Report 3

AIPC's Counsellor Skills Series

Effectively Managing Client Diversity

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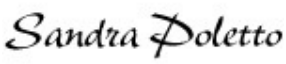
About This Series

"AIPC's Counsellor Skills Series" is a 5-Part Series exploring a range of skills counsellors can utilise to assist clients in achieving optimal outcomes in life. These reports were professionally written for Counsellors, Mental Health professionals and other Counselling enthusiasts, and are completely free of cost.

We hope you enjoy this reading. We encourage you to forward this publication to friends and colleagues. If you would like to write feedback, email blog@aipc.net.au.

Kind Regards,



Sandra Poletto
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AIPC's Institute Inbrief
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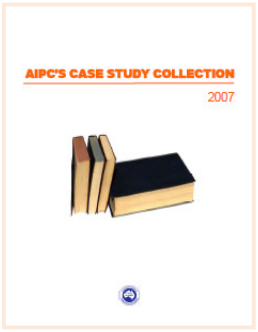

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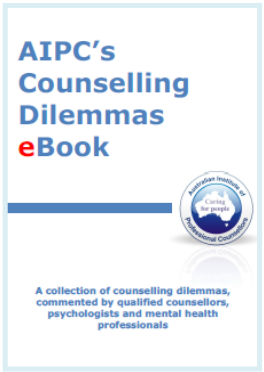

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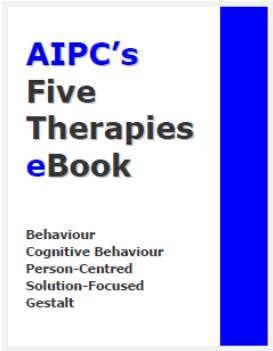

AIPC's Five Therapies
An exploration of counselling's five mainstream therapies' histories, key concepts, applications, benefits, disadvantages and processes.

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Why Diversity?

The client-counsellor relationship is fundamentally a relationship between two or more human beings. Obviously there are two different roles in the relationship but both counsellor and client(s) have a history of experiences that have shaped who they are, how they view the world and what their values are. Rapport is a foundation of the counselling relationship and without respect for and knowledge of diversity, rapport is difficult to build and maintain.

In order to help clients deal with confronting issues, it is important for counsellors to understand the intricacies of a client's behaviour which are influenced by their age, emotional state, demographic profile, culture, and other factors.

In this third report in our series, we provide information and strategies to support a better *know-how* of different types of clients, and the circumstances (both external and within the therapeutic relationship) which affect their life outlook and motivation towards change.

Client Profiles

OBSERVING CLIENT MINDSETS

When it comes to interpersonal communication in therapy, being flexible and responsive is one of the most beneficial skills a counsellor can have. Different mindsets and emotional states require a particular approach; and the counsellor's ability to adjust to a client's needs is likely to dictate the success of that relationship.

In order to better exemplify the diversity of mindsets which clients may approach counseling with, there are five generic profiles of clients – and respective strategies -to help improve the relationship and enhance client-counsellor rapport.

Emotionally Unstable Clients – The client is emotionally unstable and finding difficulty in expressing him/herself. Emotionally unstable clients normally require a client-centred approach which enforces the need to establish rapport and trust, and to ensure the client is aware that he or she is in a safe and friendly environment. The client will normally have difficulty in expressing him/herself because he/she is unable or not ready to deal with emotions.

Counselling strategies to establish rapport would include: using self-disclosure to relate to the client's situation and create an emotional link; creating goals and accountability in order to encourage action from the client; providing transparency and positivity through communication.

Involuntary or Skeptical Clients – The client has been forced to attend to counselling (e.g. legally mandated). This type of client may be difficult to deal with in the early stages of the relationship.

Normally, he or she will be skeptical about the process, and may not acknowledge any need to change. It is important for the therapist to gain respect from the client, and use that respect to establish trust.

One of the most common strategies to gain respect and create responsiveness from the client is to outline the process of counselling: what he or she is there for; what is the structure of the relationship; what are the rights and duties of the client; what might be the expected positive outcomes. Solution-focused strategies are a good way to create a sense of accountability and need for change.

Child Client – The client is a young child or adolescent (we explore skills and strategies to communicate with children further in this section). Dealing with children is always challenging as there is a perceived 'bigger' communication gap. The goal for the counsellor is to establish trust using humour; engaging in activities such as games; encouraging a collaborative approach; using self-disclosure and role-playing. These are all common strategies to help improve communication with young clients.

Uncommitted Client – Lack of commitment can be a challenging problem in the counselling setting. Normally, a client with little or no commitment has a specific agenda which justifies their attendance at a counselling session (an example would be a husband who was asked by his wife to attend counselling in order to preserve their marriage).

Framing and re-framing are good tactics to re-model the way the client perceives the counselling relationship: shifting from the 'helping' mode to the collaborative approach. Creating goals and structuring will also motivate the client to go through the necessary stages for change, collect the rewards, and move on with his/her own life.

Demanding Client – A demanding client will normally believe that the counsellor will provide answers to his/her problems. They will come to counselling without much resolve to act upon their current situation, and will normally create very unrealistic expectations regarding the counselling relationship and the counsellor.

Again, encouraging accountability, managing expectations and establishing well-planned goals is a good approach. The client should be encouraged to realise that change can only occur from within. Using role-playing, narrative therapy skills, and/or a solution-focused approach to empower and encourage the client may be the key for deriving motivation.

Hopefully, the above strategies assist with providing a firm foundation to establish the client-counsellor relationship.

MANAGING CHALLENGING CLIENTS

Within a counselling environment, the need may arise for a counsellor to work with clients who appear resistant to change or unhappy with external assistance. Some clients, who are attending counselling due to a mandated requirement, may resent the fact that they feel coerced into attending.

Such clients may cite benefits such as meeting parole conditions or court orders as their only motivation for attendance. Consequently, many individuals can view a counsellor's involvement in this process as an imposition of their rights and they take the view that what is happening to them is in some way the counsellor's fault.

Similar to any interpersonal transaction, an individual's behaviour can become challenging when they feel threatened, undervalued, judged, or simply if the counsellor they are dealing with appear to have differing goals or desired outcomes than they have for themselves (Roes, 2002).

Defining a challenging client – As a counsellor, not judging clients is crucial to the therapeutic interaction. So, defining a challenging client can be difficult in itself. There are many reasons for people becoming challenging clients. As counsellors, labelling them can interfere with the therapeutic relationship, build tension, stress and undermine the counselling dynamic.

Some clients may have a justifiable reason to feel angry or frustrated. Sometimes clients may present as being challenging because of negative life experiences and a reluctance to participate in counselling can be a defence mechanism (Norton, & McGaulry, 1998).

Different Types of Challenging Clients

There are different types of challenging clients that a counsellor will encounter over the course of their work. They are described below:

- **Aggressive and Angry** - This may be obvious to the counsellor as direct physical violence, or physical intimidation, which by its nature is destructive, and which is directed at harming or controlling other people.

- **Complainers** - Clients who complain about their position but are unwilling to try anything new or do anything about their situation.

- **Unresponsive and Silent** – Clients who are unwilling to engage in any type of conversation or divulge any information about themself. They will usually only provide minimal responses.

- **Superficially agreeable** – These clients are 'yes' people, in that they will agree with anything you say but rarely follow through with action.

- **Pessimists** – These clients will always find a reason why your suggestions cannot be attempted and will not work ("yes but" players).

- **Know it all's** – There is nothing these clients do not know or have not done.

- **Illusionary** – These clients do not acknowledge that they have any needs. They are 'special' and can't understand why they are required to attend counselling.

- **Indecisive** – These people are likely to put off a decision until it is made for them or no longer an issue.

- **Drug affected and intoxicated** – This refers to clients who are under the influence or affected by alcohol or drugs.

It is important that a counsellor acknowledge each of these types of client challenging are of a behavioural nature and do not cover the unique problems associated with socio-economic or environmental issues (Norton et al, 1998).

Considering basic human rights - When dealing with challenging clients we need to remember that each and every individual is entitled to a number of basic human rights.

As individuals, clients have a right to:

- have and express their own feelings and opinions
- refuse requests without having to feel guilty or selfish
- consider their own needs
- set their own priorities and make your own decisions
- change
- decide what to do with their own property, body, and time
- make mistakes – and be responsible for them
- ask for what they want (recognising that the other person has a right to say no)
- ask for information
- choose not to assert themself
- do anything, as long as it does not violate the rights of others
- be independent
- be successful
- have rights and stand up for themself
- be left alone
- be treated with dignity and respect
- be listened to and taken seriously
- get what they paid for

(Kottler, 1992)

Utilising Empathy When Dealing with Challenging Clients

As describe in our previous section focusing on non-verbal skills, a requirement for being an effective counsellor is being able to practice and impart the skill of empathy in the client counsellor interaction. Being empathetic ensures you are listening and dealing with the clients concerns as they present them. You are not judging them.

Below is a summary of what a counsellor **should** and **shouldn't** do when using empathy with challenging clients.

A counsellor should:

1. Give themself time to think, take time to listen and understand the client's perspective
2. Use short responses
3. Gear your response to the client – but be yourself. e.g.: using appropriate language such as "I'm down with the homies" with a young homeless client will make you look silly
4. Always respond

A counsellor should refrain from:

1. Asking inappropriate questions
2. Using clichés
3. Making interpretations or judgements
4. Giving advice
5. Pretending to understand – clarify the facts rather than misinterpret
6. Parroting or using the client's exact words
7. Using sympathy and agreement

Utilising Active Listening Skills When Dealing with Challenging Clients

Active listening is also essential for a counsellor to be able to develop a positive and healthy interaction with a client. When there is conflict, it's very common to blame the other person. It is challenging to be objective when the emotional level is high.

Active listening is an effective tool to reduce the emotion of a situation. Every time you correctly label an emotion the intensity of it dissipates like bursting a bubble. The speaker feels heard and understood. Once the emotional level has been reduced, reasoning abilities can function more effectively.

If the emotions are high: Deal with the emotions first by using active listening skills. Effective use of active listening skills can turn a challenging situation into a co-operative situation (Norton, et al, 1998).

Below is a list of what a counsellor should and shouldn't do in relation to applying active listening skills to a challenging client situation.

A counsellor should:

- Give the person speaking their full attention.
- Repeat the conversation back to them, in their own words, providing their interpretation or understanding of the client's meaning (paraphrasing).
- By reflecting the content of what is being said back to the speaker, check their understanding of the message.
- Be as accurate in summarising the client's meaning as much as they can.
- Try again if their paraphrasing is not accurate or well received.
- Feed back to the client their feelings as well as the content (e.g. how did you feel when……? How did that affect you? It looks like that made you really angry).
- Challenge in a non-threatening and subtle manner.
- Statement: "This is hopeless." Paraphrasing: "It seems hopeless to you right now".
- Statement: "There is nothing I can do". Paraphrasing: "You can't find anything that would fix it".
- Not try to force conversation, allow silences - and be aware of body language, notice changes and respond accordingly.

Counsellors should refrain from…

- Talking about themselves and introducing their own reactions or well intended comments.
- Changing topics and thinking about what they will say next.
- Advising, diagnosing, reassuring, encouraging, criticising or baiting a client.
- Using "mm" or "ah ah" exclusively or inappropriately or parrot their words.
- Pretending to have understood the person or their meaning if they haven't.
- Allowing the client to drift to a less significant topic, because they feel the counsellor doesn't understand.
- Fixing, changing or improving what they have said - or finishing their sentences for them.
- Filling every space with talk.
- Ignoring their feelings in the situation.

WORKING WITH CHILDREN

As children travel through the journey of life they are faced with many different developmental challenges. Early in life, babies learn to pay attention and be part of a relationship. As they grow they learn to use their imagination and think logically. Greenspan and Salmon (1995) developed a road map outlining the emotional milestones children need to pass through on their way to a healthier, mature personality.

They propose that at each stage children learn basic abilities that carry them forward into the next stage and as children pass through these emotional milestones their ability to think, reason and feel become more advanced.

Stage 1: The Ability to Look, Listen and Be Calm - One of the first abilities that all babies need is to be calm so that it is possible for them to be interested in and attentive to people, things, sounds, smells and movements. If on the other hand the baby is sensitive to noises and unexpected hugs they may become overwhelmed and find it more difficult to be calm.

Stage 2: The Ability to Feel Close to Others - At this stage children have the ability to feel close to others. The child's inner security gives them the capacity to be warm and trusting. On the other hand children who are aloof, withdrawn or expect to be humiliated can become isolated and unable to relate to people in a warm trusting way.

Stage 3: Two-Way Communication - At the communication stage children learn to read body language and facial expressions. They also learn to form mental pictures or images so they may form ideas about their wants, needs and emotions. They are able to feel whether they are safe and secure with an adult or whether the adult is dangerous, critical or rejecting. Children who have difficulties understanding facial expressions or changes in vocal tone find it difficult to make these quick and intuitive judgements.

Stage 4: Emotional Ideas - At this stage, children can start to exercise their minds, bodies and emotions as one. They learn how to form mental pictures or images about their wants, needs and emotions and begin to use an idea, expressed in words, to communicate something about what they want, feel, or what they are going to do. Having this ability opens a whole new world of opportunities and growth.

Children who use emotional ideas in make-believe play e.g. dolls hugging or fighting, or making up a story about how another child might be feeling, are making creative leaps based on this ability to use their imagination. If children are sensitive to visual images and to changes in vocal tone, a make-believe story e.g. animal faces and strange voices, may be frightening and overwhelming. These children are very nervous about entering into the world of fantasy and imagination.

According to Greenspan and Salmon (1995), children who have problems controlling their aggression often have difficulty acknowledging their own feelings and expressing the idea of those emotions through words. They have found that children who have an action approach to life may have a certain degree of difficulty identifying their intentions and feelings; therefore use aggression as a way to cope with challenging situations.

Stage 5: Emotional Thinking - When children reach the emotional thinking stage they go past labelling a feeling, they become able to think with these images starting to connect an idea and a feeling and recognizing that one is causing the other e.g. they might say "I'm angry today because you didn't come and play with me". At this stage children start to make the distinction between fantasy and reality. They understand more about what is coming from inside them and what influences are external to them.

Children who find it difficult to process the information they are hearing find it much easier to live in their own private world. Greenspan and Salmon (1995) have found these children are usually very dramatic but when asked a difficult question they tend to ignore the question and retreat further into their own fantasies, compromising their emotional thinking.

Stage 6: The Age of Fantasy and Unlimited Power - This is the stage when children from the age of four and a half to seven years develop their abilities to relate, communicate, imagine and think. They have a curiosity about life and a deep sense of wonder about the world. It is the stage where they may start to express themselves fearlessly.

Greenspan and Salmon (1995) have named this stage as the "world is my oyster". There is a great sense of magic and little boys may imagine themselves to be a Ninja Turtle or a power ranger, while little girls may imagine themselves to be Cinderella or Barbie. The relationship they have with their parents and others around them helps to develop greater emotional flexibility allowing them to work out complicated feelings without volatile outbursts.

This is also the time where children may become fearful. For example, they may worry about ghosts or have bad feelings concerning being kidnapped. In a child who is oversensitive to sound or touch, the fearful side of life can be overwhelming.

If all goes well at this stage children start to understand what reality is, while at the same time still having a degree of fantasy and unlimited power. They have a better understanding of more complicated relationships and become more emotionally stable e.g. they develop a capacity for more "adult" emotions such as guilt or empathy (although empathy is easily lost when they are feeling jealous or competitive). Having all these abilities helps children move out into the wider world (Greenspan & Salmon, 1995).

Different Personalities Patterns in Children

Greenspan and Salmon (1995) describe five basic personality patterns and the emotional characteristics that accompany these patterns.

The Highly Sensitive Child - In the first few months of life, babies generally learn how to calm and regulate themselves. They usually remain interested and alert, but the highly sensitive baby finds it hard to master these emotional skills. They find it hard to relate to people, sights, sounds, smells and even the thought of touching dad's rough beard can overwhelm them. As they get older they tend to be demanding and clingy.

They are upset easily by new situations and may be frightened of children who are more assertive than them, resulting in increased aggressiveness (through fear) and they may choose not to play with other children. When sensitive children approach school, their fears appear to grow causing them to be more vulnerable to feelings of embarrassment and humiliation. They may also go through fantasies of feeling that they are the "best" which sometimes results in them being moody, self-centred and demanding.

The Self-Absorbed Child - The self-absorbed baby usually seems very content to lie in their cots playing with their fingers or sleeping. After crawling around the baby who withdraws seems to be very content just to sit there and wait for a toy. When they become toddlers instead of wanting to explore like other children they may just want to sit quietly.

Withdrawn children are usually interested in make-believe and tend to prefer their imagery world to reality, therefore being able to communicate with them about real situations such as how their day was at school, could be a real challenge. Sometimes they prefer to stay close to mum and dad and will often have only one or two friends. When challenged by anything they may tend to give up easily.

The Defiant Child - Defiant children tend to be stubborn, negative and controlling. They react in negative ways to most situations usually getting stuck in the "no" stage. Their defiant behaviour can develop into negative patterns. These patterns can appear at any age and extend into all areas of their life. During the ages of two and four, emotional ideas and emotional thinking tends to become rigid and inflexible.

The defiant child likes to be very controlling insisting that they are right about everything such as bedtime, the clothes they are wearing and the food they eat. As they start school they appear to be more concrete and focused on planning small pieces of their own world instead of accepting all of it. As they are very bright and hardworking, they appear to have perfectionist qualities putting high expectations on themselves. They tend to cope with their tendency to be overwhelmed by restricting any emotional input and avoiding challenging situations.

The Inattentive Child - Children with attentive problems may not respond well to anything that appears complex. It can be very difficult to have a conversation with them because they change from one topic to another. Their attention span is limited causing them to follow very limited instruction and their inability to maintain concentration makes them poor listeners. Having this difficulty usually results in the child finding it difficult to express themselves, for example describing their day or answering a question that the teacher asks.

Inattentive children appear to be paying attention in the classroom but while their bodies remain stationary their minds wander aimlessly through a universe of ideas and images. Frequently, their academic performance will reflect their lack of connection with classroom activities and their lack of assertiveness makes it easy for them to be overlooked and lost in the crowd (Moore, 2000).

The inattentive child tends to be disconnected from thought, expression, creativity, books, words, people and their feelings. These children are usually branded with having Attention Deficit Disorder (ADD). Children who have this disorder can have a very low self-image and self-esteem due to experiencing repeated failures, misunderstandings and mislabels e.g. being called dumb, stupid, spacey and lazy.

Inattentive children are predominately classed as "daydreamers"; they are distracted easily, make careless mistakes and are usually overwhelmed by stimulating situations. This is unlike children with Attention Deficit/Hyperactive Disorder (ADHD) who daydream occasionally, fidget, talk excessively, have problems staying seated and are usually energized by stimulating situations.

Inattentive children require a great degree of self-acceptance and patience with themselves because of the frustration they may encounter. In helping these children the focus needs to be on their strengths rather than always correcting their weaknesses.

The Active/Aggressive Child - These children are constantly running instead of walking and acting instead of talking. They tend to jump into new experiences and worry about the consequences of their actions later. At school they are nearly always the class trouble maker, throwing books around and enticing other children to yell and scream.

They can be easily frustrated and angered and might resort to hitting, punching and pinching to get what they want. When the active/aggressive child gets frustrated they are not quiet about it, causing them to act out physically trying to change what they don't like.

Anger and aggressive feelings are sometimes unavoidable but as long as these feelings are balanced with feelings of closeness and empathy active/aggressive children can be motivated into doing more than they thought would be possible. Children need to acknowledge all their own feelings (good or bad) so that these emotions can become part of their gradual development towards their sense of self.

Being able to find their sense of self helps them to become integrated people capable of being able to nurture, be assertive and to love. Aggression in children can be very taxing and can vary considerably, therefore understanding the underlying physical and emotional reasons behind the aggression can help them grow and develop emotionally. For example, if a child comes from an impulsive, aggressive family life and is neglected emotionally or is physically abused, there is an increased chance that the child will become violent. Some of the characteristics that these children seem to share are:

- the tendency not to care for others because no one has cared for them,
- the inability to communicate their desires, intentions and feelings, and
- the inability to piece together internal dialogues.

When these children feel that their sense of frustration is as big as a mountain, instead of expressing their feelings they tend to act out with disruptive, aggressive behaviour. According to Greenspan and Salmon (1995) they tend to speak only of actions rather than feelings and when challenged they respond with impulsive actions (hitting) rather than recognizing their feelings and making choices.

Techniques for Working with Children

It is important that children are able to express and understand how they are feeling. Some children feel uncomfortable talking about their feelings, therefore combining discussion with an external activity will often help them open up about their feelings. It is important when working with children to remember to apply the strategies and techniques that work best with the child.

For example, a toddler may be able to express their feelings using a finger puppet or a stuffed animal whereas pre-school aged children like to express their feelings through creative imagery, drawings, and feeling charts.

Sessions with children tend to be short and brief. When identifying the issue, keep the idea simple and at the level the child can identify with, e.g. a little boy called Tim wanted to get rid of his fears of vampires and monsters. In the session, Tim indicated that he liked chocolate therefore he was asked by the counsellor to make all the monsters into chocolate and place them in the sun and make them melt. This gave Tim control over the monsters as he could watch them melt away (Baumgardner, 1989).

Some children may be fearful about coming to counselling and may not want to participate in the session. One way of overcoming this barrier is to give the child the counsellor role. Children feel very excited to be in the driver's seat.

An example of this technique would be: James is six and his mother brings him to counselling because he has behaviour problems. James's behaviour became worse after his mum and dad separated. The counsellor, who was the client for the session, began to talk and draw pictures of her duck (Queenie) and about all the things as a little girl they did together. The counsellor (client) then discussed about how sad she felt when Queenie died because she was her only support when her mummy went to work.

She went on to say "that when her mummy went to work she was very fearful that she would not come home". James listening to this, said "yes me too". "I am so scared when my Mummy goes to work that she will leave me and never come home". He then began to draw pictures of his guinea pigs and express how he felt when they died. The session concluded with James happy to come back and play the role of the counsellor. This is a useful technique and can be very helpful when there are barriers blocking children from expressing their feelings.

Below we discuss a couple of other techniques that can be used to assist children:

Five Feelings Cards - One simple technique is the five feelings technique. There are five important feelings that children are likely to have: SAD, MAD, HAPPY, SCARED and LONELY. These feelings are written on five cards and whilst holding up the cards and proceeding through the five of them, the counsellor could ask the child to pick the card that matches how they feel (Jarratt, 1982).

The Feeling Chart - The feeling chart can also be used where children pick how they are feeling and put it in the middle of the chart. Then the child can draw the face to go with the feeling. Sometimes other emotions may need to be added to the basic list such as silly, angry, sleepy, sick, surprised, embarrassed feelings and helpless feelings.

Five Faces Technique (Jarratt, 1982)

Source: Jarratt, C.J. (1982). *Helping children cope with separation and loss* (Rev. ed.). Boston, MA: The Harvard Common Press.

Another effective way for counsellors to work with children about their feelings is to use an activity that combines seeing, hearing and doing and alternates feelings with other activities - for example, putting a face to how they are feeling.

Feeling faces cards are a good way to begin talking about some of the things that might be troubling children. Spreading the cards on the table the counsellor might ask the child which of these feelings they had when their mum didn't live with their dad anymore; or indirectly ask the child what they might say to someone about how kids might feel when they don't live with one of their parents anymore. The child can then use the cards to explore and explain the feelings about the same event.

The counsellor could start by telling the child that she knows of at least five feelings that kids are likely to have. Then ask the child if they would know what some of them might be. The dialogue would go like this.

DIALOGUE

Counsellor: I know at least five feelings that children might have. Do you know what some of them might be?

Child: I don't know. Happy, I guess.

Counsellor: Sure, happy is one. Let's write that on the bottom of this card, and then we'll see what a happy face might look like. Do you want to draw it, or shall I?

Child: You do it.

Counsellor: OK what colour shall I use? (the idea is to proceed with the activity and invite the child to make as many verbal choices and inputs as you can. Many times the child will just take the activity over)

Child: I don't know blue I guess.

Counsellor: Sounds good. OK, there's a happy face. We'll write each feeling you can think of on one of these cards, and then we'll draw the faces to match…Let's see, you also thought of angry and scared. Do you have a guess about what some of the other feelings might be (the child can't or won't answer). Can you write the words for other feelings on these cards if I tell you what they are?

Child: Ok (as the counsellor recites the feelings, the child writes SAD, MAD, HAPPY, SCARED, AND LONELY across each card).

Counsellor: Good. Now we need to make faces to go with the words. Do you sometimes use your face to tell people how you are feeling?

Child: I don't know.

Counsellor: Show me how your face would look if I told you that we were going to do something that you didn't want to do. Your mouth would go straight across with your teeth showing and your eyes would look like they were frowning, like on this mad card. Let's pick another one. You picked happy. Will you draw it or will I?

Child: I will (the child draws a face).

Counsellor: Great. Is that how you look when you are feeling happy? Now we will do another face.

When using the cards counsellor's need to be aware that children at times may substitute words when they are thinking of a feeling; e.g. using the word boring as a substitute for 'lonely' or 'painful.'

After each session tell the child that their homework is to notice which feelings they have during the coming week. Then start the next sessions by looking at the "feeling faces" going through them in random order.

The "five feelings" and "five faces" techniques can be used at home to help continue the work that is has been done throughout the counselling sessions. When children start to feel that they can talk about their feelings, they begin to relax and feel confident that someone is finally listening to them without judgement.

RESPECTING YOUR CLIENT

If not the most important feature of professional counselling, "respect for the client" is definitely high up on the priority list. Geldard and Geldard (2005) explain that regardless of **who** the client is, and regardless of **their behaviour**, the client has come to the counsellor for assistance and deserves to be treated as a person of worth and value.

Many counsellors believe that there is good in each of us, and for the potential of that to surface, individuals need to feel appreciated and valued. Counsellors therefore have a responsibility to assist clients to feel good about themselves, and to increase the client's sense of self-worth.

Values and Beliefs

It is not respectful to impose personal beliefs and values upon clients. It is the counsellor's role to accept the client for who they are and where they currently are in their life. Geldard and Geldard (2005) emphasise that when a counsellor's values are imposed on an individual, they tend to react by rejecting those values without consideration and withdrawing from counselling.

An involuntary client, who is unable to physically withdraw from counselling, may withdraw emotionally, and become unmotivated to accept the counsellor's suggestions. Imposing one's values upon the client is indicative of judgement. Paradoxically, when therapists accept the client for the person they are regardless of their values, over time, the client's values tend to grow closer to the values of the counsellor, as counsellors do become role models for their clients.

Language

Appropriate use of language is essential, to showing the client respect, (Brems, 2001). Many counsellors work with clients whose colourful language is simply a part of their vocabulary. Some individuals who have been raised in households where swearing is an acceptable part of everyday language, yet others find it abrasive or disrespectful.

It is imperative that counsellors are always aware of the language they use and its aptness in relation to the context and the client. The case study below outlines the need for appropriateness when communicating with clients:

> "Joanne, who worked as a counsellor for a prestigious counselling organisation, would always present at work immaculately. She took pride in her appearance and always pursued a professional image.
>
> Joanne would always read through her client case notes to remind herself of the content of the previous appointment, prepare a clean glass of water for the next client and organise any handouts or relevant material required for the next appointment.
>
> Joanne also volunteered some nights for a community organisation that worked with 'street kids'. She felt that this work was most rewarding to her in that she gained satisfaction seeing the changes brought about in the kids due to the community organisation's policies of supporting young people. They learnt to examine their lives and make goals, and then were encouraged to return to their education or find apprenticeships.

Joanne enjoyed the company of the kids, the stories they would tell of their adventures during the day and minor brushes with the law. These stories were told in a jovial manner with much enthusiasm and colourful language. Joanne would often use the same colourful language to breakdown barriers and help to put the relationships on a more equal basis.

While preparing the paperwork for her 10:00 am client, Joanne reminisced about her work the previous night. She was pleased a young 16 year old adolescent was beginning his apprenticeship next week, and remembered how he playfully boasted about his future and dreams to one day own his own car repair company.

When Joanne's 10:00 am client arrived early and was mistakenly shown into her office by the receptionist, Joanne had not been able to gather her thoughts. For the first few minutes of the counselling session, Joanne spoke to the formal Ms Cartwright as if she were back with her adolescent clients, asking Ms Cartwright, "How the *&^&^^ was she?" And "What the *&^%% had she accomplished since their last appointment"?

Seeing the shocked look on Ms Cartwrights face, Joanne immediately realised her mistake and profusely apologised."

Pace

Brems (2001) explains that counsellors must practice patience and accommodate a client's pace in counselling. Some clients will come to counselling unsure of what they want to say. When this happens, clients can take an extended length of time to choose the word that best describes their situation or feeling.

This is when the counsellor must sit quietly with the client and simply be present. It would be inappropriate to complete client sentences for them, try to rush them or use some other behavioural cue to encourage the client to move along quicker with their story.

Relationship Limitations

Each individual has particular boundaries to protect their privacy as an individual. They can shift and change depending upon the situation or with whom we are interacting at the time.

For example, when beginning a new job, our interactions with our colleagues mostly focus on our previous work experience, as we become more familiar with our environment we reveal more personal information about ourselves, such as our families, hobbies and week-end activities. Not until relationships have proven the test of time, do we begin to trust our colleagues to speak about personal or family problems. It is the opposite in a client-counsellor relationship.

The client-counsellor relationship is unique because it begins with the client entering into counselling with the expectation that they will find a safe environment where their interests are given the utmost consideration by the counsellor; where they can find assistance to work through their problems and trust their counsellor to have their best interests at heart. The client-counsellor relationship is not an equal relationship. Geldard & Geldard (2005) explain that regardless of how much effort a counsellor puts into making the relationship equal, the counsellor will inevitably be in a position of power and influence.

Clients are often highly emotional when they visit a counsellor, and are therefore vulnerable. The way in which a counsellor relates with a client is uncharacteristic of human behaviour (Geldard & Geldard, 2005).

As the counsellor devotes most of their energy to listening to and understanding the client, the client will only see a part of the counsellor's character, and under these circumstances, a client could perceive the counsellor to be unrealistically caring and giving.

Hence, the counsellor's power and the client's biased perception combine to make the client very vulnerable to offers of friendship. Conversely, the counsellor is also vulnerable in the counselling relationship.

Inevitably the relationship can develop real closeness as the client shares their innermost and personal thoughts. While counsellors learn to be compassionate and empathic, their unique client-counsellor relationship can become closer than is appropriate for the professional relationship.

The role of boundaries: Boundaries are a crucial aspect of any effective client-counsellor relationship. They set the structure for the relationship and provide a consistent framework for the counselling process.

Some boundary lines are clear. Most counsellors would acknowledge that it is ethically problematic, for example, to counsel your ex-partner because the pre-existing relationship impairs objectivity and serves to undermine the professional relationship. Whilst situations such as these are clearly problematic, outside of such elementary confines are numerous situations where the delineation of boundaries is less clear. These situations fall outside of the formal code of ethics and lie instead in an ambiguous grey area.

Boundaries are guidelines that are based on the basic principles of the counsellor's code of ethics. Corey (1996) briefly outlines five principles in which therapeutic boundaries are based upon:

- *Beneficence*: a counsellor must accept responsibility for promoting what is good for the client with the expectation that the client will benefit from the counselling sessions.

- *Nonmaleficence*: "doing no harm". The counsellor must avoid at all times, (even inadvertently) any activities or situations with the client that could cause a conflict of interest.

- *Autonomy*: the counsellor's ethical responsibility to encourage client independent thinking and decision-making, and to deter all forms of client dependency.

- *Justice*: the counsellor's commitment to provide an equal and fair service to all clients regardless of age, gender, race, ethnicity, culture, disability and socio-economic status.

- *Fidelity*: being honest with clients and faithfully honouring the counsellor's commitment to the client's progress.

The confusion caused by boundaries is best described by Corey (1996) as a continuum, ranging from disengagement (rigid, inflexible boundaries/guidelines) to enmeshment (flexibility to the point of diffusement) with a large grey area in between that is notoriously ambiguous and dependent upon the counsellor, the situation and the client's changing needs and circumstances. To be an effective counsellor, one cannot disengage from the client to the extent that the counsellor cannot empathise with the client. That is not the purpose of counselling and is counterproductive to the therapeutic relationship.

However, the counsellor does not want to empathise with the client to the extent that they hug the client upon meeting them or rant and rave with their client in a mutual expression of anger. Nor would the counsellor pop in to visit at the client's home on their own way home from the office. This is the behaviour of a friend, not a counsellor. Hence, boundary violation has occurred.

Ambiguous boundaries often arise in counselling, but strict responsibilities do apply to the counsellor in relation to their duty to inform clients of the limitations on client confidentiality. Such information forms a large part of informed consent and informed consent is a fundamental client right.

Counsellor's Responsibility

The counsellor may often experience conflicting responsibilities toward their client, the agency that employs them and to the community. A counsellor who is in any doubt where their responsibilities lie must consult with their supervisor.

Of utmost importance is the responsibility the counsellor has to address a client's request for counselling assistance. There is always an implied contract of confidentiality between client and counsellor unless the counsellor informs the client that it does not exist.

While counsellors must always be aware of their ethical and legal responsibilities to their clients, first and foremost they have a responsibility to their employer, to ensure that all the work carried out while employed by that organisation fulfils the requirements of the organisation or institution first. If the counsellor feels that there is a conflict of interest, they must speak with their supervisor or approach management to discuss the issue.

Counsellors must be aware, at all times, of their responsibility to the community and this may clash with the confidentiality status of the client. Counsellors must report to the appropriate authorities if they believe their client or a member of the community is at immediate risk of harm.

These responsibilities can cause conflict for the counsellor who may wish to be loyal to their client. Often these decisions **are not black and white**, but many shades of grey and it can be difficult for the counsellor to serve the needs of the community and the client. The counsellor must speak with their supervisor if there is any doubt.

Therapeutic Circumstances

WORKING WITH GROUPS

The main purpose of all counselling and therapeutic endeavours is to bring about change. When a person joins a counselling group, it is usually to learn new ways of being, interrelating, and interacting. In a therapeutic small group the specific goals for each member can be varied but would include the expectation that change will occur (Conyne, 1997b).

In both types of groups it is expected that members will become more functional and less distressed. Often groups are called by names that indicate their purpose. For example, both therapists and counsellors run communication groups, assertiveness groups, life-skills groups, and decision-making groups.

The general goals of these respective groups are to improve communication skills, to increase assertiveness, to provide experience in life skills, and to allow experience in a decision-making process. If the theme of the group is self-awareness, then **one goal** for the group members would be to become more aware of various aspects of themselves - how they behave in different situations, how they react to certain stimuli, and how others react and behave in return.

A **second goal** would be for the members to use this new awareness to gain a better understanding of themselves and, based on this understanding, to effect some change in their behaviour directed at achieving or eliciting more productive outcomes. Immediately the question arises, "What happens in groups that enable members to change?" Or, as Kottler (1994a) asks "What is this magic that cures people of their suffering?" (p. 50). Perhaps the magic, in part, is based on the phenomenon described by Kurt Lewin who is credited with the observation that "it is usually easier to change individuals formed into a group than to change any one of them separately" (Rosenbaum & Berger, 1975, p. 16).

In commenting on the value of groups, Finlay (1999) states "Groups hold individuals' sense of personal and social identity. Through action and interaction, participants acquire skills, attitudes, and ways of behaving as they respond to the expectations of others and adopt different roles" (p. 26).

Although a person does not experience the same one-to-one attention in a group as she or he would receive during individual counseling or therapy there are other factors that contribute to the success of groups as a therapeutic modality. Rudestam (1982) discusses five elements that he considers to be advantages of using groups to facilitate bringing about change.

First, Rudestam likens a group to a "miniature society" in which members can lose their feelings of alienation and, temporarily at least, experience feelings of belonging, thus meeting one of the basic needs of humankind (Maslow, 1968). Within the group setting, members can experience every-day life situations such as peer pressure, social influence, and the need to conform.

In this microcosm of society, members can relate their behaviour in the group to their behaviour in social groups outside the group. When these experiences occur in a learning environment, such as a group, the changes that occur are usually transferable to the outside world (Posthuma, 1972; Waldinger, 1990). The second element in favour of the group-treatment setting is the opportunity to be among others with whom common problems can be shared. It offers the chance to learn new skills and behaviours in a supportive environment.

Through group interaction one can receive feedback and caring, experience trust and acceptance, and learn new ways of relating to others. Because most groups comprise a cross-section of members of society at large, this affords each group member opportunities to cope with give-and-take situations similar to those existing in the world outside. In one-to-one therapy the client experiences only one other point of view and one source of feedback, that of the therapist.

Even though such viewpoints and feedback may be valid, they are limited in breadth and experience by virtue of coming from only one person (Ferencik, 1992). In a group the client may experience several points of view and varied feedback (Echabe & Castro, 1999)... all of which can be presented in different ways. By evaluating this assortment of information, the group member is able to select what he feels could be of personal value and assistance.

Hopefully, because of this mixture, group members will get a broader view of themselves, and become more aware of the subtle nuances of their behaviour. Also, the integration of information is likely to produce a combination of supportive and confrontive messages that can soften any good-bad or right-wrong dichotomies. The more supportive feedback serves as a sort of cushion for the more confrontive.

In essence, this multifeedback situation creates an environment in which members are more receptive and feel less need to be defensive and block out negative feedback (Campbell, 1992). They are more apt to listen, to take in, and to consider what they hear and hence benefit from the process. Conversely, it is also true that there is strength in numbers.

It is easier to disregard feedback that comes from one source only with a "what-does-he-know?" attitude. However, it is close to impossible to ignore feedback from five or more persons if they share the same perceptions and are all giving the same messages or information. Third, the individual is able to observe the problems, struggles, behaviours, interaction styles, and coping mechanisms of the others in the group. He is then able to use this information as a yardstick for comparing his own behaviours. From this a group member can assess his own abilities and disabilities and consider possibilities for personal change.

Closely linked with the third advantage is the fourth, which is facilitation of the individual growth process. The support of the group can be an enhancing factor in self-exploration and introspection (Lieberman, 1990b; Posthuma & Posthuma, 1972). Feeling, caring, and respect from others can go a long way in promoting the self-confidence necessary to attempt new and different ways of behaving. The final advantage of the group format for both counselling and therapy is the obvious one of economics. Having several clients meet together with a group leader rather than meeting individually with a therapist or counsellor saves time and money (Davies & Gavin, 1994).

WORKING WITH CHILDREN AT RISK

As stated in The Australian Institute of Family Studies, 2004 edition of Identifying and Responding to Child Abuse and Neglect, the sad facts are:

> There are four recognised types of child abuse: physical abuse, sexual abuse, emotional/psychological abuse, and neglect. Children and young people are most often abused by a parent or a carer. The rates of substantiated abuse or neglect decreases as age increases, children under the age of one year old are the most likely to be subjected to a substantiated report of abuse, and children 15-16 years of age are the least likely.

There is no accurate statistical information on the prevalence of child abuse in Australia. The most accurate statistical information available is based on the number of reports of suspected child abuse made to the statutory child protection departments in each state. While these statistics give some indication of the extent of this problem in our society, it is well known that a large number of cases of child abuse go unreported.

Difficulties arise in obtaining accurate statistics regarding child protection because in Australia state governments have the statutory responsibility for protecting children from abuse and neglect, however the definitions of what constitutes child abuse differs across the states and territories, and mandatory reporting requirements also differ between the states and territories. Thus it is difficult to obtain consistently comparable statistics to give a national indication.

However of the number of substantiated cases reported, 28% comprise of physical abuse, 10% sexual abuse, 34% emotional abuse and 28 % neglect.

Overly represented in child abuse substantiated cases are families with a complex range of socio-economic problems such as poor housing, poverty, unemployment, substance abuse, single parent families, social isolation, and family and domestic violence. Parents faced with these challenges often require additional support to care for their children, as abuse of a child seldom happens once; it is often a process that can persist over many years.

Aboriginal and Torres Strait Islander children and young people are eight times more likely to be reported in child protection statistics than non Aboriginal and Torres Straight Islander children. While children with disabilities especially those with chronic health problems or serious disabilities are more vulnerable to abuse or neglect as a result of stress that "around the clock" care can create for carers.

Adults who were abused as children are at greater risk of developing psychological and emotional problems later in life and of repeating the pattern of abuse with their own children.

The consequences of abuse and neglect for the child

Whatever the cause of the abuse and/or neglect, it can have long-standing consequences for the child. The younger the child, and the more vulnerable they are, the more serious the consequences are likely to be, however, with early intervention children can recover from abuse and neglect.

When the abuse is ongoing or long term it can result in the child becoming:

- Withdrawn, living in their own world, and suffering low self-esteem.
- Abused and neglected children are at greater risk of developing anxiety disorders; they become hypervigilent always alert possible danger.
- Attachment disorders are not uncommon, along with learning disorders, including poor language and cognitive development.
- Aggressive behaviours including other behavioural problems and developmental delay (which can include eating disorders and physical ailments).
- Delinquency and criminal behaviour including violent and aggressive behaviours.

How can Counsellors help?

Identifying and reducing the stressors that put a family at risk can be important opportunities to assist families in overcoming the abusive home environment.

While it has already been mentioned that the stressors of socio-economic status are a major underlying contributor in some families due to the added stresses of poverty, isolation and drug and alcohol abuse other individual factors can put individuals at risk.

For example, inappropriate parenting skills, cause stress and fear when a baby cries and the parents do not know what to do to pacify the child. Some babies can be irritable, unresponsive hence cry a lot.

Parents who maybe young, and have come from a family as an only child or one or two older siblings have not had the opportunity to learn from younger siblings and experienced mothers. Undiagnosed psychological problems and not receiving the appropriate support or treatment is another contributing factor.

Recognising when a child or young person is at risk

There are behavioural cues that alert the counsellor to the possibilities of a child being abused; different indicators are associated with the different abuses. Remembering that the indicators mentioned here are not absolute and that one behaviour that the child displays may not mean they are abused or neglected.

There are four recognised forms of child abuse: *physical*, *sexual*, and *psychological* and *neglect*. Each has their own unique indicators for counsellor to be aware of, particularly when working with children. The term intra familial abuse is used when the perpetrator is a parent, carer or other member of the child or young person's family. Extra familial abuse is perpetrated by a person outside of the family.

It is important for all counsellors to remember that one sign on its own may not be indicative of child abuse. The following list of indicators has been provided to assist clarification for a concerned person.

Physical abuse is persistent and/or severe mistreatment by beatings or shaking. Possible physical indicators are: broken bones, unexplained bruises, burns, or welts in various stages of healing. However, often the child or young person gives vague or bizarre explanations of how the injuries occurred.

There is a history of family violence, there is an unexplained or vague explanation of why a delay occurred between the injury occurring and when medical treatment was sought. Sometimes the parent/s will admit administering the injuries, and other times they may show little concern for the welfare or treatment of their child.

Sometimes the child will tell a teacher or counsellor of the mistreatment, other times they may not want to go home, or show fear when in the company of a parent. Children may attend school dressed inappropriately (such as in long sleeve shirts and jeans when the weather is particularly hot).

Psychological abuse is the repetitive ill treatment of a child or young person through threats, belittling or teasing comments, humiliating the child, bullying, prolonged ignoring and inappropriate encouragement. Children who have suffered psychological abuse will often feel worthless, unloved, unwanted; they could also have problems with cognition, memory, perception and irrational beliefs based on insecurities.

Possible indicators of psychological abuse include, elevated levels of anxiety and depression, compulsive lying and/or stealing, an inability to trust, indiscriminately seeking the attention or affection of others, rocking, sucking and self harming behaviours. Sexual abuse occurs when a child has been exposed or subjected to any sexual behaviour that is exploitive and/or inappropriate to his/her age and developmental level.

Children who have been subjected to **sexual abuse** can suffer from severe emotional trauma, physical injury, and sometimes infections. Possible indicators of sexual abuse include sexualised behaviours that are inappropriate for their age, knowledge of sexual behaviour inappropriate for their age, disclosure of abuse either directly or indirectly through drawings or playing, injury in and around the genital area, the presence of sexually transmitted infections.

More subtle indications could be the sudden uptake of unexplained fears, enuresis (bed wetting), encopresis (bed soiling), fear of being alone with one person, and the child may imply that they need to keep "secrets".

Neglect is the deprivation of a child's basic needs, such as adequate food, shelter, clothing and support. Neglect can be acute, chronic or episodic, and impact on the child's social, educational and psychological development. Possible indicators of neglect are signs of malnutrition (such as hunger) and poor hygiene (such as mattered or dirty hair and/or severe body odour).

Sometimes the neglected child will have unattended physical or medical problems (including frequent illnesses and infections or sores). It must be stressed that the ongoing priority in all case work is the assurance and maintenance of child safety. The counsellor needs to be in contact with all the service providers, professionals, carers and or appropriate legal organisation to ensure that the child is continuously protected.

Not only is the cessation of the abuse essential for wellbeing and healing, but if the child is not protected from being re-victimised, the trusting relationship between the counsellor and the child can be irreparably damaged. If the abuse continues, the child may lose hope, faith and trust in the ability of the counsellor and other relevant professionals to provide protection (Wickham & West, 2002).

Assessment

Assessment is the core function for counsellors in child and family services. It begins with efforts to engage a child and family in order to build a working relationship where you as the counsellor can encourage participation rather than resistance. The assessment requires the counsellor to make sense of all the information he/she is given about a situation or situations and the people who are involved. The assessment has two purposes:

1. to define exactly what the problem is
2. to identify the available resources to respond or assist in reducing the problem to the best possible outcome.

Tilbury, et. al. (2007) explain that an assessment is the process of gathering all the relevant information associated with a particular question, and analysing that information using the specific knowledge acquired by the counsellor in order to make a decision of what is needed to bring about the best positive result. Put another way, assessment requires the ability to analyse information, then synthesise or combine all that information into a big picture.

While the assessment is generally considered the start of the interactions with a child and their family, it is (in itself) a part of the intervention, forming the basis for further planning. Initial interactions with any client can be skewed and therefore as time goes on and qualitative information is gained re-evaluation of the assessment could be necessary and changes to intervention and planning processes may need to be made.

Tilbury et. al. (2007) explains how research with hospitals and community protection agencies suggests that the workers begin with a hypothesis and then only gather the information that supports that hypothesis disregarding any disconfirming information. Observation bias and the significance of first impressions are sources of error in assessments (McDonald cited in Tilbury, et. al., 2007).

In determining the process that will be used for assessment, consideration needs to be given to the methods that may be required to gain access to the individuals who may be identified as being central to the process. If legal assistance is required, such as notification to a statutory service or an application to a court for an assessment order, the direct and indirect consequences of such a decision needs to be considered carefully.

Notification could rapidly increase the risk to the child, family, counsellor or others peripherally involved. Informed decisions need to be made regarding these situations by gaining information from experienced counsellors sometimes across a number of different agencies. Consideration of the relevant risk factors must be anticipated accurately to minimise causal consequences.

Child abuse cannot be determined in isolation. Consideration of the child, the immediate and extended family, and the wider community is necessary to understand the personal, familial and structural factors that impede or facilitate the family's functioning, hence the child's wellbeing. Tilbury et al. (2007) outlines the types of assessments that may be required to give a brief understanding:

<u>Risk assessment</u>

A risk assessment provides relevant information regarding the likelihood and possible severity of harm that the child or family could be suffer, as an indication of the extent to which statutory or other agencies involvement may be necessary. Risk assessment can occur at any stage of the counsellor's involvement with a family. Generally it is an important part of any child and family assessment.

Child needs assessment

An assessment of the child's needs is carried out to be used as a guide to the intervention planning. The statement of needs must be specific. It is important to note, that the assessment of child needs, is about, what the child needs to be safe, NOT what the parent needs to do, to make the child safe. The difference between these two statements is subtle but fundamentally important.

Family needs assessment

The family needs assessment is an essential part of case planning because while in developing the case plan to meet a parent's or child's needs it is necessary to work with the family to put together a comprehensive assessment of their history, functioning and situation. It is a unique opportunity for the counsellor to build a working relationship which is an essential factor to positive acceptance and consideration of any proposed change to the family.

Carer assessment

Meeting with potential carers is important to gauge their motivation, commitment, and parenting skills. The assessment of carers can be undertaken by government or non-government agencies that have the authority provided by legislation to approve careers for children placed out-of-home. Carers, who are in a couple relationship, need to be interviewed both together and separately.

It must always be remembered that the underpinning principles for assessment, in child protection and family support include:

- Focussing on both child and family
- Drawing from knowledge of child development
- Considering both individual and social factors
- Considering cultural needs and issues
- Working with children and families
- Identifying strengths as well as difficulties
- Collaborating with other agencies in assessment and identification of available services
- Utilising theory and research

Intervention

There is not a clear cut off line from where the assessment ends and the intervention begins in child and family work. Following is a number of approaches to intervention that have been selected because they are consistent with values of self-determination, respect, dignity empowerment and social justice: values commonly drawn upon in child and family work (Tilbury, et al., 2007).

The Systems approach is based on the theory that whatever happens in any part of a system, it impacts on all other parts of the system to a greater or lesser extent. For example, unhappiness within families produces unhappy family members; hence every individual in that family is affected. This also implies that every individual family member has a responsibility in improving the level of happiness in the family. A systems approach allows for consideration of a range of variables impacting on a subject which would include the individual and family; school; work and peers; the community and societal influences.

The goal of the systems approach is to achieve equilibrium between the individual and their social environment. Helping individuals to build bridges between the needs that they have and the available resources they have access to or are capable of achieving.

Family therapy approach

There are numerous family therapies that are based on psychodynamic and system theories, however solution focused approach has recently emerged as being an effective way of helping families.

The solution based approach focuses on solutions rather than problems. This approach promotes brief interventions that focus on what is happening now, rather than why it is happening.

Strength approach

Strength based therapy emerged in contrast to the problem focused theories of the past. Its main value is focusing on the strengths of the individual, the family, the community, and the available resources.

With an emphasis on self-direction, personal responsibility, it allows clients to gain a greater sense of progress. Efforts are concentrated on the future and building resilience rather than seeking to remedy the problems of the past.

Cognitive Behavioural approach

The fundamental basis of CBT is that what an individual thinks influences what that same individual feels, which then influence how that individual will behave. The CBT approach is goal orientated, self-directed, and challenges irrational or negative thinking patterns.

This approach could be considered useful particularly where children have experienced childhood trauma, as cognition (memories) can become distorted, children can blame themselves (irrational thoughts) and CBT helps to challenge and change those irrational beliefs to more realistic and less damaging to the client, through positive reinforcement, affirmations, and other methods of challenging distorted thinking patterns.

Crisis Intervention is a brief immediate method of intervention. Work is directional in that advice and guidance may be given. It is a structured process involving attending to both cognitive and behavioural reactions in the beginning, middle and end of a time limited intervention. The aim is to help individuals to gain coping mechanisms that can be used in long-term change. The effectiveness of crisis intervention is limited for people whose lives are in long term crisis; due to poverty, discrimination or other social circumstances.

Community Development

A community development approach to child protection attempts to understand, at the local level, the needs of parents with children. For example; members in a local community recognise the need for a culturally appropriate community child care facility in suburb A. Members of the community form a group and set about developing the services or facilities to provide that need to the community.

The underpinning theme of community development is to link people together, building individual skills, knowledge and confidence. Furthermore, by connecting community members with the decision-makers in government and business to bring about positive changes in the community, from which individuals will benefit.

Case Studies

"ADDICTIONS AND GROUP WORK"

Overview

A Support Group had been advertised on the display board of the local Drug and Alcohol Treatment Centre in the City where the Counsellor had been seeing each of the members for private counselling prior to the start of the programme.

Ten clients enrolled in the group but by 7:15pm only 5 of the ten group members allocated for the 7pm time-slot, had arrived. Cancellations and rescheduling unfortunately are an issue with people who are challenged with substance misuse. The 5 members present, included:

- Gemma, whose partner died from drowning in a pool next to her at a party where there were many drugs being used of all types; mainly ecstasy, fantasy and speed.
- Wesley, who has been out of prison for six months now. He has been addicted to morphine and heroin and has since taken up alcohol (because it's legal).
- Cobi, previously a paramedic who was diagnosed with A.D.H.D. and used amphetamine/methamphetamine (speed) because it used to get him through the horrors of his nights.
- Effie (Frangelica), who has deep-seated self-esteem issues. She used to smoke cannabis, just to take her away from reality and ultimately aiming to de-stress her.
- Jasmine, who became an alcoholic when her husband died in her arms from an operation that went terribly wrong.

The goal of the group was to share ideas and strategies associated with the maintenance and well-being of each group member. Each week a member would be expected to deliver a positive idea or event that happened to them during the previous week.

Introduction

(Group Facilitator will be abbreviated to GF)

GF: Good evening. I am the facilitator of this group where we will be predominantly working with the effects of addictions. We have all decided to create a support group for sharing our experiences, our strengths and our weaknesses so that we begin to understand that we are not alone in our situations.

Because some of us have journeyed along a path that has been amazingly eventful, we all want to know that our stories are all confidential and must not be shared with others outside of this room. If you choose to elaborate on a story that belongs to somebody else, please be aware that it is expected you do not use that person's name.

Please remember that my duty of care, as it exists for us in counselling, also applies here. So if I consider that you, or another person, are at risk of harm, I am obliged to uphold your safety and the safety of others. This may mean that I will need to disclose information to people outside of this group. Of course, where possible I will seek your support on this before acting. Is that understood?

GF: (Addressing the group as a whole) I would like to find out what everyone in the group thinks about the issues of addictions in their own lives. Let's move around the circle now starting with you, Wesley.

Wesley: While I was in jail I was medicated most of the time because of my aggressiveness, I just wanted to fight everybody because I hated myself. I've been hated all my life from when I was a little kid, my mother would tell me all the time how much she hated me 'cause I looked like my Dad.

So after five years of being given morphine for pain from many beatings and then heroin when I got out I didn't want to start stealing again to keep feeding my habit so I slowly went off heroin with anti-depressants I got from the doctor, then I became addicted to Valium and used that too much with rum to wash them down. I know I was just swapping the witch for the bitch to cover my own self-loathing. I realise this but I have all this anger inside me.

> "Prescribing a drug also gives doctors the illusion that they have solved the problem while, in fact, all they have done is to postpone it, and they may have created a new problem in the process." (Parkes, et al., 1996)

GF (after some further sharing from group members, initiate a break): What we'll do at this point is take a short break with some deep-breathing exercises to relax those who have shared so far and for those who have not yet had the opportunity and may be getting a bit apprehensive about sharing. So to begin let's just close our eyes for a while and focus on a very safe place we have visited or would like to visit, it can be anywhere you want as long as you are feeling peaceful and relaxed.

(The GF gently touches the CD player and calming music filters out, soft orchestral slow tones mixed with bushland sounds of birds chirping and the sound of water trickling along a stony path). "Many groups, particularly those with members suffering from high levels of mental and/or physical stress, find it useful to include periods of time devoted to relaxation." (Brown, 1994)

Break for Supper

Two members head outside to the street to have a cigarette and when they rejoin the group they have brought in the two other members who were late because they got "side-tracked". Curtis and Stolli have stated that they would like to join in because they've heard this is a group to help them get off drugs. Stolli states he wants to bring his girlfriend Chloe in who is waiting outside.

The facilitator settles the group when the members become quite agitated at this turn of events. The two new people have the procedures and rules of the support group explained to them. They must make an appointment by phoning the office the next day during business hours and they will be quite welcome to join in with the next lot of participants in four weeks time.

The first Monday of every month is designed for new members joining. This way the previous participants can continue with the support group however they must make allowances for the new participants as they arrive. Under no circumstances are there to be anyone joining the group who is presently using any type of illicit drug.

Curtis and Stolli appeared to be using some stimulant and this created chaos with the members in attendance. This only enhanced their craving which endangered their safety and sobriety. They had come this far and having people join in who could possibly sabotage their safety was beyond their expectations.

Curtis and Stolli are not permitted to join in halfway through the group. This is a serious exercise for the participants who have made quite an enormous decision to participate in a group that has the potential to change the shape and destiny of their lives as they know it.

Effie has been quiet up to this point and just as the time came for her to disclose her story, Jasmine who was sitting beside her and beside the counsellor/facilitator, jumped up and screamed pointing to Effie's shirt. With this loud interruption from Jasmine who had sat silently the entire time, created havoc in the group. The participants all jumped around not knowing why they were jumping around, some almost in a state of panic.

It took some time to settle the group and it was revealed that Effie had brought her pet rat along inside her shirt for comfort. She was so attached to this pet that she did not want to leave it at home for fear of its safety. Jasmine hated crawly things she stated and said it was ridiculous that this girl should have this rat in the group. Trying to calm the group once again, the GF asked what the rat's name was.

There was quite a bit of discussion around Effie's pet rat with a suggestion being offered that members bring along photos of their pets for the following week. Unfortunately Effie's pet rat would have to stay at home through the following support group evenings and enjoy his time out.

Time for Jasmine (the group's quietest member). She disclosed that ever since her husband had died five years previously she had used alcohol as a sedative to help her sleep. The alcohol had allowed her to block memories of him dying in her arms and all other previous memories that led up to that time and since that time, so that each day merged into the other.

Last month she made a promise to one of her sons that she would stop drinking before his wife had their first child. She stated she did not wish to elaborate at this time, for fear of losing control of herself and ending up a blubbering mess.

According to Parkes, et al. (1996), "Some group leaders adopt a structured approach, moving from the discussion of facts, to thoughts and then feelings about what happened. We prefer a more spontaneous approach, allowing group members to decide upon the group's priorities and intervening only if the group becomes bogged down or dominated by one particular individual or faction. It is important that everybody has the opportunity to be heard, even though some may prefer to remain silent."

Conclusion

GF: Thank you all for sharing; this has been a tremendous first night. We will meet again next week as planned, please be on time because the two hours fly by so fast.

And now to end this session of group work let's conclude with the Serenity Prayer.

You may wish to join in as you remember the words:

> "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and (the) wisdom to know the difference." (Niebuhr)

"MULTICULTURAL COUNSELLING"

Australia is a land of enormous cultural diversity. Almost one quarter of our population were born in another country, yet most mainstream services mirror only broad Australian values and attitudes. Many of our multicultural clients may prefer to talk with a counsellor from their own cultural background, but often this may not be possible. It is therefore important that as counsellors we are able to offer a consistent and competent service to all our clients regardless of their language and cultural diversity.

Culture is a complex system of beliefs, habits, behaviours, attitudes and values that structures and preserves politics, religion, ideology, and education. Individuals grow up within a cultural landscape and their development is often mediated by the culture - their behaviour expressing what is considered "normal" and acceptable by the society in which they live. Often people are not aware of how much their culture influences their lifestyle and behaviour. It is not until you come into contact with another culture that the broad contrasts become visible.

It is therefore vital for counsellors to understand that a behaviour considered dysfunctional or inappropriate by western standards may be completely acceptable in other cultures, similarly, behaviours that are acceptable by our standards may be seen as unhealthy, sinful or unusual by others. Just as behaviour is influenced by culture, maladaptive behaviour can also be culturally specific.

Counselling offers people an opportunity to talk freely and openly in a manner that sometimes is not possible in the company of friends and family. However, for clients from different language or cultural backgrounds, they may not be aware of the services available to them, or are unsure of how to access them. Language may also be a barrier to some client's attempts to get help. Utilising the services of a bilingual family member may be useful in some cases, but issues of confidentiality must always be taken into account.

When a client comes to be counselled, a professional counsellor will be aware that some of the client's problems may be of a cultural nature that may not be understood or recognised within the counsellors own culture. As a first step to being an effective multicultural counsellor, there are some issues of which you need to be aware:

- Recognise that differing values and cultural attitudes exist in different cultural groups. Acquaint yourself with the differing aspects of the cultural group you may find yourself regularly working with.

- Ensure the information you give your clients (referrals, theoretical concepts, etc.) is sensitive to their language ability, but never talk to your client as though they were a child.

- Be aware of socialisation patterns and how individuals in different cultures are taught to think, believe and act.

- Recognise that there are different beliefs regarding health and illness, and be prepared for adverse reactions to the idea of 'mental illness', or being thought of as a 'head-doctor' regardless of your professional title.

- The role of gender and the family varies enormously in different cultures and are often much more pronounced than in Western society.

- Your client may also experience cognitive dissonance which occurs when problem behaviours arise as a manifestation of a conflict between their familial culture and the culture in which they now live.

An effective counsellor must be sensitive, resourceful, perceptive and imaginative. An effective multicultural counsellor must obey the following rules:

1. Respect people's choices. What may be acceptable to one person may be culturally inappropriate for another.

2. Learn from your clients.

3. Develop a culturally sensitive approach to all your clients, even if they do not come from diverse backgrounds. Avoid working within a cultural stereotype, and if you do not understand something - ask.

4. The most effective technique will be one that acknowledges the values and beliefs of your client's culture.

Case Study - Introduction

It is important to keep in mind that the following scenario is only one of a multitude of possibilities. It is useful to illustrate how the theory behind Professional Counselling can be employed to help clients from a range of cultural backgrounds.

Lin and Han recently moved from Vietnam to Australia so Han could work as a General Practitioner. He has been working as a doctor in Vietnam for over five years but his qualification was not recognised by Australian authorities and he must complete a two year retraining course. Lin had worked for her family's jewellery business and now must work two jobs to help support Han while he studies. Both Lin and Han came from large, extended families. They have been married for three years.

Lin and Han have now been in Australia for six months and have been having difficulties in their relationship. They are living in a small apartment near the university where Han studies. Although they are friendly with their neighbours, they do not socialise much with them because they are considerably younger than themselves. Han and Lin have come to see a counsellor in the hope they can work through some of their problems.

Essential Case Information

Lin feels that Han has abandoned her and spends too much time at the university. She feels that he does not prioritise her and he only cares about his study. She is very lonely and tired. Lin works two jobs during the week but does not feel attached to any of her co-workers. She feels something is missing from her life and that Han should be more supportive.

On the other hand, Han feels that he is working hard at university so that he will be awarded his qualification and be able to provide for Lin. Han believes Lin is being too clingy and over-protective, constantly asking him to stay at home and spend time with her. In Vietnam she was very independent. Han says that he has many goals to achieve and wishes Lin would be more supportive of his studies.

He also believes that Lin is selling herself short by working at a newsagency and at a bakery on the weekends. He says that Lin used to manage the family's business and she has the qualifications and experience to find a similar job in Australia.

Han knows that Lin is unhappy and does not understand why she does not look for a more satisfying job. Han and Lin have not talked much lately, although Lin did say she wants to return to Vietnam. Han wants her to stay and make a name for himself.

After gathering the background information "C" completed Personality Need Type Profiles on Lin and Han. "C" identified that Lin is a Type C and that due to the move she has lost not only the security of her own job, but Han's as well. More importantly, she has lost the security of her family which played a vital role in her life. She lived and worked with members of her extended family. Although she loves Han, she feels her life has become empty and precarious. She does not know if the retraining course Han is undertaking will result in his being granted residency. Her own job exists on a week-to-week basis.

"C" identified that Han is a Personality Need Type D. He feels he lost a lot of face coming to Australia and having to retrain as a doctor when he was already a successful practitioner in Vietnam. He feels quite shameful about this, but does not want to tell Lin how he feels. Han's father and two older brothers are doctors and he feels he must prove himself to them, and having Lin moping around the house when he is trying to study annoys him. Han is quite reserved about his feelings and chooses to stay in the library and study rather than talk to Lin about them.

Both Lin and Han felt that their dissatisfaction with their relationship may drive them apart. "C" suggested that their problems may be due to conflicts caused by clash of their Vietnamese cultural upbringing and the situation they now find themselves in which is affecting their needs. For example, Lin may be emotionally dependent on her large extended family and the security they provided. The family can play a much more explicit role in Asian culture that Australian culture, and the support, comfort, and protection Lin's family provided in Vietnam cannot be replicated by Han alone. Similarly, Han's drive and determination to better himself may be seen not only as a manifestation of his Type D personality, but also as a reflection on his Asian upbringing which focuses on individual success and prosperity. This may also explain why Han wants Lin to find a more prestigious job.

After explaining their Personality Need Types and the influence of their Asian background "C" asked Lin and Han if they could see a way to overcome their difficulties. After discussing many options it was agreed that Lin would investigate support from the local Vietnamese community. Lin felt that it would help her if she could talk with others who have experienced similar difficulties. "C" also explained that this new group could help her meet some of her security needs. It was also discussed that this may take some pressure off Han as Lin would be meeting some of her security needs elsewhere.

"C" then directed the discussion towards Han and his role in the relationship. Han expressed that he didn't like Lin being unhappy but that he wanted a chance to prove himself in Australia and felt that she should support him. He stated that he also missed the large family. The discussions lead to his avoidance of the issues with him choosing to study at the library rather than at home. Han began to realise that this was only making the problem worse.

Lin agreed that if Han came home to study she would make the effort not to 'mope' but also asked that Han be supportive of her and the changes that she has had to adjust to. Han agreed to assist Lin in setting up networks of friends and stated that he felt he already had a better understanding of the problem from talking it over. In cases like this the counsellor should assess not only the personality type of the client, but the cultural upbringing and expectations the client possesses in order to evaluate how the culture has mediated their personality needs. In the case of Lin and Han, their cultural background may have worked to amplify their personality types and needs, and an effective Counsellor will acknowledge this when applying their counselling technique.

Recommended Readings

Below is a list of recommended publications which discuss the issue of diversity in mental health care – divided into 4 categories: Understanding Diversity; Diversity in Professional Practice; Counselling Diverse Populations and; Application of Theory to Practice.

UNDERSTANDING DIVERSITY

→ Watson, E. P., Herlily, B. R., & Pierce, L. A. (2006). Forging the link between multicultural competence and ethical counseling practice: A historical perspective. *Counseling and Values*, 50(2), 99-107.

→ Black, L. L., & Stone, D. (2005). Expanding the definition of privilege: The concept of social privilege. *Journal of Multicultural Counseling and Development*, 33(4), 243-255.

DIVERSITY IN PROFESSIONAL PRACTICE

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COUNSELLING DIVERSE POPULATIONS

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APPLICATION OF THEORY TO PRACTICE

→ Houser, R., Wilczenski, F. L., & Ham, M. (2006). Cultu*rally relevant ethical decision-making in counseling*. Thousand Oak, California: Sage.

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