UNIT - III

Counselling relationship

THE THERAPEUTIC RELATIONSHIP

Regardless ot the setting in which vou practice counseling-whether in a hool. agency, hospital, or private practice-the relationships you develop with vou cients are crucial to anv progress you might make together. For without a high degree of intimacy and trust between two people, very little can be accomplished. It is this sense of safety that is the single organizing principle of counseling. in which clients are continually checking out danger signalsin the relationship with the counselor-and in all other relationships. Make a mental list of the important relationships in vour life. Include friendships. Add vour parents. siblings, and other
relatives. Perhaps a few teachers. coworkers, or classnmates might also be considered intluential in vour world. Now, what do your best relationships--all those you have ever knownhave in common? What are the characteristics vou consider to be most crucial in your past, present, and future i nteractions with other Important relationships in
almost any context, except adversarpiaelo,phlea? certain desirable elements-trust, for one. Mutual respect, openness, accep tance. and honesty are others. Whethher we are examining personal relation- ships or the unique contact between counselor and client, there will be simi- larities For in all kinds of relationships, helping or othenWise, we desire intimacy and intensity. And I might sav that the qualitv we are able to create in these dimensions is directly related to the personal enrichment of our lives. [might say the same for helping relationships. I might-but I

won't.Relationships are the forum for change to take place. Regardless of the theoretical orientation that is preferred or the techniques that are employed, it is the connection between client and counselor that is the basis for all further work.

2. The relationship has an explicit goal and purpose-to end it as soon as therapeutically possible.

3. There is an understanding tliat one person (the counselor) has more control, responsibility, and expertise in making things go smoothly and helpfully, whereas the other person (the client) is more important.

4.The relationship is essentially one of interpersonal influence in whichthe counselor seeks to promote changes in the client through skills, powers, and the force of interacting personalities

5. Therapeutic relationships exist in a cultural context. They are likely to be more helpful when they are constructed in such a way that respects the values, expectations, and needs of clients and their cultural backgrounds, including ethnicity, socioecconomic class, religion, gender, and other relevant factors.

6. The interactions are structured to make the most efficient use of time.

Small talk and other meaningless prattle common to personal encounters

Prioritizing and Selecting Client Problems and Goals

Often, we wish clients would come to their intake interview with a single, easily articulated problem and associated goal. For example, it might be nice (though a bit intimidating) if a new client in the first session stated: "I have a social phobia you see, when in public, I worry more than the average person about being scrutinized and negatively judged. My anxiety about this is manifest through sweating, constant worry about being inadequate, and avoidance of most, but not all, social situations. What I'd like to do in

therapy is build my self-confidence, increase my positive self- talk, and learn to calm myself down when I'm starting to get upset. "Unfortunately, most clients come to their intake interview with either a number of interrelated complaints or with general vague symptoms. They usually use problem talk (verbal descriptions of what's wrong) to express concerns about their lives. Consequently, after the initial 5 to 15 minutes of an intake interview, it's the interviewer's job to begin establishing a list of primary problems and goals identified by the client. Usually, when an interviewer begins helping a client make a problem/goal list, it signals a transition from general nondirective listening to specific identification and prioritization of emotional and behavioral problems and goals. Transitioning from client free expression to more structured interactions has a dual purpose.

First, it allows the interviewer to check for any additional problems that the client has not yet talked about. Second, the transition begins the process of problem prioritization, selection, and goal setting: Interviewer: "So far, you've talked mostly about how you've been feeling so down lately, how it's

so hard for you to get up in the morning, and how most things that are usually fun for you haven't

been fun lately. I'm wondering if you have any other major concerns or distress in your life right now." Client: "As a matter of fact, yes, I do. I get awful butterflies. I feel so apprehensive sometimes. Mostly these feelings seem connected to my career . . . or maybe I should say lack of

career."

During problem exploration, interviewers help clients identify their problems or concerns. This process is truly exploratory; interviewers listen closely to problems that clients discuss, paraphrase or summarize what problems have been identified, and inquire about the existence

of any other significant concerns.

In the preceding exchange, the interviewer used an indirect question to continue exploring for

problems. After several problems are identified, the interviewer then

moves to problem prioritization or selection. Because all problems cannot be addressed

simultaneously, interviewer and client must choose together which problem or problems receive most

attention during an intake.

Interviewer: "I guess so far we could summarize your major concerns as your depressed mood, anxiety

over your career, and shyness. Which of these would you say is currently most troubling to you?"

Client: "Well, they all bother me, but I guess my mood is worst. When I'm in a really bad mood and

don't get out of bed all day, I end up never facing those other problems anyway."

This client has identified depression as his biggest concern. Of course, an alternative formulation

of the problem is that social inhibition and anxiety produce the depressed mood and, therefore,

should be dealt with first. Otherwise, the client will never get out of bed because of

his strong fears and anxieties. However, it's usually (but not always) best to follow client leads

and explore their biggest concerns first (psychiatrists refer to what the client

considers the main problem as the chief complaint). In this example, all three symptoms may

eventually be linked anyway. Exploring depression first still allows the clinician to integrate the

anxiety and shyness symptoms into the picture.

Even if you believe an issue different from what the client identifies should be explored (e.g.,

alcoholism), it's best to wait and listen carefully to what the client thinks is the

main problem (chief complaint). Acknowledging, respecting, and empathizing with the client's

perspective and helps you be effective, gain trust, and keep the client in counseling. In

time- limited circumstances (e.g., managed care), nondirective em-pathic responses arebrief and

intermittent. Usually, there must be a quick transition from problems to goal setting (Jongsma &

Peterson, 1995), which is reasonable given that goal setting has a positive effect on treatment

outcome (Locke, Shaw, Saari, & Latham, 1981; J.

Sommers-Flanagan & Sommers-Flanagan, 1996). Nonetheless, we proceed, for now, with a discussion of

problem analysis, selection, and prioritization. In Chapter 10, goal setting is discussed more thoroughly—in the context of treatment planning