her life

The C then moved on to stage one of the Seasons for Growth manual. The first season "Autumn" focuses on accepting the reality of the loss. The goal of this stage is to assist the client to acknowledge the reality of change and the loss that has taken place in her life.

This stage with Tina involved exploring the concept of change (positive and negative) and discussing other losses or changes that have occurred in her life. For Tina these included getting to know her mother, finishing high school, beginning a new relationship, and the loss of a pet dog that she had had for a number of years. Tina was able to discuss these events in detail and was able to accept through feedback and input from C that change is a natural part of life, and whilst change often means the end of something it can also bring about new experiences.

The second stage "winter" relates to working through the pain and grief associated with change and loss. In these sessions the C assists the client to learn about possible reactions to change and loss and to explore how they have experienced these.

In regards to Tina, this involved a discussion on the various ways different people grieve. Tina was asked for suggestions and a list was created. This list included words like; denial, anger, guilt, sorrow, confusion etc. Tina was able to see the wide variety of grieving methods and this helped to normalize her own reactions. This stage involved a great deal of reflection of feelings from the C to help Tina recognize and name her own feelings of loss.

This stage also included gently encouraging Tina to relate the details of her grandmother's death to C, and to explore the changes that the death has caused in Tina's life and also in Tina's own personality, and the way she has been relating to others. As a visual exercise, Tina was also asked to bring in some photos of her grandmother to assist this process and enable her to reflect on some memories of her grandmother.

At the end of this session Tina stated that for the first time she had actually felt good talking about her grandmother. As homework during this stage, Tina was requested to either choose a song that reminded her of her grandmother and bring it in to the next session, or to write a brief story relating one of her favourite memories of her grandmother.

Tina enjoyed this task and actually wrote a song and a poem to her grandmother. These were both very descriptive and allowed Tina to express her emotions. Tina is a very creative young woman and it was good to utilize on these strengths in sessions and in homework tasks.

The third stage "spring" relates to the client adjusting to an environment in which the significant person is no longer present. The C also assists the client to develop skills to assist in processing their grief.

For Tina this stage was the hardest, as she expressed feelings of not wanting to admit that her grandmother was really gone. Tina also felt guilty and ungrateful imagining the world going on without her grandmother in it. She felt that if she was happy and enjoying life that she was not being respectful to her grandmother. AT this stage the C aimed to get Tina to think about what her grandmother would want for her and how it would be making her feel watching Tina being unhappy.

The C also attempted to get Tina to explore her own goals in life and the positive aspects of her life, separate to her grandmother. In this way the counsellor was attempting to encourage Tina to explore her future and see that it could be a good thing.

In regards to developing skills to process her grief, the counsellor firstly reiterated that grieving is a natural process and that some emotions should be expressed. The C then assisted Tina to come up with a list of coping strategies that would assist her if she felt like her emotions were getting too much for her to handle. These included: Tina allowing herself to cry sometimes, expressing her feelings in her artwork or poetry, going for a walk, having a relaxing bath, or talking to a supportive friend.

The last stage "summer" focuses on emotionally relocating the client to enable them to move on with their life. This involves exploring with the client ways of letting go and moving forward.

For Tina this was also a difficult stage. It was important for the C to continue to remind Tina that "letting go" did not mean "forgetting". It was vital to stress the importance of keeping memories of her grandmother alive and not letting these go, but to be able to deal with the grief and move forward so that recollecting these memories would not be so painful.

The C also offered some self disclosure in regard to ways she had dealt with the loss of a close friend in the past. This involved creating a list of all her favourite memories of the friend and putting it away somewhere safe so that these memories would never be able to fade or be forgotten. Tina appreciated this gesture and believed it was a good idea, as forgetting little details was something she was very afraid of.

Guided imagery was also used in this stage. This involved getting Tina to relax and visualize a kite flying in the sky on a beautiful sunny day. Tina was asked to imagine that she was holding the end of the kite string and watching the kite flying about in the breeze. Tina was required to imagine that she was happy watching the kite and the kite was dipping and diving in the sky. After a while the kite begins to pull hard on the string and it becomes difficult for Tina to hold it anymore. It is almost as if the kite wants to fly off into the bright blue sky.

Tina was then asked to visually let go of the kite string and watch the kite fly away into the distance. The kite is pictured as happily floating away into the distance. Tina was then asked to imagine that the kite was her grandmother and although it was now gone she still held the beautiful memory of flying the kite, and by letting go of the string she had not only freed her grandmother, but allowed herself to move on and leave the park to go and explore other things on the beautiful sunny day. Due to Tina being a very visual person, she found this guided imagery a very useful tool. She stated that afterwards she felt calm and more accepting of letting her grandmother go.

At the end of sessions Tina stated that she felt better about moving on with her life. She stated she felt more in charge of her future and ready to make some important changes. She had also spent some time discussing her feelings with both David and her father, and she had even visited her grandmother's grave on one occasion. Tina stated that although it does still make her sad that her grandmother is gone, she now feels better able to cope with these feelings and she feels more than ready to move on.



A Person Centred Approach to Grief and Loss

Author: Liz Jeffrey

Maggie is a 35 year old woman who came for counselling six months after the break up of her nine year marriage to Michael, the father of her two children, Josh aged 6 and Joseph aged 12 months. Currently both children are in Maggie's sole care. Maggie has been referred to counselling by her General Practitioner whom she has been seeing for a number of minor physical ailments and early signs of depression.

For ease of writing the Professional Counsellor is abbreviated to "C".

Background Information

Maggie and Michael met at university when they were studying business computing. After graduating they were employed in separate companies and dated for a number of years before finally getting married. They both continued working until the birth of their first child Josh, when Maggie took a year off before returning to work part time. Michael continued in full time work and received a number of promotions over his years of continuous employment.

Maggie continued working part time until the birth of their second child Joseph, when she again took a year off to care for both children at home. She was about to return to work when Michael came home one night and said he was leaving her for a woman he had met at work. Two weeks later Michael moved out of the family home. He has not contacted Maggie or the children since. Maggie has not felt well enough to return to work and is now in danger of losing her position with the company.

Application of Person-Centred Counselling

The counsellor applying this approach is primarily concerned with communicating empathy and unconditional positive regard to the client. This includes the application of micro skills such as active listening, reflection of feeling and meaning and summaries in the context of a genuine interaction between the counsellor and the client.

The counsellor's role is specifically 'non expert' supporting the client to recognise personal strengths and to find answers that are congruent with her/his own values and beliefs.

Preparation

C's preparation of the counselling room included placing chairs in face-to-face mode, checking the position of curtains to minimise glare, and placing a box of tissues within easy reach of the client's chair. C also spent a couple of quiet moments clearing her mind of prevailing thoughts from the previous client in order to give Maggie her full attention.

Session Details

Upon Maggie's arrival, C introduced herself and spent some time developing rapport in an attempt to make her feel welcome and at ease. This was done by asking Maggie to be seated and making general conversation about the weather, and about how Maggie's day had been so far. C formally began the session by asking Maggie whether she had received the counselling agency's letter sent to confirm her appointment details and a brochure containing information about the counselling service including fees, hours of opening, qualifications of staff and map location. Maggie confirmed she had received the leaflet and said that it had been very useful and informative.

C then asked if Maggie had any questions not covered in the information brochure. Maggie replied in the negative and C proceeded to ask Maggie what had brought her to counselling.

Maintaining good eye contact and an open posture, C waited for Maggie to start speaking. After about 20 seconds of silence during which Maggie looked down at the floor, she finally spoke through tears. "My husband left me for another woman six months ago and I just don't seem to be able to get on with my life."

C observed Maggie's emotional reaction and decided that Maggie would be best supported by a person centered approach which would allow her to voice her feelings surrounding the loss of her marital relationship.

C responded with a paraphrase and reflection of feeling "You sound devastated by the loss of your marriage Maggie."

Maggie replied "Yes I am, but it was six months ago, I should be getting on with my life by now. That's what my family and friends are saying anyway. But I still miss Michael so terribly and the boys cry for him every night at bedtime."

C: "So, am I right in saying that you and the boys are still heartbroken yet friends and family think you should be over it by now?"

Maggie: "Yes, that's about it. Maybe I should be over him by now. What do you think?"

C: "Let me ask you Maggie. Do you think six months is long enough to mourn the loss of a long-term intimate relationship?"

Maggie: "No I don't."

C: "And you're the only one who knows how it feels to have lost your relationship with Michael, Maggie."

Maggie nodded and continued telling the story of her life in the past six months, pausing occasionally to wipe her reddened eyes with a tissue from the box nearby. Maggie described the physical and emotional upheaval as she struggled to cope with looking after the children on limited income. She also voiced her fears and uncertainty about her own and her children's future.

C continued to stay focused on Maggie emotionally and to use encouragers and reflections of feelings to confirm and validate her feelings.

After one of many silences, during which C had remained silent but attentive, Maggie looked up without speaking. C decided that this was an opportune time to summarize some of the issues Maggie had raised so far and said "Maggie, you've described a huge upheaval in your life in the past six months that has meant reorganising your life in many ways. You've taken on the sole responsibility for two children, managing the house and finances and at the same time dealing with the emotional loss of your marriage. That sounds like an awful lot to deal with at once."

Maggie: "Yes, I suppose it is when you put it all together. It didn't seem so daunting when Michael was there to help."

Thereafter, through continued bouts of tears Maggie described her childhood dream of being married with children and the emptiness she now felt having lost that dream so suddenly. She also voiced feelings of anger and self-recrimination for not being able to cope with her new circumstances as a sole parent.

Through the use of open questions, paraphrases and reflections, C was able to explore with Maggie her feelings of anger and also clarified the meaning of what being a 'good mother' meant to her. Maggie talked about memories of her own mother who did not work outside the home and was always waiting for her when she returned home from school. Further exploration through paraphrases and reflections highlighted the significant differences in parenting lifestyles of the past and today, with many parents now assuming the onerous task of undertaking responsibilities of homemaking, parenting and external work.

Maggie then said "Yes, I suppose being a mother has changed a lot since my Mum's time."

C: "That's for sure Maggie."

Maggie then went on to describe how much she missed working outside the home and having a career. C reflected Maggie's feelings (expressed explicitly verbally and implicitly through non verbal signals such as frowns, smiles and wistful glances at the ceiling) and used open questions to explore what Maggie liked about her work including her strengths and capabilities.

Maggie: "You know, maybe I could negotiate to return to work part time for a while until I can get my life organised a bit better? I have a few friends who might be able to help me out with picking the boys up from childcare if I need to work late occasionally."

C (smiling): "So you think working part time with some childcare support from friends might be the way to go Maggie?"

Maggie: "Yes, I think I'll put the idea to my boss on Monday."

From then on, Maggie's talk slowed and she assumed a more relaxed posture sitting back in her chair. C asked if there was anything else she'd like to talk about today. Looking at her watch Maggie replied that she would need to get going to pick up the boys up from the childcare centre. She also said she would like to come back again the following week.

C replied that she was most welcome to come back anytime and wished her luck as she left looking tired, but definitely more relaxed.

Session Summary

In this session, Maggie, given the freedom to voice her emotional pain in an atmosphere of empathy, genuineness and unconditional positive regard was able to acknowledge that the expectations she was placing on herself were unrealistic and was able to begin to consider other ways of managing her new life.

The use of the Person Centered Approach to counselling in this initial session was well suited to a client such as Maggie who was able to articulate and explore her feelings associated with the loss of her marriage and future uncertainty.

The key concepts of Person Centered Therapy applied in this session were:

- The creation of a non-directive and growth-promoting climate wherein the client feels nurtured and respected.
- A congruent and empathic approach by the counsellor that emphasises and promotes self worth and empowerment encouraging clients to find answers that are congruent with her own values and beliefs.

A Case of Grief Using an Eclectic Approach

Author: Jane Barry

Grief is a complex and individual process. There are a number of well documented stages to the grief process such as numbness, guilt, despair, panic and acceptance to name a few. The order in which these stages are experienced and the intensity and duration of each stage will be different for each individual.

It is therefore understandable that an eclectic counselling approach to grief can be beneficial in allowing for the flexibility needed to work with individuals through various stages of the grief process. The following case study is a practical application of a variety of counselling approaches to one client and her experience of grief.

The client's name is Joan. Joan sought counselling to deal with the unexpected loss of her daughter in a car accident. She received counselling about 2 weeks after her daughter's death and continued with the counselling process over a period of 8 months.

The key features of Joan's grief were her feelings of guilt and despair. In these areas, the counsellor worked mainly from a Person-Centered approach (PCT). The counsellor also utilised some techniques from Solution-Focussed Therapy (SFT) and Cognitive-Behaviour Therapy (CBT). A brief analysis of the case study and application of the various techniques are provided below.

Case Information

Joan is a semi-retired accountant, maintaining contract work with a few long-term clients to support herself in retirement. Joan is a divorcee, who lives on her own, in her family home. She is a mother of 2 children, Kirsten and Mathew, aged in their mid 20s. Joan has a supportive network of family and friends, including her sister, father, children, and friends from her gardening club.

Joan's relatively steady life was overturned with the sudden death of her daughter, Kirsten. Kirsten was 24 when she died from head injuries caused during a car accident. She was admitted to hospital in a coma. Joan spent several anxious days with Kirsten, before she passed away.

In the days that followed, Joan arranged her daughter's funeral and affairs and deferred her work commitments.

Joan described this as a whirlwind period, where she operated in a mechanical way. She was completely absorbed in the organisation of Kirsten's funeral and pushed aside her feelings of grief. Joan said that she found some security in the numbness that filled her during that time.

After a couple of weeks, however, Joan became concerned that she was not coping as she couldn't move on from these feelings. People had commented that she should try to carry on as usual, however her numbness persisted and she couldn't motivate herself to "carry on" as if nothing had happened.

Joan thought that there must have been something wrong with her and it was this fear that led her to counselling some weeks after her daughter's funeral.

For ease of writing, the professional counsellor in this case will be referred to as "C".

The Initial Stages

(Numbness) In the first session, Joan appeared somewhat vague and tired. She seemed focussed on describing the details of the funeral, the family members who attended and her concern about her daughter not having a will. "C" observed that Joan's behaviour reflected a need to be in control of the situation and was a useful coping strategy for Joan at this time. "C" used PCT to build an empathetic understanding of Joan's experience. She did not attempt to move Joan towards experiencing her grief, but trusted that Joan would reach this stage in her own time.

Joan began discussing the rapid way in which the whole event had occurred and the numbness that she was feeling. "C" used paraphrases and encouragers to assist Joan to express herself. "Everything has happened so quickly that you haven't had time to absorb it all, is that right Joan?" "Yes", Joan replied, "I've hardly had time to miss my little girl." "You miss her," responded "C".

With this encourager, Joan began to cry and express her grief. Joan cried for some time whilst "C" sat with her in silence. At one point Joan apologised for her crying. "C" responded "It seems that you have a lot to cry about Joan. It shows me how much you loved your daughter."

In the first session, Person-Centered therapy and Active Listening techniques enabled "C" to be guided by Joan's readiness to express her feelings. The encouragers and reflection of feeling used, demonstrated to Joan that "C" understood her and allowed Joan to experience her feelings of grief, rather than to keep them at arms length. Whilst "C" could have indicated to Joan that she was avoiding her grief, "C" instead trusted in Joan's ability to express her grief in her own time.

If Joan had not expressed her grief in this session, "C" would not have pressed the issue, although she may have encouraged Joan to have a further session within a few days.

(Grief and Despair) The following sessions were characterised by further experiences of grief and despair. Joan had found that her grief was no longer avoidable and her days were mostly filled with mourning. Joan abandoned her daily routines such as grooming, making meals and other basic self-care practices. Joan's disheveled appearance at the counselling sessions were concerning. At this point, "C" became more directive and suggested that Joan might have someone live-in with her for a while. Whilst "C" was encouraged by Joan's regular adherence to the counselling sessions, she felt that Joan may need some extra support at home.

Joan contacted her sister Kerrie, who was available to stay with her for a month. Kerrie proved to be good support for Joan and provided her with gentle, yet insistent encouragement to face the everyday challenges.

Over several weeks of counselling, Joan had moved further into stages of despair and guilt. She described her life as being swallowed by a black hole and felt that she would never get over her daughter's death. She felt that every day dragged by with no release from the pain. She had difficulty getting out of her bed in the morning and was constantly tired from lack of solid sleep.

"C" continued to employ PCT to allow Joan to explore and express her feelings and thoughts about her daughter's death. Joan focussed heavily on her pain and seemed to stay with these feelings for a long time. "C" observed that Joan's thoughts did not seem to be focused; she quickly moved from one topic to the next. "C" used summarising skills to help Joan highlight the key recurring issues from her thoughts.

"C" continued to trust that Joan would move through her feelings of grief in her own time. "C" did however experience some frustration with Joan's continual despair. "C" sought the counsel of a colleague, who advised her to maintain her faith in Joan's ability to grow and heal and reminded "C" of how the resolution of grief can often be a long-term process. The colleague also suggested some role-play techniques that "C" could use to work on Joan's experience of her feelings.

(Guilt) Guilty feelings about her inability to prevent her daughter's death were also of concern for Joan. "C" avoided telling Joan that she was not responsible for Kirsten's car accident, and encouraged Joan to explore her guilt. In many instances grieving people feel guilt in relation to their loss. Often they will be told that they are not at fault, by well meaning people. The concern for counsellors is that grieving people are feeling guilty and will benefit more from expressing their guilt. Dismissing guilty feelings won't stop the grieving person from feeling blame and may lead to the increase of these feelings.

"C" realised that Joan's guilt was a means of expressing how fervently she wished to have her daughter with her still. "C" invited Joan to express her sorrow and guilt to Kirsten in a role play activity. Afterwards, "C" encouraged Joan to debrief and talk about the effect of the activity. Joan was able to acknowledge the depth of her love and concern for Kirsten. "C" supported Joan by offering encouraging feedback. "C" was particularly taken with the extent of love and devotion that Joan displayed towards her daughter.

Joan left the session a little lighter for the experience. She said that she had been able to release some of her guilt and that she felt her despair ease a little. After two months of counselling, both Joan and "C" recognised this as a small breakthrough of acceptance.

Middle Stages

Joan's grief and despair continued into the middle phase of the counselling sessions. Her emotions came in waves, rather than the constant fog of despair that had characterised her earlier sessions. "C" was continuing to utilise PCT with Joan to explore her issues. Joan expressed a readiness to establish goals during this stage. "C" implemented some CBT techniques for this purpose.

(Feelings of Panic) Kerrie had been encouraging Joan to take on small, everyday tasks such as walking to the shops, or posting the mail, in order to get out of the house for a while. Joan said she had done these tasks reluctantly as she was concerned about trying to "put on a brave face" in public. Joan related a particular incident where she was at the local shop. She explained that when picking items from the shelves, she had selected her daughter's favourite brand of biscuits. Feelings of panic had come over her as she realised that she no longer needed to buy the item, but she couldn't bring herself to return the item to the shelf. In this state, she left all her purchases in the shop and walked straight home.

This incident had increased Joan's anxiety about her ability to cope and accept her daughter's death. In the session, "C" validated Joan's experiences as being normal and a legitimate part of her grieving. As a part of the CBT process, "C" clarified and identified the causes and effects of Joan's feelings of panic. These were as follows:

Causes:

- A realisation that her daughter was absent in her everyday life
- A rejection of awareness that her daughter was absent in her everyday life
- Conflicting emotions about acceptance of daughter's absence

Effects:

- Causing anxiety
- Causing a belief that she will never be able to accept her daughter's loss
- Causing a fear of losing control in public places

"C" and Joan discussed the nature of the anxious feelings, and Joan's associated beliefs and fears. Together they devised a number of goals, including (1) the development of new beliefs, (2) relaxation and (3) taking it one step at a time - otherwise referred to as a graded-task assignment.

Joan's new beliefs included:

- It is normal to want my daughter back
- I am normal to grieve for and miss my daughter
- It doesn't matter if I cry in public
- Time will help me to heal

She kept notes in a personal journal about when she used these new beliefs. The journal writing was also a process that allowed her to identify other problematic beliefs and thoughts. Once identified, she developed more appropriate and accepting beliefs.

In preparation of taking it one step at a time, Joan and "C" devised some relaxation techniques for Joan to use when she felt a sudden onset of panicky or anxious emotions. Joan had used imagery before and found that an effective method of relaxation. Joan was to imagine a warm, white light surrounding her whenever she felt even slightly anxious.

They also devised some imagery to help Joan continue to experience the overwhelming nature of her grief. Joan often referred to her feelings as a fog, and so "C" encouraged her to imagine sitting in a fog, which was black, thick and impenetrable. Little by little, she suggested that Joan should try to make the fog thin out with her mind. (It is important to note that this imagery was to be used at times when Joan felt bogged down in despair, but not during her anxious moments).

Joan was to record her practice of her relaxing imagery (white light) and to note her responses to the technique. She also recorded the times she used her despairing imagery (black fog) and the extent to which she was able to thin the fog with her mind. The purpose of the exercise was to increase her relaxation and to give her an image of her despair and a means to control it as time went on.

The 'one step at a time' goal consisted of Joan taking small steps towards running errands and taking on more of her everyday responsibilities. Her tasks involved the following:

- Plan meals for week
- Write a grocery list
- Go shopping with Kerrie.

Using her relaxation imagery, Joan completed the following graded tasks:

- Imagine walking around the shops
- Drive with Kerrie to the shop and stay in the car
- Walk with Kerrie to the shop door
- Walk with Kerrie around the shop for 10 minutes approximately
- Start to purchase a small number of items
- Complete an entire grocery shopping task

Each week, Joan completed a harder task. It took her only 4 weeks to complete a full shopping trip, although she experienced several occasions of feeling overwhelmed. Each time this occurred she gripped the shopping trolley and imagined the white light. Kerrie encouraged her to breathe deeply and relax. A couple of times, they left the shop (abandoned the trolley) when Joan felt she could not cope. They came back the following day to complete the shopping.

The important thing for Joan was to accept the times when she could not cope. Kerrie proved to be a supportive role model for Joan, helping her to accept her reduced ability to cope by offering encouraging comments and faith that Joan would heal.

Joan applied the graded-task technique to other areas of her life. "C" observed Joan's increasing attention to self-care and other routines of everyday living.

Final Stages

(Acceptance) Joan's increasing acceptance of the loss of Kirsten became more obvious with the passing of time. By dealing thoroughly with her despair and grief, she naturally moved on with her life and mourned less and less. After six months, the rewards for both "C" and Joan were evident in her long term improvement and growth.

Joan's ability to develop goals for herself was greatly improved, as was her motivation. Joan was living independently again and without Kerrie around, she took on more responsibility and began to make plans for her life without Kirsten. Joan's plans included a number of support mechanisms, as well as long-term goals for herself.

Joan had taken to visiting her daughter's grave on a monthly basis. During her intense despair, she had been unwilling to venture to the cemetery. Due to her increasing acceptance, she was more inclined to visit and found the visits to be a sad, yet calming experience. The visits allowed her the opportunity to tell Kirsten the things she had left unsaid, and to update her daughter about her life, as she would have when Kirsten was alive. Joan found the visits kept Kirsten's spirit and memory alive within her.

In these stages, "C" continued using PCT, and incorporated SFT to assist Joan to define her goals. "C" complemented Joan on her inventive ways of honoring her daughter's memory. "C" was encouraged to see that Joan was actively seeking personal ways to express her grief.

Together, they worked to build Joan's miracle picture. Joan expressed an interest to honor Kirsten's life, by writing a book. Joan wanted to combine her own and Kirsten's journals to recount the significance of her life and death. The process would also be a means to resolve her grief and offer a parting gift to her daughter.

Joan's miracle picture included redefining her life goals to determine what was important for her. Kirsten's death, whilst painful, had also brought growth and changes with it, and Joan was increasingly inclined to shed parts of her life that no longer held meaning for her. She threw out material things such as old furniture, files and boxes of junk and mentally discarded the maintenance of acquaintances that she no longer felt obliged to remain in contact with.

She renewed her bonds with close friends and family. Kirsten's death allowed her family to grow closer to one another. Joan was buoyed by the love and support of these few, special people during her long months of despair.

Joan accepted that she would never completely 'get over' Kirsten's death and that that was okay. Counselling assisted her to realise that her daughter would remain a part of her forever. She made a pledge to herself that she would continue to learn ways to live with Kirsten's absence. Her journal writings and the possibility of publishing a book for Kirsten, would provide her with some therapeutic means of coping and expressing her grief. Joan would also draw from the support of her family and friends in times of need, particularly around the times of Kirsten's birthday and the anniversary of her death.

End of Session

The case study has illustrated some of the stages that clients may experience due to the loss of a loved one. It has also attempted to demonstrate the way in which PCT lent itself to the complex and individual experience of Joan. The key issue from the PCT perspective was "C's" respect for Joan to grieve and grow to acceptance in her own way and time.

CBT was applied to changing Joan's negative thoughts about her ability to cope with her daughter's loss and the fear of losing control of her emotions in public places. The imagery was a technique that Joan had prior experience with and was therefore ideal for her. Another client, may prefer other relaxation methods. It is important to identify strategies that the client is comfortable with.

Graded task assignments, journal writing, role plays, homework and other practical strategies such as developing support networks are also invaluable CBT techniques. Timing is important when introducing strategies, and the client should not be pushed into solutions before they are ready to accept them. Wherever possible, the counsellor should consult with the client about their ideas for, and their suitability to, particular techniques.

Once the client is ready to focus on solutions to their problems, SFT can be an invaluable tool for identifying the client's goals through development of the miracle picture. The use of SFT has been briefly presented in the case of Joan, to illustrate its effectiveness in drawing out the plans and goals that Joan aspired to.



A Case of Acceptance and Letting Go

Author: Kaye Laemmler

Elizabeth came to counselling because she was experiencing intense anger, and was not coping with her life. She complained of failed relationships with her ex-husband, and with another man whom she left her husband to be with.

Elizabeth cannot move on from the anger she feels about her failed relationships and she is feeling isolated from her family and friends. This had an effect on her ability to cope with her work. As a consequence, Elizabeth has sold her successful business.

The Professional Counsellor saw Elizabeth for 5 months and used an eclectic approach with her, including techniques from Cognitive-Behaviour therapy and Solution Focussed therapy.

For ease of writing the Professional Counsellor is abbreviated to "C".

Background Information

Elizabeth is a mother of two; she has a son aged 18 and a daughter aged 15. She shares custody of the children with her ex-husband, Jodi, whom the children spend a lot of time with. Jodi lives with another woman and they are engaged to be married. The children have a close relationship with their father and get along well with his new partner.

Despite the separation, Elizabeth's ex-husband is still very much a part of her life through his relationship with the children. He has retained good relationships with her family and their mutual friends, who are very sympathetic towards him, due to the fact that Elizabeth ended the relationship to be with another man. Elizabeth was resentful of this sympathy and of the strong relationship that the children had with their father.

Elizabeth described her ex-husband as manipulative and verbally abusive. She felt that he was not supportive of the needs or her career. She finally ended this difficult relationship by leaving Jodi to be with someone who was more supportive of her at the time.

For the first two sessions, C worked with Elizabeth to reveal more of her feelings and story. At times, it was difficult for C to clarify the many emotions and complexities that Elizabeth revealed and C became aware that Elizabeth was veiling some information. Elizabeth spent a lot of time trying to convince C that she was a nice person. It was important for C to understand this message and to accept Elizabeth unconditionally.

C understood that her client had many self-esteem issues in relation to her career, family, friends and relationships. She had experienced significant verbal abuse from her ex-husband and which also contributed to her low sense of self-worth. C was able to convey empathy and concern to Elizabeth and her total acceptance of Elizabeth the person. C developed Elizabeth's trust in the counselling relationship by explaining that counselling is not about moralising or laying blame, but rather it is about empowering clients to cope with, move on, and grow through their situations.

C was able to develop a significant amount of rapport and trust in the relationship, which allowed Elizabeth the safety of disclosing her painful experiences.

Areas of Concern

There were five main areas of concern for Elizabeth. These were a lack of support from her family and friends; her inability to accept her experience of unpleasant ('not nice') emotions; her anger concerning her children and their relationship with her ex-husband; her loss of life-style, business and respectability; and her inability to let go of her past relationship.

For the purposes of this case study, a description of C's work with two of these issues will be presented. These issues are firstly her inability to accept her experience of unpleasant emotions and her belief that "nice people do not have hate or jealousy", and secondly, her inability to let go of her past relationship.

Once good rapport was established and Elizabeth's self-esteem lifted C turned to address her client's issues relating to negative emotions and letting go. These two issues had continually interfered with Elizabeth's progress and were brought up at every session. Elizabeth could see no solution or resolution of these issues.

At this stage, C had worked with Elizabeth for three weeks for two sessions a week. She had been closely observing Elizabeth's continual return to these topics.

Elizabeth could not admit that she hated her husband or that she was jealous of him with the kids. She did not accept that she was resentful of him finding another woman, and becoming engaged. The fact that the children were comfortable with her ex-husband's new partner and enjoyed being in their home made her very angry. She continued to beat herself up over leaving her husband for another man - she believed what her family and friends also thought, that she had behaved immorally.

C realised that until Elizabeth admitted how she felt, and looked honestly at her own thoughts and actions, that she would not be able to let go. Elizabeth wanted very much to be a nice person, but a nice person does not leave their husband for another man, they do not hate, they do not fight with their kids and they never have jealous thoughts. She needed to reconcile the difference between her ideal and real self.

Visual Technique

To help Elizabeth begin to express her emotions, C used a visual technique. C asked Elizabeth to draw a picture of herself in her home with her ex-husband and family.

She drew a picture of a kitchen. It had a breakfast bar that was very ornate. The picture showed her behind the breakfast bar with a big smile on her face, her hand was holding up a glass of champagne. Behind her was a well-defined fridge. The rest of the kitchen was quite loose comprising mostly of box shaped kitchen appliances. In the front of the picture are her family and some friends.

C began asking questions about what this situation represented.

Extract, Counsellor and Client

Counsellor: "I noticed that the breakfast bar is very ornate."

Elizabeth: "Yes, I designed that."

Counsellor: "You are proud of that...yes?"

Elizabeth: "It was something that I could claim that he could not take from me, everyone knew I designed it. It belonged to me."

Counsellor: "It is a very big smile"

Elizabeth: "It is not a real smile, it is my company smile"

Counsellor: "Why pretend?"

Elizabeth: "It was expected, I had to perform like a monkey for my ex-husband, he needed the social contact but did not have the skills. I took up the slack but he never gave me the credit."

Counsellor: "That made you angry."

Elizabeth: "Yes"

Counsellor: "How did you feel about him at these times?"

Elizabeth: "I was angry"

Counsellor: "Just angry?"

Elizabeth: "No, I was more than angry, I do not know what I was."

Counsellor: "Was this the behaviour in the home that encouraged you to seek understanding outside the home?"

Elizabeth: "Yes, I could never talk to Jodi, he was always so self-centred, he never once took an interest in my business, and I won awards and every thing."

Counsellor: "You sound exasperated. Was living with him that bad?"

Elizabeth: "Living with Jodi was hell, I hated going home, I hated pretending, I hated sleeping with him."

Counsellor: "What about Jodi, how did you feel about him?"

Elizabeth: "I know you want me to say I hate him but that would mean I am not a nice person, it is bad enough that I left him for another man, nobody is on my side, they do not know what I lived,...yes ...yes ...I know I never told them...they would not believe me...it would be a betrayal... {crying}...okay!! Yes!!

I hated him, I hate him, and I cannot believe that he has moved on, found another woman, my children go there with no thought to me or how I feel, he still has the power...I feel he is still there, I can't escape him. I HATE HIM! YES! I am jealous, how dare he move on. She will find out and be sorry."

C let Elizabeth vent all her anger, expressing the emotion that had been bottled up for a very long time. This was a breakthrough for her, and with the release of those feelings, Elizabeth began to work them out of her system.

Using the picture, Elizabeth had explained what was happening, and her performances to please Jodi. C noticed the distance between Elizabeth and the rest of the people in the picture. When C asked about this, Elizabeth said "they didn't see me, I felt isolated."

C used Solution-Focused therapy and asked Elizabeth what the picture would look like if she had a magic wand and could change any of it. Elizabeth replied that she would be on the other side with the people in the picture. Jodi would not be in the picture, and she would be independent and have a loving man at her side.

Elizabeth's admittance of jealousy opened another door for self-acceptance and she was able to talk openly about this feeling. Elizabeth accepted that she was jealous because Jodi had found someone else and it burned inside her. The kids liked his new partner and Jodi did not seem to suffer in any way because of the break-up.

Jodi still had all their friends and family on his side. He still had control of her life through her children. She had not found anyone else. Elizabeth was feeling guilty that she felt so resentful and jealous. These feelings were contrary to the "nice" image she wanted to portray.

Together, C and Elizabeth worked to separate Jodi's behaviour, from Jodi the person. Elizabeth came to realise that it was his behaviour she hated - his controlling tactics most especially. And although she did not like him any more as a person, she found that she did not hate him.

With further work on her acceptance of her situation, Elizabeth came to understand that her negative emotions were common to all people, even nice ones. This revelation was quite a breakthrough for her.

Using the visual technique of drawing a situation gave Elizabeth the opportunity of exploring her feelings through the picture. Thus the feelings became a tangible item to work with. C referred to the picture constantly to draw out emotions. This was a less taxing and less obtrusive method, which gave Elizabeth something solid to focus on, rather than just hear her words in the air.

To finalise the activity, C asked Elizabeth to draw a positive picture of herself in a new kitchen. The drawing was different. This time she depicted many people, there was no distance and the smile, she assured C, was real.

Parallelling

Despite the progress that Elizabeth was making and her growing acceptance of her feelings, she was reluctant to let go of the feelings and move on with her life. C used a number of strategies and tactics to encourage Elizabeth to let it go, but without success.

C was becoming frustrated with this situation and was considering approaching her supervisor for some further input and advice. Before she did that, she tried a parallelling strategy.

C recalled some of Elizabeth's experience as a successful businesswoman where she dealt with a range of clients including suppliers and the general public. Elizabeth had been faced with a range of frustrating experiences in her business and had coped with these problems and disappointments. C decided to ask Elizabeth questions about her business, how she began it, what she needed to do to run it, what it meant to her, how important it was for her to remain professional and focused, what was the most uplifting part of her business.

When answering these inquires, Elizabeth became very animated and exited - and talked like a person who was in total control of her environment. C used this strength to parallel as such:

Extract, Counsellor and Client

Counsellor: "So working with suppliers, they often let you down?"

Elizabeth: "Yes they often let me down."

Counsellor: "Does that make you angry?"

Elizabeth: "Well yes, it is very frustrating."

Counsellor: "Did you stop using them?"

Elizabeth: "No, that would be silly, and very unprofessional, I get over it, and move on. I need them and I know that it is not a deliberate act to hurt me. Most of the suppliers have problems of their own."

Counsellor: "Were there many who let you down a lot?"

Elizabeth: "Yes, one or two"

Counsellor: "How did you cope with that?"

Elizabeth: "I let it go, I need to. I could not maintain my business if I held grudges."

C asked many similar questions alluding to letting go of anger and frustration in her business world, the message was always a resounding yes. Elizabeth had formulated strategies that she used to cope with the disappointment.

C pursued the same line of questioning with Elizabeth's experience of handling problems with the general public. Elizabeth gave almost the same answers. It took about another three questions before the penny dropped and Elizabeth realised that C was paralleling. She began to laugh, really laugh. It was a wonderful sound for C to hear.

It was a big breakthrough for both Elizabeth and C. They spoke about applying her professional techniques for letting go to her personal life. Elizabeth agreed that the skills could work in both her personal and professional life.

Conclusion

In summary, C used a visual strategy, which gave Elizabeth an opportunity to express a feeling and to make that feeling a concrete thing to refer to and address. It helped her to accept those emotions that for her were not always acceptable.

The second tool - paralleling - enabled C to highlight Elizabeth's strengths and to show her that she already had the tools to resolve her problems. She had used these tools effectively in many aspects of her business life. The paralleling gave her an opportunity to see that she could transfer these skills into another area of her life.

Elizabeth progressed in leaps after this breakthrough, attending sessions every second week for a month then once a month for two more months. She has moved on and is enjoying a better quality of life.

Section Five

Stress Issues in Counselling



A Case of Stressful Life Change

Author: Jane Barry

A précis of the sessions is as follows. For ease of writing the Professional Counsellor is abbreviated to "C".

In the first session, "C" asked some open questions to prompt Mary to start discussing her dilemmas. Mary was able to convey the events leading up to her problems clearly, although was reduced to tears when discussing her seemingly overwhelming feelings of being alone and unable to cope with her circumstances. "C" allowed Mary the time to cry and acknowledged her need to release her feelings. When she was calmer, "C" continued with gathering some of the background information.

Essential Case Information

Mary has been married for 13 years and has two daughters aged 9 (Christine) and 13 (Jennifer). About 9 months ago, Jennifer suffered a brain injury after a sporting accident. Since then, Mary and her husband have had to teach Jennifer to eat, walk and talk again. They have attended numerous doctors, and specialists' appointments in regards to the treatment and rehabilitation of their daughter.

Jennifer is now able to talk again, however her speech is slurred and her vocabulary is still developing. She has difficulty walking unsupported and Mary helps her to shower, dress, eat, go up and down stairs, get out of bed, etc. Mary has quit her part-time work to stay home and look after Jennifer. Mary misses the opportunity to work and have contact with her friends there. Phillip has cut his work hours to part-time in order to help support their two daughters.

Mary states that she hardly recognises the girl that Jennifer used to be before the accident, the new Jennifer is more demanding, throws screaming tantrums, and seems to resist Mary's every effort to help her. Mary grieves that she can no longer have the daughter she once had and she feels overwhelmed to think that Jennifer will remain this way for the rest of her life.

Lately, Jennifer seems to favour Phillip's efforts more than Mary's. She said that Phillip seems more able to convince Jennifer to shower and dress, whereas Jennifer has been refusing to dress or shower for Mary. Jennifer would have a screaming tantrum, whilst Mary directed her towards the shower. She has started to resent her husband's apparent ability to control Jennifer and is very critical of her own ability as a mother.

Phillip had started to give Mary advice about how to handle Jennifer, to which Mary responded angrily. She thought that he should be supportive of her efforts, not give her directions, and this further reinforced her beliefs about being an inadequate mother. Mary feels that her husband is withdrawing from her, focussing more of his attention on his two daughters and his work.

Mary has had little time for her friends and other family. She has been dismayed to find that many of her friends and relatives have distanced themselves from her family. She hasn't talked to her closest friends, feeling that she doesn't want to burden them with her troubles.

Mary has not been sleeping well, as she lies awake wondering whether her life will be this difficult forever. She can't see an end to the predicament and she is tired of feeling stressed, and having such conflict with her family.

Session Details

"C" let Mary discuss her issues fairly openly for the first session. "C" used active listening skills to let Mary know that her feelings and experiences were important. Mary had been experiencing insomnia and mood swings for the last 4 months and due to this, "C" believed that she was suffering from chronic stress. Mary described that initially she had coped well with the tragedy, as her attention was focused on the rehabilitation of Jennifer.

At the end of the session, "C" commented that Mary was showing signs of chronic stress and explained some of the symptoms to her. "C" validated Mary's feelings of being unsupported, unable to cope and her grief as being normal responses to the tragedy of her daughter's accident.

Mary indicated that she was feeling a little lighter, after talking about her issues with someone. Mary and "C" discussed some things that Mary could do before the next session to reduce some of her stressful feelings. "C" suggested some relaxation strategies for Mary to use, such as deep breathing and listening to meditation tapes. "C" also gave Mary some examples of positive affirmations she might use to calm her thoughts, for example: by clearing her mind and saying, "I am relaxed" when she breathes out.

Mary decided to visit her G.P. to ask about medication (and alternatives) that may help her to sleep a little better, as a short term solution. Mary also decided to organise some time to talk to a close friend about her predicament, as a means to re-establishing a support network for herself apart from her direct family.

In the second session, Mary told "C" that she had talked for a long time with her friend. Her friend had been very supportive and helpful, and Mary wished she had contacted her friend sooner. Mary's friend had suggested a herbal sleeping remedy that Mary should try and also gave her some relaxation music to listen to before going to bed. Mary had been sleeping a little better since using the music and herbal remedy, so she decided not to see her G.P.

Since Mary seemed less stressed in this session, "C" conducted a Personality Need Type Profile for Mary. The test indicated that Mary was a type 'B'. "C" explained about the high social needs of 'B's' and Mary thought that this was true of her personality.

Mary said that her husband was pleased that she was seeing "C". She explained that they were still arguing about Jennifer, as Jennifer was refusing to shower this week for Mary. Phillip had said to not push Jennifer to shower when she didn't want to. Mary felt that Jennifer was just trying to be disobedient and upset her. Mary was visibly upset about the conflict with her daughter and husband.

"C" talked about some of the cause and effect relationships that were involved in Mary's predicament, such as:

Traumatic accident causing:

- Grief about the obvious changes in Jennifer
- Pressures on Mary's ability to cope
- Lack of contact with people, due to friends and family's inability to relate to what had happened to the family
- Confusion for Mary about how to deal with an incident she has no experience
- Change in lifestyle for Mary - having to quit her job and stay home as a full-time carer
- Lack of social contact

Jennifer's temper tantrums and refusal to be helped causing:

- Feelings of frustration to accept Mary's assistance
- Feelings of inadequacy as a mother

Criticism / Advice giving from husband causing:

- Feelings of inadequacy as a mother
- Anger about the perceived lack of support from husband
- Feeling alone in her attempts to cope with her situation

Feelings of inadequacy and inability to cope causing:

- Hopeless feelings about the future for herself and her daughter

Attitude that she is alone in her predicament causing:

- Her B type personality needs to not be met
- Stressful feelings

Separation from friends, social activities causing:

- Her B type personality needs to not be met

These are some of the main cause and effect relationships that "C" outlined for Mary in her situation. "C" then asked Mary what she wanted to focus on in the counselling process. Mary wanted to work on how she could cope better with Jennifer and re-establish the bond between herself and her husband.

"C" explained to Mary that "C" was not qualified to give advice about how to deal with Jennifer's behaviours given that she had an acquired brain injury (ABI). "C" explained that damage to certain parts of the brain can cause changes in behaviours, and Mary would require the advice of trained professionals (ie: cognitive psychologists) to suggest appropriate behaviour modification strategies.

"C" provided Mary with a number of health and community organisations who specialised in treating and providing information about ABI. "C" also suggested that Mary ask these organisations about support groups for parents with children with ABI. "C" explained that as a type 'B', Mary would probably enjoy being involved in such groups and it would enable her to have more social contact. Mary said she would definitely try to find a support group to join and was planning to ask Phillip to attend them with her.

In the meantime, "C" talked to Mary about possible causes for Jennifer's non-compliance. They discussed Jennifer's need to do things unaided and the effect of the disability on Jennifer. If Jennifer thought that she wanted to do things unaided and Mary thought that Jennifer needed assistance, then the conflict may be occurring over their differing attitudes. Mary and "C" discussed Mary's attitude of what a good mother is. "C" and Mary developed some mediating responses for Mary to use when her daughter did not want to be assisted.

Mary could say to herself "I am a good mother and I recognise my daughter's need to do things independently and when she wants" or "I love my daughter, I let her shower when she chooses". "C" and Mary also developed some visualisations such as: picturing herself remaining calm when Jennifer had a temper tantrum and dealing with Jennifer's issue when both were calmer.

"C" also suggested that Mary talk to Phillip about handling Jennifer if Mary did not feel able to remain calm in the situation. In this way, Mary and Phillip could work together in parenting their daughter and help ease Mary's fears of being unsupported by her husband.

"C" also mentioned that Mary could try to praise and reinforce Jennifer's attempts to do things for herself.

In the third session, Mary reported that she and her husband had, had a long discussion about Jennifer. Mary talked to him about her changing her attitude about how she should be supporting Jennifer. She also told him about her feelings of inadequacy and that she feared that he also thought she was a terrible mother. She explained about her type 'B' needs for his company and attentions. Phillip told her he thought she had always been extremely supportive of Jennifer and reminded Mary of all the effort she had put into her daughter's rehabilitation.

He had noticed lately how angry and critical Mary had seemed, when he had attempted to help her with Jennifer. He thought she was trying to force Jennifer into patterns that Jennifer wasn't happy about. He also admitted that he didn't really know how to cope with Jennifer's behaviours all the time either. Mary reported that Phillip was unsure as to how to help her, and was concerned about her stress. He had withdrawn himself because he thought she did not want his opinions.

Mary stated how relieved she was to hear Phillip's support for her and she understood why he had distanced himself from her. She also understood how her anger and feelings of insecurity about her capabilities had affected Phillip's behaviour. Mary talked to "C" about the possibility of having counselling for herself and her husband, to which "C" agreed. Mary said that Phillip was interested in improving their communication with each other; however he wanted to meet "C" before he committed to any counselling. Mary commented that Phillip expressed interest in attending groups or courses to learn more about ABI. "C" reinforced to Mary that these strategies would also help to fulfil her type 'B' needs for social contact.

In summary, "C" asked Mary about her current stress levels and what strategies she was using to combat these. Mary said that sleeping was easier and she would continue to use her herbal remedy and relaxation music. She was starting to develop quite a collection of tapes! "C" also suggested some exercise to help combat the effects of the stress. Perhaps walking with her husband in the evening, as a means of taking the time to talk to each other. "C" also reminded Mary to keep in contact with her friends and to try and build up some social support for herself, in order to meet her personality need for social contact.

In future counselling sessions with Mary and Phillip, "C" suggested they may like to discuss their feelings of grief and loss about Jenny's accident and the issues that it brought into their life. They could do this in conjunction with improving their communication skills.

"C" also reinforced Mary's decision to join a group of parents who had similar experiences in raising a child with ABI. The group could provide her with support and understanding about the experiences she had. She may also learn new strategies to cope with her daughter's disability from those who were also in the same situation. "C" also reinforced that Mary and Phillip should seek assistance from a psychologist to help them develop strategies to manage their daughter's behaviour.

Mary felt that she now had some direction to follow and did not feel so hopeless about the future. She realised that she had been experiencing stress from the change in her daughter's life and her perceived inability to cope. Mary was still faced with the same struggles and problems in her life, though she realised that she could change her approach to these, in order to reduce the stress she suffered and to feel better about herself and her family.

A Case of Low Self Esteem

Author: Deirdre Stevenson

Kate is 21 years of age and has a very poor self image; in fact she hates the way she looks. As a result, Kate has such low self esteem that it prevents her from looking for work. Kate's mother is concerned about her daughter's feelings and subsequent unemployment and therefore has encouraged her to attend counselling.

A précis of the sessions is as follows. For ease of writing the Professional Counsellor is abbreviated to "C".

In the first session C focused on building rapport with Kate and encouraged her to talk about her feelings. As Kate is an extremely shy and softly spoken person, C asked open questions and then validated her as she responded. From this session C was able to elicit useful background information and begin to build some rapport with Kate.

Essential Case Information

Kate is 21 years of age and has struggled with her weight all her life. She remembers back in primary school how the kids used to call her "fatty" and would not want to play with her. The taunting continued throughout high school however it was more subtle. Kate found it difficult to make friends and often found herself excluded from social events.

Although Kate's mother is very supportive, the put downs continued at home. Kate's father would say things like "why don't you go on a diet" or "what are you eating that for it's only going to make you fatter". Her elder brother was embarrassed to be seen with her and to make things worse, he was quite athletic.

A few months back, things were starting to turn around for Kate. She began a relationship with a man (Mark), started exercising and lost about 10 kilograms. Slowly she started feeling better about herself, however the relationship didn't last and consequently Kate's self esteem is now at its lowest.

She blames herself for the break-up and believes that her boyfriend ended the relationship because she's fat. However, when questioned further about this Kate could not recall a time when Mark had ever criticised her appearance, in fact he seemed to be very supportive.

At the moment Kate has such low self esteem that she doesn't even want to try to find a job, she thinks "who is ever going to hire me". Kate also described how her friends have stopped calling her because they say she is constantly criticising them. Kate stays at home all day and every time she looks in the mirror she thinks how ugly she is. It is important to note that Kate is currently within the healthy weight range for her age and height.

It is obvious that the foundations for Kate's low self esteem were laid down early in life, however as an adult it is important for Kate to now recognise that she is in control of her self image and hence has the power to change it. Therefore at the beginning of the second session C discussed the issues of personal control and how it would benefit Kate if she took responsibility for her self esteem regardless of the influence that others may have had. C established Kate's commitment to improve her self image and stressed that it was not constructive to "blame" others.

C then discussed with Kate the importance of setting her own standards and not listening to those people who tell her what she "ought" to do or look like. Kate's father was the most obvious culprit, however C stressed that social standards also have a big influence on young people, especially women today. The ideal woman is portrayed in magazines and on television to be extremely thin and therefore the average person who compares themselves to these models is going to feel overweight. Kate revealed that she does read a lot of popular magazines in her spare time and often feels saddened afterwards; she agreed to stop this for a while.

Finally, C asked Kate exactly what aspects of herself she would like to change in order to enhance her self esteem. Kate's response was to lose weight, get more confidence so she could find a job and hang out with her friends more.

In the next session C began to introduce the principles of Cognitive Behavioural Therapy in order to modify Kate's negative thinking. C explained how constantly telling herself that she was ugly and overweight was only reinforcing her negative body image and low self esteem. Therefore, Kate needed to recognise and combat inappropriate negative thinking in order to enhance her self image.

C therefore suggested Kate use a strategy called Thought Stopping and explained to her how it works. C explained that, as an example, when Kate looks in the mirror and thinks how ugly and overweight she is she needs to identify this as a negative thought and get herself to stop. C described how even saying STOP out loud will help her become more aware of negative thinking.

C then explained to Kate how the use of positive affirmations would help her replace negative thoughts. For example, whenever a negative thought about her appearance did pop into her mind, Kate needed to replace it with affirmations such as "I'm a fit and healthy person" and/or " I'm honest and friendly". C explained further that it would help to get the focus off her physical appearance and affirm her personal qualities. Kate agreed with C that she would try and implement these techniques.

At the beginning of the next session Kate told C how she had tried to stop her negative thoughts, but was concerned about how frequent and automatic they were. C assured Kate that it is normal for someone beginning to use Thought Stopping to be amazed by the extent of their negative thoughts. C also assured Kate that recognising the extent of her negative thinking may help her realise the importance of the thought stopping exercise. C assured Kate that she had made some progress, however she should keep persevering as it will take some time.

As Kate had a lot of time on her hands to think, C thought it appropriate to recommend some sort of activity to keep her busy and her mind more occupied. Until now C hadn't administered the PNTP as she felt that while Kate's self esteem was so low that she may perceive the profile as a test and therefore something to "fail at". C now felt that Kate had already begun to improve her self esteem and the profile would be of use to help with activity choice. C therefore administered the Personality Need Type Profile and the results indicated that Kate was a Personality Type B with a score of 2.10.

Kate was not surprised at the results as she longed for greater social involvement, however as she was hardly ever invited out she had not had the opportunity to develop appropriate social skills. This led to a discussion about the effects of not meeting needs and how it might contribute to her lack of confidence and low self esteem. C discussed with Kate a range of issues including how having a boyfriend provided greater opportunity for socialising, and that since the break up she has also had little interaction with her friends

The discussion then moved to how Kate could actually gain more need gratification. C suggested to Kate that finding employment and going to work would meet a lot of her social needs, however in the mean time she could get involved in some type of team sport. Kate stated that she wouldn't mind playing netball again and agreed that this would provide an opportunity to socialise, meet new people and also increase her fitness. Kate was excited about the idea and was going to ask her mum to help her find a netball club.

Next, C talked to Kate about her estranged friends and asked if there was truth to their claims that she was critical of them. Kate admitted that she had been negative towards them and after a big argument they told her that they didn't want anything to do with her until she stops being so critical. C explained how it's common for people with low self esteem to cut others down through constant fault finding and criticism, however the rejection Kate experienced as a result has only served to lower her self esteem even further.

C explored the possibility of Kate talking with her friends and explaining how important their friendship is to her and that she is trying to be more positive.

In the following sessions Kate gradually became more confident as she continued to use positive self talk; as a result her attitude also became more positive. Kate also gained the acceptance of her friends again as they noticed this change. Kate started to go out more frequently and there was a noticeable change in her level of self esteem. Consequently it was time to address the issue of her unemployment. Cause and effect relationships are difficult to establish with cases of poor self esteem as it is such a vicious cycle. Nevertheless, it will be easier for Kate to eliminate negative thoughts such as "Who is ever going to hire me" if she begins to focus on developing some new skills. In time she will begin to believe that she does have something to offer an employer.

C approached this issue by explaining to Kate that everyone has their own personal shortcomings and some we are powerless to change, like our body type and physical features. However, working on those things which are changeable, like skills and abilities are extremely rewarding and may give a huge boost to one's self esteem. Kate explained how she has always wanted to be a legal secretary and would love to do a secretarial course. It was decided that Kate would research the availability of courses and immediately begin teaching herself to type.

By the next session Kate was really excited as she had enrolled in a course and was due to start the following term. She explained to C how she has been quite busy and was starting to feel a lot better about herself again. When C was truly confident that Kate had accepted herself for who she was and was no longer dwelling on those things she could not change but channelling her energy it into proactive thoughts and behaviours, there was no further need for counselling. Kate may still have a long road to travel in continuing to enhance her self esteem however now she has more skills to help her on her way.



A Case of Mid-Life Difficulties

Author: Deirdre Stevenson

Fritz is 42 years of age and has been in Australia for the past 25 years. He migrated from Germany with his immediate family, comprising of his mother, father and two sisters. At the age of 17 Fritz was filled with great dreams and aspirations for his new life in a new country and until recently had been quite happy with the life he had carved out for himself. Fritz has sought counselling largely due to the persistence of his wife. Fritz does not really understand why his wife is so upset with him but states that she thinks he is going through a "mid life crisis".

A précis of the sessions is as follows. For ease of writing the Professional Counsellor is abbreviated to "C"

In the first session "C" focused on establishing a clear understanding of the presenting concerns before moving any further with the client. Fritz was having difficulty explaining the details of the present situation and why his wife seemed so concerned about him. Basically he didn't see much of a problem and simply wanted to try something new because he was feeling bored and restless. "It's not like I'm having an affair" he asserts.

From this first session "C" was able to elicit useful background information and began to build much needed trust and rapport with Fritz as he was quite skeptical towards the benefits of counselling.

Essential Case Information

Fritz is a Personality Need Type A with moderate to strong needs for self recognition. He has been married for 19 years and until recently has had a reasonably happy relationship with his wife Anna. "Of course we have had the usual ups and downs like most couples", Fritz explains, "but overall things have been all right". Fritz finds it hard to describe what the discord is about and simply states that "Anna believes I am neglecting my family responsibilities and says that I appear distant and uninterested in her and the boys".

Fritz has two boys, Ric (13) and Hans (15). Fritz describes them as generally good boys who are developing their own interests and he feels that they don't need him as much any-more. He believes that they would prefer to hang out with their friends rather than their "old" dad anyway. Hans the oldest son has been getting himself into a bit of mischief lately, not attending school some days, causing disruption when he does attend and he has also been caught shop-lifting on a few occasions. Fritz dismisses this behaviour as "kids stuff" and thinks that his wife is over reacting. He simply states that "Hans will grow out of it".

When "C" encourages Fritz to discuss the situation with Hans further, Fritz states that he has more important things to worry about. He goes on to explain that he is a Butcher by trade and runs his own delicatessen. Business has been slow lately and he is afraid that the large chain stores are finally going to ruin his business. Fritz has not discussed his financial concerns with his wife or the disappointment he feels at never being able to achieve his long term dream of expanding and establishing other shops in the surrounding areas. Rather he has decided to sell up and is thinking about moving away from the city.

Fritz continues to explain that when Anna found out that he had approached buyers for the shop she was furious and could not understand why he had not discussed it with her first, after all it was her inheritance money that enabled Fritz to purchase the shop in the first place and besides, he had always consulted her in the past on important decisions. "C" clarified with Fritz that this was indeed correct, that in the past both he and Anna discussed important decision and came to an agreement. Fritz replied "yes, that's right".

Over the past few weeks Fritz has been withdrawing more and more from the family hoping to avoid further conflict, he has busied himself finalising details with the sale of the shop (he is determined to go through with it despite his wife's resistance) and arranging alternative plans. He does not see that such avoidance behaviour is actually creating more conflict and simply asserts that "Anna will come round when she gets used to the idea". Anna has threatened Fritz with a divorce and states that she is not going to let him drag the boys out of school and away from friends and family.

Fritz has entertained the thought that perhaps life would be much simpler if he did go it alone, shake off all his responsibilities and simply do those things he has always wanted to. "It's not to late" he stated "I'm still young enough to enjoy myself". However, Fritz knows that he still loves his wife and a divorce would make him feel like an even bigger failure.

It is obvious to "C" the amount of stress that Fritz is under and the fact that he does not share his fears and anxieties with anyone only heightens the sensation. At the conclusion of the first session, "C" runs through some relaxation techniques with Fritz which he can implement immediately to help alleviate some of the symptoms of stress.

It is also apparent that Fritz needs to communicate with his wife and family; however "C" will endeavour to teach him some effective communication skills in the next session. The reason for this is so that when Fritz does begin to communicate with his wife it is constructive rather than destructive.

In the meantime however "C" encourages Fritz to spend more time with the family instead of distancing himself from them. It does not have to be anything too structured "C" explains, simply watching T.V. with the boys or throwing a ball around with them after school. Even asking Anna about her day will show his family that he is interested in them.

During the second session "C" focussed on teaching Fritz some effective communication techniques. "C" begins to help Fritz convey his thoughts and feeling without projecting ridicule or blame, to listen openly and not interrupt and most importantly "C" helps Fritz to begin to understand that it is OK to express his insecurities and concerns.

For Fritz these are new ideas, a change that he will have to get used to in time as it goes against his earlier learning. Fritz explained that he had not wanted to discuss the issues with his wife because he felt like such a failure. His father had taught him that a man does not show any sign of weakness or people will lose respect for you. "C" recognised that this attitude needed mediating as it was one of the underlying causes of Fritz's communication difficulties.

He was afraid to talk to his wife yet the apparent lack of communication was one of the causes of the marital difficulties. "C" spent sometime discussing with Fritz how communication can enhance a relationship and that by talking about ones fears, anxiety and failings can actually enhance intimacy. This new information helped Fritz to see that improved communication may actually help iron out some of their problems.

"C" helped Fritz to make up an affirmation he could repeat to himself when he began to fall back into his old way of thinking, that "talking was no use and that he was responsible for working out his own troubles". Instead he would say to himself "I am an effective communicator" and/or "I am comfortable sharing my thoughts and feelings with my wife and kids".

Fritz later reported that the affirmations have made it much easier for him to talk to Anna and the boys and he has also noticed the tension at home diminish. "C" offered encouragement and praise. Reinforcement is critically important to achieve lasting behaviour change and "C" frequently asked Fritz to discuss the improvement he has seen in the family relationships since he had adopted the new attitude. On one occasion Fritz remarked how much Anna like his new "openness" and had actually thanked him for making an effort to let her know what he was feeling rather than shutting her out.

In the following sessions "C" began to focus on another underlying cause of Fritz's mid life dilemma, his unfilled dreams. "C" began to explain that it is common for people around his age to look back over their lives and assess their successes and failures. To see if they have achieved the dreams once set for themselves early in life. For Fritz the possible loss of his business is a terrible blow and he still feels like a failure even though he has discussed some of this with his wife. He once dreamed of having a string of stores all named after him "Fritz's Delicatessen" and now he may lose the only one he has. He describes how people have been so proud of him, "For a migrant who started with nothing Fritz sure has done well for himself!" they'd say. "If I could start my own chain they would be even prouder" Fritz explains.

It is clear to "C" that the success of the deli has provided a great source of recognition for Fritz over the years with friends and customers delighted with the gourmet foods he provides and now the fulfilment of his personality need are being threatened. "C" is emphatic towards Fritz and the disappointment he feels, but asks him to consider those dreams that he has fulfilled, for someone who started out with nothing Fritz now has a loving family and a close network of friends and he has established himself financially. A half smile appears on Fritz's face as he begins to see the positives in his life that he has overlooked. "I guess I have taken all those things for granted and focused on the one problem". He is encouraged immensely from this discussion and is inspired to sort out his current business situation.

At the conclusion of this session "C" sets some homework for Fritz. "C" suggests that throughout the following week it would be extremely beneficial for him to make a list of all his achievements in life so far. The rationale for this is to keep Fritz thinking positively, so he can see for himself how much he has accomplished in life and that he is certainly not a failure.

In the next session Fritz states that he has discussed the business situation with his wife and they have agreed to go ahead with the sale of the shop in order to start up a new business venture. Fritz is quite excited about the prospect. After so many years in the same business he feels like he really does need a change. "C" asks about his original dream and Fritz admits that it was just that, a dream "I don't think I ever really expected it to happen" he explains and then continues "I understand now that having the deli is not the only way I can meet my needs as I have achieved much in my life and will continue to do so in other areas that will give me the recognition I desire".

Fritz now has a thorough understanding of his personality needs and in time has been able to review his dreams and expectations. In doing this Fritz has reduced the gap between his real and ideal self and has therefore also reduced the amount of stress and anxiety he has been experiencing.

As Fritz is now beginning to see this stage of his life more positively, he sees a new set of challenges before him rather than the problems "C" is confident that he no longer needs counselling and will be able to navigate the new course set before him successfully.

A Case of Using a Person-Centred and Cognitive-Behavioural Approach to Burnout

Author: Leanne Tamplin

Brett is a 36 year old man who works as an accountant for a small family business. The business is failing and Brett will probably have to begin the process of "winding it up" in the near future. His commitment to the business and his friends, the business owners, has intensified the level of stress he is feeling as a result of the business collapse. He has taken a week off work on sick leave and feels too "stressed" to return to work.

In this scenario, the professional counsellor uses a Person-Centred/CBT approach. For ease of writing, the Professional Counsellor is abbreviated to "C".

Background

Melinda, Brett's wife, contacted C because she was greatly concerned for her husband. She was worried that Brett was depressed as he was refusing to go to work. She stated that he had agreed to attend counselling if she organised an appointment, however he did not think it would help him.

Brett had worked as an accountant in small businesses for the last twelve years. About eight years ago he was working with another business that required him to close it down. He described that experience as extremely distressful. He felt that the process had involved a loss of loyalty from organisations associated with the business and that he saw this as a "personal attack" against him. He also felt he had been exposed to people who would do everything they could to get as much as possible from a "crumbling company".

Brett reported the following symptoms: decreased motivation particularly in relation to his work, unusual outbursts of anger, anxiety whenever he thinks about his work or attends his workplace, and difficulty sleeping. He stated that these symptoms commenced when he realised that the business he was working for might begin to fold and have increased to the point that he is finding it difficult to complete his usual tasks and "doesn't want to do anything".

Brett attended four appointments with C over a ten week period.

Session Details

In the first session, Brett reported that he felt he was "depressed" (using his own understanding of the term). He stated that the depression began as the retail business he was working for started deteriorating. He also described feeling depressed in the past on about 4 or 5 other occasions when he had experienced significantly negative events in his life.

One of these events was that while he was working for a printing firm six years ago, it began to fold and he was required to do the work to "wind it up". During that time he felt betrayed by people he had trusted and he felt "conned" and tricked by many "colleagues", and as a result, he had felt like a failure. He stated that he was now experiencing an extreme fear of having to go through the same experience again.

Brett described working at least a sixty hour week every week and that his whole life revolved around his work, in fact, he had not had a holiday for at least four years. He said that he measured his success in life by the quality and quantity of his work rather than by any other measure, including the income he earned. He talked about how his family of origin had in the past told him to work elsewhere, as he would earn a lot more money. Brett knew that they were right, but he preferred to be involved in the development of a small company, and money was not very important to him.

Brett reported that he felt "a bit silly" having such a big psychological reaction to something that he thought should not affect him at all. C identified his symptoms as a burnout-type of reaction and gave Brett some information, including the causes and symptoms of burnout, to take home and read. C identified the seriousness of the events that had lead to his level of stress and normalised Brett's reaction. Additionally, C reality-checked Brett's feeling of 'failure' and his high level of concern for not letting his friends, the business owners, down.

To manage the current level of stress that Brett was experiencing, C recommended he continue his temporary respite from work (Brett had stated that he would not be able to cope with returning to work) and that he implement some relaxation strategies. The strategies included:

- regular exercise (Brett had explained that he liked to walk regularly but had not done so for some time)
- doing things that he enjoys and things that he finds relaxing
- use of a relaxation tape each evening (provided by C)

Brett was very concerned about what he should do about his return to work. He said that he did not feel that he could go back.

C suggested that he try not to think about the decision concerning his return to work until our next appointment in two weeks, at which time we would work out what his strategy would be.

Instead, he should focus the next two weeks on relaxation and self-care. C encouraged Brett to keep any return to his workplace to very brief periods over the next two weeks, and to use his relaxation tape before and during that time if necessary.

In the following session, Brett reported that he felt "more relaxed", although he continued to feel unmotivated to return to work. He described walking regularly and avoiding worrying too much about work. He also said that he had gone into work for two brief periods during the two weeks and had experienced a high level of stress and frustration when he did, although he reported some comfort from the use of the relaxation tape.

This experience reinforced to him that he was unable to return to work in his previous capacity. C used a four step decision-making model to assist Brett to come to a decision about his work.

Step One: What is the problem?

- Brett is extremely stressed when he considers returning to work and does not think he can do it.
- He does not want to let his friends, the business owners down.
- He wants to fight through his anxiety (not be a coward) and return to work

Step Two: What are the options and what are the relevant issues associated with each one?

1. Resigning from his work - he would feel that he let the owners down and that he might 'run away' at the next sign of stress he experiences.
2. Remaining in the position as he was before his recent leave - he felt he could not cope in this scenario.
3. A balance between the two previous options: sharing the position's responsibilities with a colleague, delegating the tasks that he finds most stressful, and working from home as much as possible.

Step Three: What is the best option?

- The third option, to take back the work on a different basis.

Step Four: What do you need to do to implement the best option (include possible contingency plans)?

- To continue with leave from work for the next two weeks with only a minimal work involvement.
- To gradually increase his workload particularly on a work-from-home basis, and to continue to use relaxation strategies when needed to assist this process.
- Balance his life better, that is, focus on other things as indicative of success, including:
 - ✓ good relationships with wife and family
 - ✓ improved health
 - ✓ developing hobbies
 - ✓ taking enjoyable holidays

C suggested that Brett develop a written plan for managing and balancing all the aspects of his life (relaxation, enjoyment, hobbies, family relationships, and work) that would be reviewed at the next appointment.

In the third session, Brett explained that he had taken a holiday for a week with his wife and had returned "refreshed" and with new insights into his life. He also stated that his stress continued to reduce. He described a "new conviction" to balance his life more. C and Brett reviewed his gradual plan for return to work on a work-from-home basis and his delegation of tasks to other employees. Brett had also decided to undertake this plan for another month and then review it again to see if his decision had changed.

At that point, he felt he might be able to return to the workplace full-time, or he might decide to resign from his position and move to another area to start again. He said that he realised that when he has no clear direction and feels out of control, he gets much stressed. He described these things as the triggers for the stress he has felt in this situation and similar situations in the past. He therefore decided to ensure that he always has a sense of direction and control in the whole of his life by taking the focus away from work. C supported and encouraged his continued self-reflection and determination.

One month later, Brett attended a fourth and final appointment. Brett described the stress as almost completely gone. He was working half the time at home and the other half at the workplace, and the business owners were happy with his return. However, Brett had also decided to move to a more rural area in three months and continue to work in the position predominantly from home.

This move is based on his decision to balance his life more and he was excited about his family's plans. He had commenced playing a sport with friends one night a week and was walking regularly. He stated that he had realised it would take some time to change his measure of success/failure; however, he would continue to address it.

Key Therapeutic Concepts Applied

- Developing a positive therapeutic relationship using unconditional positive regard and empathy.
- The assumption that, given the right environment, the client will strive towards self-improvement and self-actualisation.
- Providing education on burnout and managing symptoms.
- Reducing the overwhelming nature of the problem by identifying it specifically. This made the problem something that could be addressed more readily.
- Normalising the client's reactions and behaviours.
- Implementing a problem-solving/decision-making model.
- Application of relaxation techniques.
- Reducing sources of stress by prioritising them and delegating them where possible.
- Gradual exposure to the stressor (return to work).
- Reality-checked cognitions (letting friends down, being a failure).
- Fostered insight into key issues and their possible causes.



A Case of Social Anxiety

Author: Leanne Chapman

Sasha is a 60 year old woman who has recently retired from a career in teaching. Working for many years in a secondary school environment, Sasha was confident, motivated and dedicated to her work, but at the same time looking forward to retirement so she and her husband could travel and spend more time with their adult children who lived nearby.

However upon finishing work, Sasha found herself experiencing severe anxiety, particularly when around other people, and began not wanting to leave the house or invite people into the house. She also experienced bouts of crying when attempting to complete tasks such as housework and using the sewing machine. Sasha found her symptoms eased when she and her husband went on camping trips in national parks where they often did not see other people for days.

While working with Sasha, the Professional Counsellor adopts strategies from Cognitive Behavioural Therapy and Gestalt frameworks in order to address any irrational thoughts and behaviours which may be maintaining Sasha's anxiety, and to complete any unfinished business which may have led to the development of her anxieties in the first place. For ease of writing, the Professional Counsellor is abbreviated to "C".

Background

Sasha was an unplanned baby, born after her older brother. Her parents did not want a second child but when they realised another was on the way, they hoped for another boy. As a child Sasha remembers always being in the background and her brother and father being the 'important' ones.

Sasha reported a vivid memory of coming home from school one day and finding no-one home. Sasha sat on the front porch and cried until her mother eventually came home and told her to stop being so silly. She described her mother as being more concerned with the state of the house than with her young daughter.

Sasha's father died when she was very young, and she remembers her mother not coping well for a long time. During this time she (but not her brother) was often sent to her grandparents' farm to give her mother a break. Here Sasha spent most days on her own. However she remembers these visits fondly, like 'a lull in the storm'.

When her mother died, she left everything to Sasha's brother, who was by then a well- paid solicitor with a young family. Sasha also had a young family but did not question her mother's decision as she had been conditioned from childhood to believe males were more important.

Issues identified:

Sasha's symptoms appeared to be those of social anxiety disorder. They included:

- An extreme fear of situations where she may have to meet new people or be scrutinized by others.
- Social situations were either experienced with intense anxiety or avoided altogether.
- When she did face these situations, she experienced physical symptoms such as sweating, shaking, tension, shaky voice, dry mouth and a pounding heart.

The main symptom of this disorder involves feeling extreme anxiety in the presence of others. Sufferers often believe other people are very confident in public and that they are the only ones who aren't. Almost everyone experiences some social anxiety now and then; however social anxiety disorder severely limits the lifestyle of the sufferer, causing them to avoid making friends or miss important opportunities at work.

Formulation:

In the first session, Sasha described her current physical symptoms and her feelings of hopelessness that she would never have the lifestyle she had dreamed of having in retirement. She was very tearful and her voice was quite high and shaky. She stuttered occasionally and her hands moved constantly, tearing the tissue she was holding to pieces.

She described trying to sew curtains and being overtaken by an uncontrollable fit of crying. She could not explain why this had made her so upset. She had also avoided inviting former work colleagues to her house for fear it would not be 'good enough'. Her main concern was her daughter's wedding, coming up in three months. She became more tearful talking about this, saying she did not know how the bride's mother was supposed to look or act.

C then took a history of Sasha's family background and noted that she had always been relegated to the background, leading to the core belief that she was unimportant. Sasha then described her work history which seemed to be in sharp contrast to her family experiences. C took some time to explore this with Sasha.

Sasha described being in the classroom as 'being in control'. She felt that she had a good rapport with students and was good at her job. She often took on more than she could handle at work but somehow managed to get through it and was praised by her colleagues when she did this. It appeared that the only time Sasha had ever felt important was in the workplace.

However while she got along with other staff, she had made no real friends and had never had any friends throughout her life. C asked her why this was. Sasha became tearful again and said that she just wanted to go and live somewhere she wouldn't have to see anyone except her husband and her children. She described her camping trips with her husband as being relaxed because she didn't have to talk to other people. She experienced particular anxiety when her husband's family visited as she felt pressure to be a perfect wife and housekeeper in their eyes.

Sasha mentioned that while she was working in the Education Department, she had been given a personality test to complete which had told her she was an extrovert. She was puzzled by this because she did not like people and clearly stated that it was not her goal in counselling to change this.

At this stage, C shared with Sasha her impression that Sasha appeared to have developed the belief that her authentic self was unacceptable and had created a false self to present to the world. This created intense anxiety because she was never quite sure who people wanted her to be from one situation to the next, requiring her to constantly scan her environment for clues as to how to feel and behave. Consequently it was easier to think about going away to a place where she would not have to see anyone, as she had done as a child at her grandparents' farm. Only when she was away from people was she able to relax and feel in control.

Also, because she had married an introverted man who indulged her need to avoid social situations, she had learned to suppress her extroverted nature still further. It was no surprise that retirement was causing her such distress, since the only time she had ever felt important and comfortable around people had been in the work environment.

Session content

Empty chair

C decided to explore the unexpressed extroverted side of Sasha's personality first. She asked Sasha what she did that was fun. Sasha could only list one item, the morning walk she took with her husband in the hills.

Even this caused her concern however, because she felt she should be walking faster and further than she was.

Using the Gestalt technique known as Empty Chair, C placed a chair opposite Sasha and asked her if she would speak to the extroverted side of herself. Sasha found it difficult to stay in the first person and avoided this by talking directly to C. C guided her attention back to the empty chair and suggested she ask this part of herself what it would do if it could take over for a day.

When Sasha had done this, C asked her to move to the empty chair and reply as her extroverted self. Once seated in the other chair, Sasha began to relax and freely spoke about wanting to go to Dreamworld and wanting to make a quilt. When she returned to her original seat, C asked Sasha how she felt about allowing this side of her to have some fun. Sasha appeared reluctant but agreed to ask her husband if he would go to Dreamworld with her.

In the following session, Sasha reported she had not only gone to Dreamworld, but that they had purchased season tickets. Throughout the course of the counselling sessions, Sasha and her husband began visiting the theme park for half a day every week. She also started several creative projects, including hand quilting and scrap booking. She found these activities extremely difficult at first, but utilising cognitive-behavioural strategies to challenge her core beliefs, she was able to continue to the point where she was able to enjoy herself for the first time in years.

Cognitive restructuring

Challenging and modifying a client's faulty thought processes is the basis of Cognitive Behavioural Therapy (CBT). After Sasha had outlined several situations that were causing her anxiety, C helped her identify her beliefs about these situations. Sasha was shown that it was her beliefs about these situations which led to her bad feelings, and was encouraged to find more realistic alternative beliefs. Some of these processes included:

Activating event (A) = sewing

Belief (B) = I can't do it well enough, I might as well give up

Consequence (C) = crying, giving up, bored and depressed

Dispute (D) = I'll do my best and focus on enjoying myself rather than focusing on the outcome

A = husband's family staying.

B = they'll see the state of my house and be horrified.

C = panic.

D = I've got better things to do than clean the house and if they don't like it, it doesn't mean I'm a bad wife.

A = attending daughter's wedding.

B = I'll let her down and embarrass the whole family by saying or doing something wrong.

C = panic.

D = people will be focusing on the bride, not me, so I'll focus on her too.

In this manner, Sasha was asked to practice disputing her thoughts for homework.

C then asked Sasha to use the Empty Chair technique to complete unfinished business with her mother, addressing her feelings about coming home to an empty house and then being told she was 'silly' for crying. Sasha had always believed her mother had treated her as insignificant because she had been such an inadequate child.

Playing both roles, Sasha was able to see that her mother had her own agenda which made it difficult for her to have time for her daughter. After Sasha told her mother via the Empty Chair technique how she had felt in this situation, she realised the beliefs she had developed about herself were not necessarily accurate or helpful and could therefore be challenged.

Again reverting to CBT techniques, C asked Sasha to look for disconfirming evidence for the belief that she was inadequate. She was able to find many examples of this, chiefly in her work and as a mother to her own children. Sasha was asked to continue noticing examples like this on a daily basis. She was also asked to be aware of herself in the present moment as much as possible, rather than focusing on the past or the future. This allowed her to enjoy what she was doing, rather than focusing on previous failures and criticisms, or future 'what ifs'.

Session Summary

Sasha's counselling sessions focused on a number of issues:

- Integrating repressed parts of herself that were 'unacceptable'
- Allowing her extroverted side to be expressed so she could take part in and enjoy pleasurable activities which lifted her depression
- Completing unfinished business with her mother
- Challenging her thoughts and behaviours
- The belief that she was unimportant and the need to compensate by being perfect
- Learning to be present in the here and now, allowing her to focus on the activity at hand and enjoy it, rather than worrying about the outcome
- Experimenting with relaxing her perfectionist standards, which showed her that nobody else even noticed.
- Her daughter's wedding - Sasha discovered that by distracting her thoughts about being around so many other people in such an important role at her daughter's wedding, and instead focusing on the needs of her daughter and guests, her anxiety was no longer present.

Sasha's experiments reinforced the fact that her thoughts were producing her anxiety, not other people. She realised that when she wasn't focused on herself, her anxiety was no longer there. When she couldn't distract her thoughts, she learned to modify them to something more realistic.

By challenging her irrational belief that if she wasn't perfect she was inadequate, she began to enjoy everyday activities and became much more relaxed. This was noticeable even in her voice, which lowered in tone, and in her generally more relaxed nonverbal behaviour.

As a result of implementing these strategies, Sasha found it a lot easier to be around other people. By learning to accept herself as she was, she no longer felt the need to guess what other people wanted from her, and began to feel comfortable presenting her authentic self to the world.



A Case of Management of Anxiety and Stress

Author: Leanne Chapman

Leah is a 24 year old woman who was recently discharged from the Army on medical grounds. During her four years in the Army, Leah experienced high levels of stress and anxiety which she coped with by drinking heavily. When she presented for counselling, Leah had been sober for 55 days and was seeking strategies to cope with her anxiety that didn't involve drinking.

While working with Leah, the Professional Counsellor adopts a case management model in order to assist her to build a network of supports within the community, enabling her to maintain her sobriety and prevent recurrence of the factors which contributed to her high levels of stress. For ease of writing, the Professional Counsellor is abbreviated to "C".

Background Information

Leah was an only child whose parents separated during her teen years. She felt isolated and was often bored at school. Her love of art was the only thing that gave her any enjoyment and she expressed this by covering the school buildings with graffiti after dark. Already in conflict with her mother due to her poor school performance, the involvement of the police after she was reported for vandalising public property further worsened their relationship. Her father had moved away and was no longer involved in Leah's life.

Leah left school intending to train as an ambulance medic. On being told she lacked the life experience required for this work, Leah joined the Army on a four year contract hoping to address this requirement. However the Army turned out to be a repeat of the constrictive structure within which she had struggled both at school and at home.

Being obligated to complete the full four years, she began to feel increasingly trapped and was often anxious and depressed. She was introduced to alcohol by her fellow recruits and began using this as a means of deadening her overwhelmingly negative feelings about the course her life was taking. After three years in the Army, Leah was discharged on medical grounds, having become dependent on alcohol and unable to control her intake.

Issues identified:

A case manager's initial function is to develop an understanding of the client and help build a resource network that the client can later access on her own. In this role, C performed an examination of Leah's environment, behaviour and immediate needs which identified the following issues:

- **Career indecision** - although still wanting to be an ambulance medic, Leah had lost confidence in her ability to achieve this or any other career goal.
- **Unsuitable accommodation** - Leah was sharing a flat with a young man who yelled at her if she smoked and often made unwelcome passes at her.
- **High levels of stress and anxiety** - Leah continually craved alcohol during her period of sobriety and began using valium to replace the role alcohol had played in deadening her feelings
- **Large amounts of unstructured time** - Leah had no other strategies in place to cope with her negative thoughts and feelings and, now she was no longer working, found herself with large amounts of time during which she had nothing else to do but think.
- **Lack of a personal support network** - Leah was estranged from both her parents, had no siblings, and felt unable to contact any of her former Army colleagues because she felt inadequate due to the manner in which she had been discharged.

Proposed Plan:

Following an identification of issues needing attention, the case manager then coordinates a plan to enable the client to access needed assistance within her community. In this role, C worked with Leah to outline a plan which involved the following strategies:

- Schedule pleasurable activities
- Obtain suitable accommodation
- Increase support networks
- Contact a supported job training network
- Access Centrelink benefits
- Undertake a drug and alcohol rehabilitation program
- Cognitive restructuring
- Medication monitoring
- Ongoing support.

This plan was designed to utilise Leah's strengths and was later outlined in clear measurable terms that allowed for periodic evaluation of her progress. This is particularly important when the client is becoming disillusioned as it illustrates to her that while she may not yet have reached her goals, she has made significant progress towards them. Leah's goals were developed with her input to encourage her to feel ownership of them, increasing her motivation.

Barriers:

The following barriers to the above plan were identified:

- **Craving for alcohol** - Leah had used alcohol as a way of coping with overwhelming feelings; consequently she had strong cravings whenever she was feeling particularly stressed and anxious
- **"Doctor shopping"** - Leah had discovered that Valium served a similar purpose to alcohol and when her GP refused to give her any further prescriptions, she simply went to another doctor.
- **Misinterpreting anxiety and stress symptoms** - Leah had become hyper vigilant towards her physical symptoms of anxiety (breathlessness, increased heart rate, hot flushes, dizziness), interpreting them as medical problems resulting from her drinking, which further increased her stress and anxiety levels
- **Pessimism** - Leah exhibited this internal barrier through her belief that she was solely responsible for the things that had gone wrong in her life and that because of this, there was no way for things to change and nobody would be able to help her. This left Leah feeling helpless, overwhelmed and at times suicidal.

Goals:

Leah's goals were written in specific behavioural terms as follows:

- **Schedule enjoyable activities** - C asked Leah to make a list of five activities that had either given her pleasure in the past or were things she would like to try in the future. She listed jogging, calligraphy, painting, reading and walking on the beach. C asked Leah to carry out at least one of these activities every day.
- **Obtain suitable accommodation** - C asked Leah to contact a former Army colleague who had always been very caring towards Leah and who had previously invited her to share her home. Leah did this and, upon moving in, she and her new flatmate bought a new puppy, providing Leah with further enjoyable activity on a daily basis.

- **Supported employment / job training** - C accompanied Leah to an appointment with a supported employment service run by the state government. This service aimed to support Leah in regaining her confidence in returning to the workforce, providing her with vocational counselling to guide her career choices and ongoing support when searching for and commencing employment. They were also able to provide funding for retraining.
- **Centrelink benefits** - C helped Leah obtain and lodge necessary forms to help her transition to Newstart Allowance once her Army benefits had run out.
- **Rehabilitation** - C connected Leah with appropriate contacts to commence drug and alcohol counselling and to undergo residential rehabilitation if needed.
- **Cognitive restructuring** - C provided short-term intervention aimed at identifying Leah's irrational thought processes and replacing these with a more functional belief system. Here C took on the counselling function of the case management role and centred the work around Leah's belief that she was a failure and would never get her life together. This process utilised Rational Emotive techniques such as Examine the Evidence and Thinking in Shades of Grey (Ellis as cited in Dryden & Golden, 1986).
- **The Gestalt technique 'empty chair'** (Perls as cited in Patterson, 1986) and aspects of Dialectical Behaviour Therapy (Linehan, 1993) were also used to address Leah's unresolved feelings towards her parents and to teach her to tolerate distress without having to escape through the use of drugs or alcohol.
- **Medication monitoring** - C arranged for Leah to be seen regularly by a psychiatrist in addition to her local GP to ensure she was receiving the correct medication and to facilitate hospital admission should the need arise. She was also educated about the fight or flight response that was leading to her physical symptoms.
- **Ongoing support** - C provided Leah with contact names and numbers for local chapters of Alcoholics Anonymous and, following successful completion of her immediate goals, C referred Leah to her local community health clinic for ongoing monitoring and medical follow-up.

Session Summary

C has provided a combination of case management and counselling functions while working with Leah. As counsellor, C has used Cognitive Behaviour Therapy, Dialectic Behaviour Therapy and Gestalt Therapy techniques to facilitate achievement of the client's goals. In reducing her high levels of anxiety and stress, Leah was able to address her more practical needs, for example challenging her beliefs about what her former colleagues thought of her enabled her to contact one of them to follow up on the offer of accommodation. While C provided education and support in this regard, Leah carried out most of the practical tasks herself, thereby building on her strengths and further increasing her confidence levels and reducing her pessimism.

This process occurred over a three month period, during which two progress reviews took place between C, Leah and her psychiatrist. At this time, Leah was able to see the progress she was making and was also able to draw attention to any areas with which she was experiencing difficulty or concern.

Upon completion of the above plan for meeting Leah's immediate needs, C has referred her to services able to provide her with ongoing but less intensive support. With Leah's written permission, C provided the community health centre with a referral form outlining Leah's history, medication regime, and a summary of the work undertaken with C, which C had documented following each session with Leah.

C maintained contact with Leah on a weekly basis during the transition to the new service and while she became comfortable in her local AA support group. In taking this step, C has ensured Leah has acquired the necessary skills for maintaining progress on her own, with assistance available to her as needed.

References

- Dryden, W. and Golden, W.L. (Eds). (1986). *Cognitive-behavioural approaches to psychotherapy*. London: Harper and Row Publishers.
- Linehan, M.M. (1993). *Cognitive-behavioural treatment of borderline personality disorder*. USA: The Guilford Press.
- Patterson, C.H. (1986). *Theories of counselling and psychotherapy*. New York: Harper and Row Publishers.

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We would also like to dedicate this project to all people involved in the Counselling industry in Australia. Many of these have worked diligently in the past few years to protect and promote Counselling as a profession, with the ultimate goal of improving the lives of hundreds of individuals in need.

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