

WHAT IS COUNSELLING AND HELPING?

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CHAPTER OUTCOMES

By studying and doing the activity in this chapter you should:

- gain some knowledge about who are counsellors;
- gain some knowledge about who are helpers;
- have an introduction to what counselling is; and
- be introduced to the lifeskills counselling approach.

These are some concerns that people might wish to share with another:

'I get very anxious when asked to speak in class.'

'I feel far too stressed out at work.'

'I want and need to relate better to my wife and children.'

'I lose my temper much too easily.'

'I still have to live at home, but do not get on well with my family.'

'I want to accept the fact that I am lesbian/gay.'

'I get very nervous before and during exams.'

'I'm poor at relating to my work colleagues.'

'I'm about to retire and don't know what to do with my life.'

'I'm going to die soon and want someone to talk to.'

'I feel bullied at school and don't know how to handle it.'

'Now I've stopped taking drugs I feel very vulnerable.'

'I'm extremely shy and have great difficulty making friends.'

'I'm just recovering from a heart attack and need to develop a healthier lifestyle.'

There are seven main categories of people who either use or might use counselling skills to help others to cope with these concerns:

- *Professional counsellors and psychotherapists.* Specialists who are suitably trained, accredited and paid for their counselling services. Such people can include clinical and counselling psychologists, psychiatrists and social workers.

- *Paraprofessional counsellors.* People trained in counselling skills who use them as part of their jobs, yet who do not hold an accredited counselling or psychotherapy qualification. Some social workers fall into this category, whereas others may be qualified counsellors and psychotherapists.
- *Voluntary counsellors.* People trained in counselling skills or with full counsellor training who work on a voluntary basis in settings such as Relate in the UK or Relationships Australia, youth counselling services, church-related agencies and numerous other voluntary agencies.
- *Counselling, psychotherapy and helping trainees.* Trainees using counselling skills on supervised placements as part of counselling, psychotherapy and helping courses.
- *Helpers using counselling skills as part of their jobs.* Here the main focus of the job may be nursing, teaching, pastoral work, supervising or managing, and providing services such as finance, law, funerals, trade union work and so on. These jobs require people to use counselling skills some of the time if they are to be maximally effective.
- *Peer helpers.* People who use counselling skills as part of peer helping or support networks of varying degrees of formality. Such peer support networks frequently cover areas of diversity such as culture, race, sexual orientation, and focused support for women or men.
- *Informal helpers.* All of us have the opportunity to assist others, be it in the role of partner, parent, relative, friend or work colleague.

Though this book focuses on counselling and helping, in recent years there has been a great increase in coaching for the less disturbed (Liston-Smith et al., 2011). Just as counsellors and helpers use some coaching skills, coaches training individuals and groups in various work, relationship, health, leisure and other skills areas often use counselling skills in their endeavours.

COUNSELLING, PSYCHOTHERAPY AND HELPING

COUNSELLING AND PSYCHOTHERAPY

'Psychotherapy' is derived from the Greek word *therapeia*, meaning healing. Attempts to differentiate between counselling and psychotherapy are never wholly successful. Both represent diverse rather than integrated knowledge and activities, so it is more accurate to think of 'counselling approaches' and 'psychological therapies'.

Some ways of distinguishing counselling from psychotherapy include: psychotherapy focuses on personality change of some sort, while counselling focuses on helping people use existing resources for coping with life better (Tyler, 1961); they are the same qualitatively, but differ only quantitatively in that therapists listen more and engage in less informing, advising and explaining than counsellors (Corsini, 2008); and psychotherapy deals with more severe disturbance and is a more medical term than

counselling. Probably most psychiatrists still view themselves as conducting psychotherapy rather than counselling. In addition, 'psychotherapy' is a term used to discuss longer-term and deeper work with mental disorders, though this is not always the case. However, many psychologists and counsellors work in medical settings, have clients with recognized medical disorders and do longer-term and deep work. Furthermore, the distinction between people who have mental disorders as contrasted with problems of living is not clear-cut.

Many psychologists, such as Corey (2012) and Patterson (1986) use the terms 'counselling' and 'psychotherapy' interchangeably, and Patterson concludes that there are no essential differences upon which agreement can be reached. Both counselling and psychotherapy use the same theoretical models and stress the need to value the client as a person, to listen sympathetically, to hear what is communicated, and to foster the capacity for self-help and responsibility. Consequently, even in medical settings the term 'counselling' may be just as appropriate as 'psychotherapy', and increasingly it has come to be viewed as either the same as or similar to psychotherapy.

In Britain there has been a recent development emphasizing the similarities between counselling and psychotherapy. In 2000, the British Association for Counselling changed its name to become the British Association for Counselling and Psychotherapy (BACP). A prime reason for this was that many of its members already considered themselves psychotherapists. In 1998 the Psychotherapy and Counselling Federation of Australia (PACFA) was established. Here, as well as commonalities, some differences are still acknowledged. For instance, though work with clients may have considerable depth, the focus of counselling is more likely to be on specific problems or changes in life adjustment, with psychotherapy more concerned with the restructuring of the personality or self. Psychotherapists are more likely to work very intensively with more deeply disturbed individuals who are frequently seen over a long period of time. Counsellors are more likely to work in specific areas where specialized knowledge and method are needed: for instance, marital and family counselling and school counselling. It remains to be seen, however, how long PACFA continues to make such distinctions.

Many British and Australian counsellors and psychotherapists are members of neither BACP nor PACFA. Some receive their qualifications from other professional associations, such as those in counselling psychology, clinical psychology and psychiatry, and consider this sufficient. Furthermore, in Britain, in addition to BACP there is the United Kingdom Council for Psychotherapy (UKCP), which has organizational members training people in psychotherapy.

What constitutes professional training as a counsellor or psychotherapist? Though subject to change, the following provides some idea of requirements.

Courses recognized by BACP have a minimum of 400 hours' staff/student contact time, with, in addition, students undertaking a minimum of 100 hours of supervised counselling practice. Such courses can last for one year full-time or can be spread over two, three or four years part-time. Training offered by organizational members of UKCP is not normally shorter than four years' part-time duration. Such training involves supervised clinical work and usually personal therapy in the model being taught.

In Australia, the PACFA *Professional Training Standards* requires courses run by its member associations to consist of a minimum of 200 hours of person-to-person psychotherapy and/or counselling training and 50 hours of supervision relating to 200 hours of client contact. PACFA requires undergraduate courses to have 350 hours of training plus 50 hours of supervision relating to 200 hours of client contact over a minimum of three years (PACFA, 2012). PACFA also requires those wishing to join its register as full members to have completed 750 hours of counselling post-training and 75 hours of supervision over a minimum of two years.

Regarding professional counsellors and therapists, two further points are worthy of mention. First, a number of people, such as some social workers and nurses, combine professional qualifications in their primary role with professional qualifications in counselling and psychotherapy. Second, completion of an approved course in counselling and psychotherapy training can no longer be equated with accreditation, since increasingly professional counsellors and psychotherapists are required to undertake mandatory continuing professional development (CPD) requirements by their professional associations if they are to achieve and maintain accreditation.

I agree that there is considerable overlap between counselling and psychotherapy. Nevertheless, throughout this book I mainly use the terms 'counselling' and 'counsellor' in preference to 'therapy' and 'therapist'. This is partly for the sake of consistency and partly because 'counselling' is a less elitist term than 'therapy' and lends itself more readily to the overall objectives of the book.

WHO ARE HELPERS?

Sometimes the term 'helper' is used as a generic term to cover all those engaged in using counselling and helping skills, whether they are counselling and psychotherapy professionals or not. However, increasingly the professionalization of counselling and psychotherapy makes such usage inaccurate. Here the term 'helper' is used in a more restricted sense to include all those people who offer counselling skills to other people, yet who are not qualified and accredited counsellors, psychotherapists or their equivalent.

Paraprofessional counsellors are trained in counselling skills, but at a level that falls short of professional counselling or psychotherapy accreditation. For example, some nurses have attended a number of counselling skills courses and may be effective at dealing with the problems of specific categories of patients. People with such backgrounds might be called counsellors in their specific work settings, for example nurse counsellors. Alternatively, they might continue to be called nurses. However, if it is intended that the term 'counsellor' in a given context be limited only to those with recognized specialist professional qualifications and accreditation in the area, nurses doing paraprofessional counselling should more appropriately be categorized as helpers, despite the quality of their skills, which may be considerable.

Overlapping with paraprofessional counsellors are helpers who use counselling skills as part of their job. For example, many social workers and probation officers are not accredited counsellors, yet make extensive use of counselling skills with their client populations. In addition, school teachers may perform counselling roles: for instance, helping students to study better, deal with difficult classmates and make decisions about their futures. The range of helpers using counselling skills goes far beyond those in the so-called helping professions: for instance, bosses and supervisors at work, financial advisers, lawyers and undertakers may all use counselling skills to provide the best possible professional service for their clients.

Another group of helpers is composed of volunteers, who may be called either volunteer counsellors or volunteer helpers. Volunteer counsellors or helpers perform numerous roles: for example, working with schizophrenic clients and their families, people who are HIV-positive or have AIDS and those close to them, or with bereaved people, those on drugs, people with relationship problems and with those adjusting to new cultures. Such volunteers may possess varying levels of training and sophistication in using counselling skills.

Last, but not least, counselling skills can be useful for those engaging in peer helping and in informal helping. For example, members of both women's groups and men's groups may help one another to become more effective by using counselling skills. One useful form of peer helping is known as 'co-counselling', where each partner takes a turn at helping the other, say for 20 minutes each way or, if thought desirable, for longer. Informal helping is often one-way only, for instance parent-child.

Let's take a further look at some ways in which helpers can be distinguished from professional counsellors. So far two main distinguishing features have been identified. First, helpers perform different *roles* from those of counsellors. Counsellors have as their primary role conducting counselling, whether individual, couples, group or family counselling. Helpers often either have their primary role in another area or are using their skills in

voluntary and peer support capacities. Second, related to the different roles, helpers differ from counsellors in their *training*. Counsellors are primarily trained to counsel, whereas helpers may be primarily trained to be social workers, nurses, probation officers, priests, welfare workers, managers or carry out a host of other occupational roles. Furthermore, voluntary workers usually have primary work roles in non-counselling occupations, for which they are likely to have received the major part of their training.

The *goals* of helpers can both overlap with, yet differ from, those of counsellors. The primary purpose of counselling and psychotherapy is to help clients address psychological issues in their lives, for example becoming less depressed or anxious, and to work through decisions and crises that have a distinct psychological dimension to them. Sometimes such psychological issues are central to helping. On other occasions, helpers use counselling skills to assist people to achieve goals where the overt psychological dimensions may appear secondary, if not irrelevant, to the recipients of the services. Some examples of this almost covert application of counselling skills would include the offering of pregnancy advice or spiritual assistance.

The *settings* or contexts can also differ. Most often counselling takes place in offices, private or institutional, set aside specially for that activity. The décor of such offices is designed to support the purpose of counselling: for instance, functional easy chairs with a coffee table between them. Often counselling services are located in specially designated areas, for instance student counselling services. Helpers may sometimes use counselling skills in areas designed for counselling, for instance in some voluntary agencies, but frequently they use counselling skills in locations that represent their primary work role: personnel offices, classrooms, tutorial rooms, hospital wards, outplacement clinics, churches, banks, law offices and community centres. Furthermore, while counsellors rarely go outside formal locations, helpers such as priests, nurses, social workers and members of peer support networks may use counselling skills in people's home settings.

Another distinction is that the *relationship* in which helpers use counselling skills often differs from the more formal counselling relationship, which is likely to have clear boundaries structured around the respective tasks of counsellor and client. Sometimes helping relationships may have similarly clear helper–client boundaries, though the prime agenda may or may not be psychological counselling. Frequently, however, helping takes place in the context of other relationships, such as teacher–student, priest–parishioner, line manager–worker, social worker–client, nurse– or doctor–patient. Although dual relationships, in which counsellors perform more than one role in relation to clients, are frowned upon in the professional counselling context, they may be built into the fabric of many helping relationships. And, as mentioned above, helping relationships may include home visits or even meetings on neutral territory such as cafés or clubs.

USING TERMS IN THIS BOOK

Throughout this book, I use the term *counsellor* to refer to both counsellors and helpers. The term *helper* is insufficiently specific to the population that I wish to define. Anybody who provides a service – including shopkeepers, electricians and plumbers – could be regarded as helpers. However, such people are much less likely to be regarded as counsellors. The word ‘helper’ also has connotations of placing the recipients of help in a dependent position. The helper may be doing things *to* or *for* the persons being helped rather than *with* her/him. In addition, the word ‘helper’ obscures the idea of self-help that I want to emphasize. The purpose of counselling and helping is to assist people to become their own best helpers. Throughout the book the term ‘*client*’ is used for recipients of both counselling and helping.

WHAT IS COUNSELLING?

The term ‘counselling’ is used in a number of ways. One dimension, already discussed, is related to the *people who counsel*. Other considerations for defining counselling include viewing it as a *relationship*, a *repertoire of interventions*, a *psychological process* and in terms of its *goals*.

COUNSELLING AS A RELATIONSHIP

Virtually all counsellors agree that a good counselling relationship is necessary to be effective with clients. Some counsellors regard the counselling relationship as not only necessary, but sufficient for constructive changes to occur in clients (Rogers, 1957). One way to define counselling involves stipulating central qualities of good counselling relationships. Suffice it for now to say that these counsellor-offered qualities, sometimes called the ‘core conditions’, are empathic understanding, respect and acceptance for clients’ current states of being, and congruence or genuineness. Terms like ‘active listening’ and ‘rewarding listening’ are other ways of expressing the central skills of the basic counselling or helping relationship. Those viewing counselling predominantly as a helping relationship tend to be adherents of the theory and practice of person-centred counselling (Rogers, 1961; Raskin et al., 2011).

COUNSELLING AS A REPERTOIRE OF INTERVENTIONS

Most counsellors would regard the counselling relationship as neither sufficient in itself nor sufficiently expeditious in its outcome for constructive

client changes to occur. Consequently, they set store by a set of interventions in addition to the counselling relationship. Alternative terms for interventions are 'counselling methods' or 'helping strategies'.

Counsellors who deploy a repertoire of interventions need to consider carefully which interventions to use, with which clients, and with what probability of success. Counsellors' repertoires of interventions reflect their theoretical orientations: for instance, psychoanalytic counsellors use psychoanalytic interventions, cognitive therapy counsellors use cognitive therapy interventions, and Gestalt counsellors use Gestalt interventions. Some counsellors are eclectic and use interventions derived from a variety of theoretical positions.

COUNSELLING AS A PSYCHOLOGICAL PROCESS

In this book the word 'counselling' is used as a shorthand version of the term 'psychological counselling'. Whether viewed either as a relationship characterized by the core conditions or as a repertoire of interventions derived from different theoretical positions, counselling is a psychological process. There are various reasons for the fundamental association between psychology and counselling. The *goals* of counselling have a mind component in them. In varying degrees, all counselling approaches focus on altering how people feel, think and act so that they may live their lives more effectively. So the *process* of counselling is psychological. Counselling is not static, but involves movement between and within the minds of both counsellors and clients. In addition, much of the process of counselling takes place within clients' minds between sessions and when clients help themselves after counselling ends. The underlying *theories* from which counselling goals and interventions are derived are psychological (Corsini and Wedding, 2011; Dryden, 2007; Nelson-Jones, 2011). Many leading counselling theorists have been psychologists: Rogers and Ellis are important examples. Most of the other leading theorists have been psychiatrists, for instance Beck and Berne. Finally, psychological *research* contributes both to creating counselling theories and to evaluating counselling processes and outcomes.

GOALS FOR COUNSELLING

Counsellors' and helpers' use of counselling skills can be broken down into five different goals. These goals, in varying degrees, are appropriate in different circumstances.

The first or *supportive listening* goal is to provide clients with a sense of being understood and affirmed. Attaining this goal requires counsellors to be skilled at listening to clients, taking their perspectives and sensitively showing them that they have been heard accurately. Counsellors with good

listening skills can comfort, ease suffering, heal psychological wounds and act as a sounding board for moving forward. For instance, an employee just made redundant, a patient recently given a diagnosis of a life-threatening illness or a school child who has been bullied may, above all, need counsellors and helpers able to listen deeply.

Second, there is the *managing a problem situation* goal. Clients may want help dealing with specific situations that are problematic for them. In addition, counselling may best proceed if a specific situation within a larger problem is addressed rather than trying to deal with the whole problem. With a shy college student, rather than focus on the broader problem of shyness, counsellor and client might focus on a particular shyness situation of importance to the client, such as being able to start a conversation with a classmate. Supportive listening and managing problem situation goals are perhaps the easiest goals for beginning students and helpers to focus on.

Third, there is the *problem management* goal. Though some problems are limited, many other problems can be larger and more complex than specific situations within them. For instance, Amelia's problem was that she felt depressed. Together the counsellor and Amelia identified the following dimensions to her problem: obtaining or creating employment for herself, being more assertive with her husband, participating in recreational outlets, reactivating her friendship network, and learning to sleep better. Egan's *The Skilled Helper* (2010) is a prime example of a book with a major focus on problem management.

Fourth, there is the *strengthening insufficiently strong skills that create problems* goal. Other terms for insufficiently strong skills include 'weak', 'problematic' or 'deficient' skills. Here the assumption is that problems tend to repeat themselves. In the past, clients may have been repeating insufficiently strong mind skills and communication or action skills and are at risk of doing so again. For instance, workers who cannot stay in jobs may again and again set themselves up to become unhappy or to get fired. Thus the problem is not just dealing with the presenting problem, but altering the insufficiently strong skills that create, sustain or worsen the problem.

Fifth, there is the *enhancing skills strengths* goal. Here clients may not come to counselling with specific problems but wish to function even better than they do now. Another way of looking at these goals is that they are positive counselling goals. Though positive psychology is also relevant to managing problems and changing insufficiently strong skills that create problems, here the main emphasis is on helping well-functioning people give to and get even more out of life.

Whatever the counsellor's theoretical position, counselling goals emphasize increasing clients' personal responsibility for creating and ordering their lives. Clients need to make choices that enable them to feel, think and act effectively. They require the capacity to experience and express feelings,

think rationally and take effective action to attain their goals. Counsellors tend to be most effective when they enable clients to help themselves after counselling has ended. Thus the ultimate goal of counselling is self-helping, so that former clients become their own best counsellors.

THE LIFESKILLS COUNSELLOR

Clients are much more likely to become skilled in specific ways and as human beings if they work with skilled counsellors. Lifeskills counsellors hold humanistic values either within or outside of religious frameworks (Kelly, 1995). These values include respect for each individual, acknowledgement of human fallibility, belief in human educability, belief in the human potential for reason and social living, and a sincere desire for a better world. Furthermore lifeskills counsellors subscribe to a theoretical framework that integrates elements of existential-humanistic and cognitive behavioural psychology.

Lifeskills counsellors are practitioner-researchers who constantly make, implement and evaluate hypotheses about helping clients change. At least four sources of knowledge enlighten and inspire their counselling. First, they attend to theoretical knowledge. Their underlying theoretical framework requires continuous updating in light of new knowledge about human development and change. Second, lifeskills counsellors endeavour to keep abreast of relevant research findings into the processes and outcomes of counselling. When working in a speciality area, for example career counselling or marriage and family counselling, they focus on pertinent research literature. Third, lifeskills counsellors continue to learn from their practical counselling experience. They actively seek to counsel more effectively by evaluating their counselling and, where necessary, modifying what they do. Fourth, lifeskills counsellors are alive and vibrant human beings who learn from personal experience outside of counselling. This is especially important for counsellors operating within a framework that assumes that fundamentally both counsellors and clients require the same skills of living. Counsellors who can acquire, maintain and develop good mind skills and communication/action skills are likely to be better placed to help clients.

Lifeskills counsellors are developmental educators. Taking into account the state of readiness, expectations and skills levels of each client, they flexibly use both relationship and training skills. The focus of counselling includes nurturing and healing vulnerable clients, assisting clients with specific problems and decisions, crisis management work and preventive and developmental lifeskills training. The clientele for counselling may be an individual, a group or an organization. Lifeskills counsellors are always conscious of ways to 'seed' or disseminate counselling skills. Furthermore they

realize that sometimes ‘upstream’ counselling focusing on organizational policies, practices and personalities that create and sustain problems may be necessary either instead of or in addition to ‘downstream’ counselling with individuals or groups of clients (Egan and Cowan, 1979).

Within an educational framework, lifeskills counsellors use a range of training interventions focusing on feeling, thinking and action. They tend not to be psychological archaeologists or historians – instead they choose to focus mainly on clients’ present and future. In particular, counsellors collaborate with clients to identify specific insufficiently strong skills that sustain difficulties. Then counsellors assist clients in shifting the balance of these skills to greater strengths.

INTRODUCTION TO ACTIVITIES

Each chapter in this book contains one or more activities to help you to develop your knowledge and skills. Though it is assumed that you are learning counselling and helping skills in a training group, this may not always be the case. Nevertheless, you may still want to perform the activities either with a partner or, possibly, on your own. You will enhance the value of this book if you undertake the activities diligently. While practice may not make perfect, it certainly can increase competence.

Trainers and trainees can decide how to proceed with each activity: for instance, whether the activity should be done as a whole-group exercise, in threes, pairs, individually or using any combination of these approaches. When doing the activities, all concerned should ensure that no one feels under pressure to reveal any personal information that she/he does not want to. To save repetition, I mention these instructions only once here and not at the start of each activity.

Activity 1.1 What is counselling?

On your own, with a partner or in a group, answer the following questions:

- 1 What does the term ‘counselling’ mean to you?
- 2 How, if at all, might you distinguish counselling from helping?
- 3 How, if at all, might you distinguish counselling from psychotherapy?
- 4 What do you view as the goals of counselling?
- 5 What do you think of applying the concept of skills to clients as well as to counsellors?
- 6 Critically discuss the idea that counsellors are primarily psychological educators whose role is to help clients develop their lifeskills.