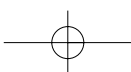
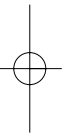
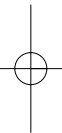
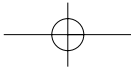


PART ONE

INTRODUCTION

Part One consists of five introductory chapters. Chapter 1 answers the question of who are counsellors, psychotherapists and helpers. Chapters 2 and 3 introduce the notion that people possess **communication skills** and **mind skills** that can be for good or ill. In addition time is spent describing **feelings** and **physical reactions** and stating why they are not skills. Chapters 4 and 5 focus on the three stages of the Relating–Understanding–Changing (RUC) **counselling** and helping process and on the importance of creating strong relationships with clients.





1

Who are counsellors and helpers?

CHAPTER OUTCOMES

By studying this chapter you should:

- understand some distinguishing features of professional counsellors and psychotherapists;
- gain an introduction to professional counselling and psychotherapy requirements;
- gain an appreciation of the variety of helpers who use counselling skills;
- know some of the differences between counsellors, psychotherapists and helpers; and
- understand five categories of goals for using counselling skills.

At the start of the twenty-first century the huge growth in counselling, psychotherapy and helping that gained momentum in the last half of the twentieth century continues, if not increases. Some of this growth is due to a greater recognition that much of how people communicate is learned and that consequently they can change to communicate better. This recognition includes a movement towards positive **psychology**, which emphasizes enhancing **strengths** as well as working with weaknesses (Harris, Thoreson and Lopez, 2007; Pointon, 2006; Seligman, 2002). In addition there has been an expansion of counselling and psychotherapy professional associations that regulate standards for practitioners. There has also been a rapid growth of training in counselling, psychotherapy and helping and increasing pressures for professionals to be suitably accredited. Hopefully, alongside these developments, there has been the use of better counselling skills by counsellors, psychotherapists and helpers.

There are seven main categories of people who either use or can use counselling skills.

- *Professional counsellors and psychotherapists* Specialists who are suitably trained, accredited and paid for their therapeutic services. Such people include counsellors, clinical and counselling psychologists and psychiatrists.
- *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, though others are qualified counsellors and psychotherapists.



- *Voluntary counsellors* People trained in counselling skills 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.
- *Helpers using counselling skills as part of their jobs* Here the main focus of the job may be nursing, teaching, preaching, 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 support for women and for men.
- *Informal helpers* All of us have the opportunity to assist others, be it in roles such as partner, parent, relative, friend or work colleague.
- *Counselling, psychotherapy and helping students* Students using counselling skills on supervised placements as part of counselling, psychotherapy and helping courses.



Throughout this book the terms **counsellor** and **helper** and counselling skills are mainly used rather than psychotherapist and psychotherapy or therapeutic skills. Throughout the book the term **client** is used for the recipients of counselling skills.

Who are counsellors and psychotherapists?

Psychotherapy is derived from the Greek word *therapeia* meaning healing. Though there has been a lessening of this distinction, some years ago counsellors and psychotherapists were often perceived differently. Increasingly, counselling has come to be viewed as either the same or similar to psychotherapy. However, because counselling and psychotherapy represent diverse rather than uniform knowledge and activities, it is more helpful to think that the terms mean counselling and psychotherapy approaches rather than a single entity.

Possibly, the terms psychotherapy and psychotherapist are more used than counselling and counsellor in medical settings. However, there is a blurring of this distinction, though most psychiatrists probably still view themselves as conducting psychotherapy rather than counselling. Psychotherapy is still 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. Consequently, even in medical settings the term counselling may be just as appropriate as 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 because many of its members already considered themselves as psychotherapists. In 1998 the Psychotherapy and Counselling Federation of Australia (PACFA) was established. Here, as well as commonalities, some differences between psychotherapists and counsellors are still acknowledged, though it remains to be seen how long PACFA continues to make such distinctions.

Many British and Australian counsellors and psychotherapists are neither members of BACP or PACFA. Some receive their qualifications in 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. Example 1.1 illustrates different kinds of professional counsellors and psychotherapists.

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 be of one-year full-time or spread over two, three or four

Example 1.1 Professional counsellors and psychotherapists

Evan, 56, is an accredited counsellor who works for a healthcare organization with patients with problems such as excessive **stress**, managing pain and recovering from and preventing further heart attacks. Though much of his work is individual, when necessary Evan works with couples and families. In addition, Evan also conducts a small private practice.

Gillian, 29, is a psychologist in a large pharmaceutical company. Much of the time she is helping individuals to perform better and to manage setbacks and disappointments in their work and outside lives. Some of Gillian's time is spent in training staff groups in work-related skills, such as customer relations and job interviewing. In addition, Gillian advises management on personnel policies and procedures.

Paul, 47, is a counselling psychologist in a university counselling centre. Though most clients are undergraduate and postgraduate students, he also has a few who are academic and non-academic staff members. Much of Paul's caseload consists of working for no more than three or four sessions with clients presenting with work connected problems. Paul also leads groups for students in such areas as assertion skills, **study skills** and relationship skills. In addition, Paul conducts a small private practice consisting of members of the general public.

Vicki, 38, is an accredited psychotherapist in private practice. Her caseload is a mixture of children and adults who visit her in her consulting rooms. Vicki does a mixture of individual, couples, family and group work.

Julie, 46, is a trained and accredited marriage and family counsellor. She works mainly for the local branch of a national relationship counselling agency where she counsels individual partners, couples and, where appropriate, other family members. In addition, Julie conducts a private practice specializing in relationship concerns.



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, PACFA requires courses run by its member associations to have 200 hours of training and 50 hours of **supervision** relating to 200 hours of client contact. From 2009, PACFA will require new members to have courses offering 400 hours of training followed by 750 hours of client contact and 75 hours of supervision (PACFA, 2006).

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 of 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.

Who are helpers?

Sometimes, the term helper is used as a generic term to cover all those engaged in using counselling and helping skills, be they counselling and psychotherapy professionals or otherwise. 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. This introductory book is highly relevant to all such people in addition to those training to become professional counsellors and therapists.

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 courses and may be skilled at dealing with the problems of specific categories of patients. People with such backgrounds might be called counsellors in their work settings, for example nurse counsellors. Alternatively, they might remain being called nurses. However, if the term counsellor in a given context is limited only to those with recognized specialist professional qualifications and accreditation in the area, nurses doing paraprofessional counselling should be categorized as helpers, despite the quality of their skills.

Example 1.2 illustrates helpers who are using counselling skills either as paraprofessionals, in voluntary settings, as part of their jobs or on a peer support basis. The demonstrations in Example 1.2 are only illustrative of the vast range of people who use counselling skills when performing helping roles.

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



Example 1.2 Helpers using counselling skills

Paraprofessional counselling

Lesley, 27, is a social worker, who has taken a number of courses relevant to and on counselling and who works with distressed individuals and families to improve how they communicate and to make them more economically self-reliant.

Melissa, 35, works as a counsellor in a pregnancy advisory service where individuals and couples consult her about birth control **information** and decisions. Melissa finds it important to use counselling skills since contraception is a very sensitive topic for some clients to discuss.

Voluntary counselling

Chris, 24, works as a volunteer in a programme designed to support people with HIV/AIDS and their partners. After some initial training in counselling and caring skills, Chris regularly visits the homes of those to whom he has been assigned as a helper.

Catherine, 47, has taken a number of courses in counselling and now works as a volunteer for an agency supporting schizophrenic clients and their families.

Helpers using counselling skills as part of their jobs

Sanjay, 38, is a community and youth worker in an inner city area. His duties involve liaising with the Asian migrant community in his local council's jurisdiction and helping them and their children with their practical and emotional problems, including **coping** with racist incidents.

Frank, 55, is a priest who has undergone considerable training in counselling, though not enough to be professionally qualified. In his church role, Frank uses his counselling skills with clients ranging from those who wish to explore their spiritual concerns to those who have family, work and other problems.

Peer helping

Terry, 31, meets regularly with Ian, 34, as part of a men's support network. Terry and Ian engage in co-helping in which whenever they meet they share the time between them so that each has a turn to be in the client and helper roles.

Nicola, 26, and Heather, 23, engage in co-counselling as part of a group of women who are learning to become more confident and assertive. In addition, Nicola and Heather also attend a training group about the role of women in society.



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 and in a host of other occupations. Furthermore, voluntary workers usually have primary work roles in non-counselling occupations, for which they have likely received the bulk 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 deal with goals where the overt psychological dimensions may appear secondary, if not irrelevant, to the recipients of the services. Some illustrations of this phenomenon exist in Example 1.2: for instance, receiving pregnancy advice or spiritual assistance.

The *settings* or contexts for helping can differ from those for counselling. Most often counselling takes place in offices, be they private or institutional, set aside specially for that activity. The decor 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. However, frequently helpers use counselling skills in locations that represent their primary work role. Such locations include 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.

A further distinction is that often 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 relationships take place in the context of other relationships, such as teacher–student, priest–parishioner, line manager–worker, social worker–client, nurse or doctor–patient. Whereas dual relationships, in which counsellors perform more than one role in relation to clients, are frowned upon in counselling, they may be built into the fabric of many helping relationships. Furthermore, as mentioned above, sometimes helping relationships include home visits.

Why use counselling skills?

In a nutshell, the main purpose or goal of using counselling skills is that of assisting clients to develop personal skills and **inner strength** so that they can create happiness in their own and others' lives (Nelson-Jones, 2003). Counsellors and helpers assist clients to help themselves. As such, they use counselling skills to develop clients' capacity to use their human potential both now and in future. The following discussion is mainly focused on working with ordinary people rather than with severely disturbed clients.

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suggest?

Counsellors, and helpers' use of counselling skills can be broken down into five different goals. Some of these goals may seem more modest than the nutshell suggestion, but nevertheless these goals may be appropriate in the circumstances.

The first or **supportive listening** goal is to provide clients with a sense of being understood and affirmed. Attaining this goal requires counsellors and helpers to be skilled at listening to clients, taking their perspectives, and sensitively showing them that they have been heard accurately. The primary purpose of introductory counselling skills training is to help students become better at listening and showing understanding to clients. Counsellors and helpers with good listening skills can comfort, ease suffering, heal psychological wounds, and act as sounding boards 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 and helping 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 client, 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 informal 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 example, George's problem was that he felt depressed. Together, the counsellor and George identified the following dimensions to his problem: obtaining or creating employment for himself, being more assertive with his wife, participating in recreational outlets, reactivating his friendship network, and learning to sleep better. Another example is that of clients with children going through a divorce. Here, dimensions of the problem might include obtaining a just divorce settlement, maintaining self-esteem, relationships with children, a possible move of home, and learning to live as a single adult again. Egan's book *The Skilled Helper* (2007) is a prime example of a book that has its major focus on problem management.

Fourth, there is the *altering poor skills that create problems* goal. Other terms for poor skills include problematic, deficient or insufficiently effective skills. Here the assumption is that problems tend to repeat themselves. In the past, clients may have been repeating underlying **mind** skills and **communication** or action skills deficiencies and are at risk of continuing to do so again. For instance, workers who keep moving jobs may again and again set themselves up to become unhappy or to get fired. Another example is that of clients poor at public speaking who require skills both for now and in future. Thus the problem is not just the presenting problem, but the poor skills that create, sustain or worsen the problem (Nelson-Jones, 2005).

Fifth, there is the *bringing about a changed philosophy of life* goal. Here, clients can competently manage **problem situations**, manage problems and alter **problematic skills** as a way of life. Such people might be termed self-actualizing, fully functioning or even enlightened when they are able to achieve a changed philosophy of life. However, this fifth or elegant goal is largely beyond the scope of this beginning counselling and helping skills book.

