The Chinese University of Hong Kong
The Nethersole School of Nursing

Cadenza Training Programme
CTP002: Psychosocial and Spiritual Care

Chapter 3:
Counselling techniques for older adults with special psychological needs

Lecture outline

1. Stages of counselling
2. Age affirmative counselling
3. Overcoming clients' resistance to change
4. Counselling techniques for specific issues:
    - alcoholism
    - bereavement
    - dying
    - depression and Loneliness
    - separation and divorce

Stages of Counselling

Stages of Counselling

Regardless of your approach to counselling, the stages of the counselling relationship that all clients and counsellors go through are:

Stage 1: Rapport and trust building

Stage 2: Problem identification

Stage 3: Goal setting

Stage 4: Counselling work

Stage 5: Closure

Stage 6: The post-relationship – the revolving door

(Neukrug, 2002)

The Interview Process (1)

- In a formal counselling setting (e.g., a counselling centre or clinic), clients may have initial contact with a secretary or a receptionist who will explain to the client the process s/he will go through and give the paperwork to the client for completion.
- After the basic paperwork, clients may be referred to a trained helper (if any) for completing additional paperwork in a structured interview format.

The Interview Process (2)

Outline for Structured Interview (Neukrug, 2002)

Demographic Information

Name of Client:
Address:
E-mail address:
Financial status:
Language spoken:
Date of birth:
Phone (home & work):
Current place of employment:
Disability:
Race/Ethnicity/Cultural background:

Reason for Referral or Contact

1.Who referred the client to the agency?
2.What is the main reason the client contacted the agency?

Family of Origin Background

1.Relationship with parents or guardians with whom client grew up:
2.Relationship with siblings when growing up:
3.Relationship with significant others when growing up:

The Interview Process (3)

Outline for Structured Interview (Neukrug, 2002)

Current Family Background

1. Relationship with spouse, significant other, children and stepchildren, extended family, others living in current home:
2. Significant events related to family:

Other Background Information

1. Significant life events:
2. Background to problem:

Cross-Cultural Issues

1. Client believes s/he is being discriminated against.

Educational and Vocational Background

1. Current employment:
2. Educational background:
3. Vocational background:
4. Educational and vocational background of parents, siblings, and spouse if significant:

The Interview Process (4)

Outline for Structured Interview (Neukrug, 2002)

Medical / Psychiatric History

1. Health of client:
2. Health-related issues of significant others:
3. History of prior counselling, if any:
4. History of psychiatric admissions, if any:

Substance Abuse History

1. Alcohol:
2. Drug use:
3. Eating disorders:
4. Smoking:

Legal Issues and History

1. Contact with police:
2. Current legal problems, if any:
3. History of any acting out or violent behaviour:

The Interview Process (5)

Outline for Structured Interview (Neukrug, 2002)

Appearance and Mental Status

1.Appearance (grooming, posture, gait, etc.):
2.Hygiene:
3.Nonverbal behaviour (e.g., eye contact, rubbing hands together, tics):
4.Speech quality:
5.Orientation: Is the person oriented to time, place, and person?
6.Affect: Describe the client's current feeling state (e.g., happy, sad, anxious, depressed, flat, irritable, hostile, enraged, apathetic, joyful, euphoric):
7.Mood: Describe the client's feeling state over a long period of time (the past year, or even over a lifetime):
8.Cognitive process

a. Delusions (e.g., does the person believe he is Jesus Christ?):
b. Hallucinations (auditory or visual):
c. Thought disorder (inability to think in a clear manner, follow conversations, and respond appropriately):

The Interview Process (6)

Outline for Structured Interview (Neukrug, 2002)

Appearance and Mental Status

9. Suicidal ideation:
    a. In what way has s/he thought of killing himself or herself?
    b. Does the client have a concrete plan?
    c. Are the tools (e.g. pills) available to the client?
    d. If the client has a plan and the tools, how imminent is the suicidal behaviour?
10. Homicidal ideation.
    a. In what way has s/he thought of harming others?
    b. Is there a plan developed for harming others?
    c. Are there tools (e.g. knife) available to the client?
    d. If the client has a plan and the tools, how imminent is the event?

Stage 1: Rapport and Trust Building

1. During this stage, the major concern of clients is whether they can trust their counsellors and discuss with the counsellors what they need to discuss.
2. On the other hand, counsellors are dealing with technical issues that are crucial to the development of an effective working relationship.
   - E.g., whether the client feels the physical environment safe and comfortable, offering a professional disclosure statement, and obtaining informed consent for the specific kind of treatment to be offered, etc.

Stage 1: Rapport and Trust Building

3. After the technical issues are taken care of, the counsellor may discuss general issues or common interests with clients in an effort to establish a camaraderie.
4. However, the counsellor should keep in mind that in addition to building trust, a major purpose of this stage is to facilitate client disclosure of self-identified problems.
5. Counsellors should demonstrate that they understand their clients. It is through this understanding that the client feels safe and trusting enough to open up.

Stage 2: Problem Identification

- Counsellors begin to identify the presenting problem as the client views it.
- Counsellors review and evaluate the accuracy of the identified issues with the client by reflecting to the client the problems to be highlighted, or by asking the client directly, so as to validate the initial identification and diagnosis of the problems, making appropriate changes as necessary.

Stage 3: Goal Setting

- Ø Counsellor now works with the client to set some general and /or specific goals.
- Ø It is a joint effort in which the counsellor and the client determine what goals would best meet the client's needs.
- Ø Counsellor should make sure the goals are SMART:

Stage 4: Counselling Work

- During this stage, the client is beginning to work on the issues that were identified in stage 2 and the goals agreed upon in stage 3.
- If the stage 4 skills are used wisely, the counsellor should be able to increasingly assist the client in facilitating progress toward completion of goals.
- If in this process previous goals are clarified or new issues arise, the counsellor and client may want to re-evaluate past goals and even set new ones.
- As clients work on goals it is important that counsellors affirm and encourage their progress.

Stage 5: Closure

- Closure is crucial, if the client and counsellor are to have a sense of completion. It involves:
  - summarising what has been completed
  - determining whether goals have been met
  - discussing how the client feels about the ending of the counselling relationship

Stage 6: The Post-Relationship –Revolving Door

- Clients can and should return as needed for help with old issues or with new issues.
- Following up with clients is crucial in assuring that clients feel satisfied with what they accomplished; it can also act as a check to see whether clients would like to return for additional assistance or be referred to another counsellor.

(Neukrug et al. 2001)

Stage 6: The Post-Relationship –Revolving Door

- Except for special cases (e.g., forensic-related cases may need a longer follow-up period), follow-up is generally completed a few weeks to six months after the counselling relationship has ended.
- This process enables the counsellor to decide which techniques have been most successful, gives him or her the opportunity to reinforce past change, and acts as a way in which the counsellor can evaluate services provided.

(Neukrug, 2000)

Age Affirmative Counselling

Age Affirmative Counselling

- People may still have a sound mind in their old age; counselling will only be affirmative if counsellors are able to show respect for their clients, having gained enough wisdom to promote a balance of power between themselves and others.
- Counselling is not about control but empowerment.
- Counsellors need to be open and humble enough to learn from clients as much as clients can learn from counsellors.
- Important concepts of age affirmative counselling include:

- living longer
- discrimination
- age-related transitions
- empowerment

Living Longer: The Positive Side

- There are two generations spanning the time between retirement and death – 30 years from 60 to 90.
- There are many people who seem old at 40 and others in their 80s and 90s with continuing youthful attitudes.
- Counsellors need to respect older clients who have youthful attitudes.

(GAD, 1998; Vaughan, 2002)

Discrimination: The Facts

- Research shows evidence of age discrimination at all levels of the National Health Service in the UK.
- One in 20 people over 65 had been refused treatment.
- One in 10 had been treated differently after the age of 50.
- 40% of coronary care units attach age restrictions to the use of clot-bursting drug therapy.
- The refusal of kidney dialysis or transplants to 66% of kidney patients aged 70-79.
- No invitations to breast screening for women of 65 and over.
- Delays in hip replacement, the withdrawal of chiropody services and inappropriate use of anti-psychotic drugs in care homes.

(Gilchrist, 1999)

Discrimination: Inappropriate Treatment

- Older people's pain tends to be treated with palliative drugs instead of probing for causes, while those who suffer from depression are given anti-depressants and are unlikely to be referred for counselling.
- Counsellors need to increase their sensitivity to the issue of discrimination, and should remember to assess the need to help the older clients in this issue.

(Gilchrist, 1999)

Age-related Transitions

- Getting old involves moving to a further stage in one's life span.
- Counsellor's affirmation will be helping the older client to let go of ego-centred desires and become aware of valued parts of the self that can be passed on to future generations.
- Counsellors also need to help ageing clients to understand better what old age is in their own experience rather than what elderly stereotypes tell them old age should be.

Age-related Transitions

- Ø Counsellors need to help ageing clients to adjust to age-related transitions, to accept the losses, and to let go of the past.
- Ø Age-related transitions invariably result in loss as follows:

- retirement
- bereavement
- loneliness
- parental role
- declining health
- failing memory
- unresolved conflicts
- facing the reality of death

(Scrutton, 1989)

Empowerment: Respect the Older Clients

- Older clients are people who were brought up to esteem their elders. However, in our changed environment, their younger carers treat them in such a free and easy manner that perhaps they are missing the respect they hoped to have earned in their old age.
- Counsellors need always to remember the seniority of older clients, in experience as well as in years, and to respect the authority that used to be theirs.

(Orbach, 2003)

Empower the Older Clients

- Counsellors need to be aware of the balance of power between them and their older clients.
- Counsellors should try to imagine themselves in their older clients' position and adapt themselves to their older way of being.

(Orbach, 2003)

Overcoming Clients' Resistance to Change

Resistance to Change

- Sometimes counselling becomes an obstacle race, in which it seems both sides are challenged and there are no winners.
- Counsellors, as well as clients, may also be inclined to be defensive when their no-go areas are to be discussed or challenged.

(Orbach, 2003)

Resistance to Change: Defences

- Those seeking counselling will be, as in any age group, people who have not managed easily to adapt to change, and one of the chief differences between them and younger clients is that their defences have been set up and fixed for a longer period and may be clung to with greater obstinacy.
- Counsellors should not push older clients to change, but respect their taking a longer time to change, and to show an appreciation of their putting in a greater effort to change.

(Orbach, 2003)

Overcoming Defences

- Sometimes, when a counsellor tries to explain the analysis or formulation of a client's problems, client's resistance to accepting or admitting counsellor's analysis may follow.
- Counsellors should bear in mind that defences are sometimes useful or even essential for some people at some particular times. It is when feelings are completely denied, projected, displaced or split off that intervention may become advisable.

(Orbach, 2003)

Resistance to Change: Avoidance

- Examples of Avoidance
  - Clients not turning up for sessions or arriving late.
  - Clients chatting about the weather or the news, instead of talking about themselves.
  - Clients bringing up crucial problems a few minutes before the session is due to end
  - Clients unable to face the end of counselling may manage to avoid the final session, or say goodbye on the telephone.
  - Clients using forgetfulness, and it is often hard for the counsellor to distinguish intentionality from repression.

(Orbach, 2003)

Overcoming Avoidance

- It is never easy to be intimate with strangers and it may take some time to win a client's trust.
- Some older people have been brought up to keep their feelings to themselves and never to show emotion in public. The blocks built up in youth and served to protect both their self-image and how they appeared to other people.
- Counsellors need to recognise the power of 'old-fashioned' taboos and how strongly maintained are the defences against admitting that the rules have been broken.

(Orbach, 2003)

Resistance to Change: Repression

- Repression involves
  - placing uncomfortable thoughts in the relatively inaccessible unconscious mind
  - pushing away things we are unable to cope with now, and planning to deal with them later or hoping that they will disappear by themselves
- When a deadly disease has been diagnosed and a client informed of its progress and prognosis, the client will quite likely repress it by concentrating only on the minor dread of invasive or painful treatment.

(Becker, 1973)

Overcoming Repression

- Counsellors can try to reduce clients' repression by revealing and re-introducing the repressed aspects of clients' mental process to their conscious awareness, and then teaching the patient how to reduce any anxieties felt in relation to these feelings and impulses.

(Becker, 1973)

Steps to Overcoming Resistance

Ø Counsellors may resolve clients' resistance in the following steps:

1. Creating a sense of trust which enables the barriers to be lowered.
2. Accepting there is a good reason for resistance.
3. Drawing clients' attention to the resistance itself.
4. Suggesting or attempting to discover why there is resistance.

(Jacobs, 1982)

Resistance of Counsellors: Issue of Death

- Counsellors usually want to help their clients to live life to the fullest with the same goals and hopes that they expect to have themselves.
- It comes as a shock to realise that, for some older clients, future possibilities are diminishing and the ultimate goal will be that of facing death.
- What counsellors resist looking at in their clients is likely to be what they have never dared think about.
- To overcome this, counsellors may also need to seek senior counsellors' advice and clinical supervision, so as to resolve counsellors' internal fear of death.

(Orbach, 2003)

Resistance of Counsellors: Unresolved Relationship

- Counsellors may still have unresolved relationships with parents and other senior figures whose authority they thought they had outgrown, but whose influence again seems to threaten them, as they see it embodied in the counselling room.
- Although the inevitability of death is not something they often think about, their determination not to look at the end of life begins to fall apart.
- To overcome this, counsellors should also need to seek senior counsellors' advice or counselling to resolve their unresolved relationships.

(Orbach, 2003)

Resistance of Counsellors: Shifting the Topic

- Counsellors may cope with the uncertainties of death by trying to reassure or abruptly changing the subject, colluding with clients' own denial, or focusing on those few safe issues that they feel adequate to address, without leaving the clients much choice in the matter.
- To overcome this, counsellors may need more practise in bringing up sensitive issues about death and to seek senior counsellors' advice on handling the issue of death.

(Orbach, 2003)

Counselling Techniques for Specific Issues

Alcoholism

Definition of Alcoholism

Ø Alcoholism is also called alcohol dependence.

Ø Alcoholism is a disease with four main features:

- craving – a strong need to drink
- loss of control – not being able to stop drinking once one has begun
- physical dependence – withdrawal symptoms, such as nausea, sweating or shakiness after stopping drinking
- tolerance – the need to drink greater amounts of alcohol in order to get “high”

(National Institute on Alcohol Abuse and Alcoholism, 2008)

Influence of Alcoholism

- Ø Heavy drinking can increase the risk of certain cancers.
- Ø Alcoholism causes damage to liver, brain and other organs. It also causes birth defects.
- Ø It increases the risk of death from car crashes and other injuries as well as the risk of homicide and suicide.

(National Institute on Alcohol Abuse and Alcoholism, 2008)

Multiple Factors of Alcoholism

In the cases of older people, alcoholism may stem from (but is not limited to) the following possible reasons:

- losses of significant people
- difficulty having access to their children
- unemployment or retirement
- bereavement
- general stress
- emotional / psychological disturbance
- environment and daily routine

(Bryant-Jefferies, 2001)

Physical / Psychological Dependency

- Some problem drinkers will be physically dependent on alcohol as a result of continued heavy use (their bodies have adapted to the intake of alcohol to the point that there will be withdrawal symptoms if they do not drink alcohol); they may or may not have an underlying psychological experience of needing alcohol to cope with something.
- Other problem drinkers will be psychologically dependent on alcohol in order to cope with certain feelings or situations; they may not have a physical dependence.

(Royal College of Psychiatrists, 1986)

Is Alcohol a Problem?

Alcohol is a problem if it meets the following criteria:

- if it causes problems in one's health, work, and relationships
- if one thinks about drinking all the time
- if one keeps trying to quit on one's own but can't
- if one often drinks more than one plans to

(American Academy of Family Physicians, 2006)

Group Motivational Counselling for Problem Drinkers

- Ø Problem drinkers are likely to benefit in much the same way as other people with problems do in group situations.
- Ø Almost all research has shown that group counselling is as least as effective as, and less expensive than, individual counselling.
- Ø Stages of change with the motivational counselling approach:

1. pre-contemplation stage
2. contemplation stage
3. action stage
4. maintenance stage
5. relapse stage

(Barrie, 1991; Rose, 1986)

1. Pre-contemplation stage

Change strategies

1.Benefits of alcohol use perceived rather than the costs.
2.May see things other than alcohol as problematic.
3.Use fewer ‘change’ strategies than others.
4.May avoid ‘help’ and information.

Group work aims

1.Provide information on alcohol and related problems.
2.Give opportunity to identify problems and make links to alcohol consumption.
3.Presume continued alcohol use amongst membership and emphasise harm reduction and health maintenance.

Group methods

1.Information giving.
2.Cost-benefit exercise.
3.Identifying harm-reduction methods appropriate to the individual.

2. Contemplation stage

Change strategies

1. Consciousness-raising.
2. Self-re-evaluation in relation to alcohol use.
3. Looking for information on alcohol problems and help available.

Group work aims

1. To raise consciousness about alcohol-related problems.
2. To increase commitment toward change.

Group methods

1. Information giving on health and social consequences.
2. Record and monitor drinking behaviour by using a drinking diary.
3. Identify problems and facilitate the expression of concern.
4. Advice on the nature of help available.

3. Action stage

Change strategies

1. Self-re-evaluation in relation to alcohol use.
2. Self-liberation or ‘I can do it if I want to’
3. Use of a helping relationship.
4. Being rewarded by others for harm-free alcohol use.
5. Taking up alternative activities to help relaxation.

Group work aims

1. Maintain and enhance commitment to changing drinking behaviour.
2. Facilitate behaviour change.
3. Teach strategies to prevent and manage a breakdown of the resolution to change behaviour.

Group methods

1. Identify problems.
2. Facilitate the expression of concern by members.
3. Enhance the perception of the need to change.
4. Teach problem-solving techniques.
5. Identify benefits of change.
6. Identify harm-free activities.

4. Maintenance stage

Change strategies

1. Removing things or self from high risk environment.
2. Engage in activities other than drinking to relax.

Group work aims

1. Maintain changed behaviour.
2. Prevent and manage relapse.
3. Encourage general life-style change.

Group methods

1. Explore reasons for having changed drinking and reinforce them.
2. Consider benefits of harm-free drinking.
3. Encourage vigilance over risky situations.
4. Encourage the development of activities to replace harmful drinking.

5. Relapse stage

Change strategies

1. Consciousness-raising.
2. Self-re-evaluation in relation to alcohol use.
3. Looking for information on alcohol problems and help available.
4. Self-liberation or ‘I can do it if I want to’
5. Use of a helping relationship.
6. Being rewarded by others for harm-free alcohol use.
7. Taking up alternative activities to help relaxation.

Group work aims

1. To raise consciousness about alcohol-related problems.
2. To enhance commitment toward changing drinking behaviour.
3. Do something to facilitate behaviour change.
4. Teach strategies to prevent and manage any future return to harmful drinking.

Group methods

1. Information giving on health and social consequences.
2. Record and monitor drinking behaviour by using a drinking diary.
3. Identify problems and facilitate the expression of concern.
4. Advice on the nature of help available.

Bereavement

Counselling the Bereaved

- Ø Nonverbal skills: proxemics, facial expression, paralanguage, eye contact, personal attire, hand gestures, body position, posture, head movement
- Ø Listening skills
- Barriers: defensiveness, biases, personal inner struggles, Interruption, overload, timing, physical exhaustion, filtered listening
- Guidelines: listen actively, listen with empathy, listen with openness, listen with awareness, resist external distractions, hold rebuttals
- Ø Verbal skills
- Types of questions: to gain facts, to reveal facts or feelings, to clarify facts or feelings, to stimulate thought, to summarise discussion
- Types of comments: reflective comment, challenging comment, restatement comment, encouraging comment, assessment comment, permission comment, controlling comment

(Canine, 1996)

Nonverbal Skills (1)

- Proxemics: It examines the use of space or distance between people. The more one desires a person, the closer s/he tries to be to that person. Proxemics gives counsellors insights not obtainable by verbal means.
- Facial expression: People send more nonverbal message with faces than any other means, and the face usually reveals the highest accuracy of all nonverbal messages.
- Paralanguage: It examines the tonal areas of the verbal message. The congruence between the tone and the content of any message gives counsellors an idea of whether the message sent by the bereaved is reliable.

Nonverbal Skills (2)

- Eye contact: Guilt or inferiority sometimes surfaces because of a lack of eye contact. It also tells counsellors about client's self-image. The eyes are power brokers. In times of bereavement, power is easily missing, and this can show up through the eyes.
- Personal attire: How clients dress makes a fair statement about them. What client do with clothing can reveal their values and their opinions of the occasion.

Nonverbal Skills (3)

- Hand gestures: These may be an indicator of anxiety during crisis. A grieving client can exaggerate or accelerate hand motions as s/he seeks to make sense of the situation. As a general rule, counsellors watch for abnormal motion and confirm what they see with what they hear.
- Body position: People include or exclude others by how they position the body. An “L” position not only allows counsellors to best read the body message of the client from the side, but also enhance the relationship between them. Sitting directly facing a person is a competitive stance. Sitting side-by-side distorts the accuracy of nonverbal messages.

Nonverbal Skills (4)

- Posture: Posture reveals the deeper feelings clients' have in any relationship. The numbing fatigue so often felt by the bereaved can appear as a weight on the shoulders that drags a client down.
- Head movement: A side-to-side motion may be used to attempt to deny reality. This usually will be accompanied by poor eye contact and a facial expression that struggles to accept what has happened.

Barriers to Listening Skills (1)

In the grief process, listening becomes more complicated because it is a time of personal and emotional crisis. Counsellors should be aware of the following barriers:

ØDefensiveness: Defensive people reach a premature conclusion because they are preoccupied with their own self. Counsellors can avoid trying to script ahead at the expense of listening, and watch out for clients' emotionally laden words that may trigger defensive behaviour.

Barriers to Listening Skills (2)

- Biases: A bias-free person probably does not exist, although more prejudice resides in everyone than they are willing to admit. Prejudice hinders the ability to listen, and this prejudice influences early listening far more than people realise.
- Personal inner struggles: When people are emotionally crippled by their own difficulties, they listen to others less effectively. Intrapersonal conflict can create a battleground within that reduces people's listening skills. Counsellors should be mindful of patience and simplicity in communication for those robbed of good listening skills by grief.

Barriers to Listening Skills (3)

- Interruption: The grief-ridden clients often labour to express thoughts that normally would be easily uttered. People listen about five to six times faster than they talk, in addition, interrupting has become a way of life for many people in our society. Counsellors should be careful about rushing in with their own words until they have heard the client, and should respond only after picking up sufficient nonverbal cues from clients. In fact, better relationships may be built when counsellors learn to not interrupt.

Barriers to Listening Skills (4)

- Overload: Nowadays, we are bombarded by over two thousand messages a day. Some people solve this situation by tuning out or blocking the listening process. However, filtering or blocking information greatly curtails what people actually process in listening.
- Timing: Since time is fast becoming a scarce resource, many people now view time as more valuable than money. “I don’t have time to listen to you…”, “I must run…” – these are everyday experiences for many people. Finding the time to listen to a grieving client is very important for counsellors.

Barriers to Listening Skills (5)

- Physical exhaustion: Since listening requires strong concentration and effort, fatigue reduces people's intake ability. Temper and listening will also suffer when lack of sleep or stress are present. Counsellors should be alert to this barrier.
- Filtered listening: People often hear what they want to hear or what fits into their mind-set. If they have a positive predisposition, they will listen for the good, and the vice versa. Counsellors need to hear things as they are without the superimposed filters that distort their listening and the reality around them.

Guidelines to Listening Skills (1)

- Ø Listen actively: Little effort is required to speak, but people expend major energy when they listen. They must lock into what others are saying, how they are saying it, why they are saying these words, and what they are not saying. Repetition, review, recalling, memory, indexing – all must function well if maximum listening is to occur.
- Ø Listen with empathy: If counsellors genuinely care for clients, it will show. Empathy helps counsellors to go into partnership with grieving clients. Counsellors may think about the answers to two questions, “Do your eyes convey your concern?” “Do you easily reach out to people in their distress and grief?”

Guidelines to Listening Skills (2)

- Listen with openness: Counsellors do this best when they reduce defensive behaviour and filtered listening. In other words, many bereaved clients desire to know if others have had a similar experience. Usually, a discreet confession of one's own humanity will generate more openness from the grieving party.
- Listen with awareness: Watch for agreement between what clients say and how they say it. Consistency is the goal of counsellors' awareness. Counsellors achieve greater accuracy when they listen with their eyes and ears.

Guidelines to Listening Skills (3)

- Resist external distractions: Counsellors give clients their complete attention. This could mean physically repositioning themselves to see the clients more easily.
- Hold rebuttals: Sometimes, clients will test counsellors' ability to be gracious. It may be something said or done that undercuts a counsellor's reputation or credibility. It is strongly recommended that counsellors exercise extreme care when clients hit their hot button. Counsellors can win a battle and lose a war with just their words. Usually, unjust criticism reflects primarily on the sender, and time equalises when counsellors are patient.

Verbal Skills: Types of Questions (1)

- To gain facts: Focus on such details as family facts, occupational data, religious background, etc.
- To reveal facts or feelings: Support as much as possible, set individuals at ease, assure your willingness to help, and empathise with client's grief.
- To clarify facts or feelings: Beware of ambiguity. Clarifying helps focus any discussion. Ask for more response in a caring and loving way. When counsellors clarify, they better determine areas of difference or agreement.

Verbal Skills: Types of Questions (2)

- To stimulate thought: This serves to probe beneath the surface. This type of question often is open-ended. Counsellors may use a “why” question when attempting to stimulate thought. This kind of question helps grievers see issues for themselves.
- To summarise discussion: Counsellors try to help the grievers see where they are in the discussion. This kind of question can also be a prelude to their decision making.

Verbal Skills: Types of Comments (1)

- Reflective comment: During the bereavement process, clients' reaction from strong weeping to stoic coldness can occur. Counsellors sometimes need to help clients reflect as to where they are and want to be.
- Challenging comment: The appropriateness of this comment surfaces when barriers keep the client from a sense of well-being. Bathed in compassion, a loving yet challenging comment may assist the grieving client. This kind of comment must be made with great care. The comment normally focuses on the future and in a positive way about clients' ability to go forward with their life.

Verbal Skills: Types of Comments (2)

- Restatement comment: Restating the concept rather than words of clients. This is the ability to put the same concept in different words. This kind of comment slows down the communication process and allows a slower rate of data processing when clients' feelings are keenly experienced.
- Encouraging comment: Looking for something linked to clients so that counsellors can give a sincere compliment and help build a stronger relationship with clients.

Verbal Skills: Types of Comments (3)

- Assessment comment: In times of grief, decision making becomes difficult or almost impossible. This comment tries to help clients evaluate an area calling for a decision. Counsellors are giving clients feedback so they can affirm or disconfirm a decision they must make.
- Permission comment: When the tears flow, clients sometimes apologise for them. Assure clients that tears are normal in the grieving process. Sometimes clients may also need to ventilate anger at life, at circumstances, or even at the deceased. This comment lets clients know that it is fine to feel as they feel.

Verbal Skills: Types of Comments (4)

- Controlling comment: Sometimes, emotions may run wild. The cathartic effect has passed and dysfunctional behaviour prevails. A comment allowing the counsellor to take charge would be appropriate.

Dying

Emotional Stages of Dying Clients

The following emotional stages may be experienced by dying clients or their family members when they are aware of the impending death:

1. denial
2. anger
3. bargaining
4. depression
5. acceptance

(Kübler-Ross, 1970)

Denial

Clients cannot accept the terminal diagnosis which has been made. The denial may manifest itself in a variety of ways – such as seeking second (or third and fourth) opinions or looking, often frantically, for cures.

Counselling Skills for the Stage of Denial

- Counsellors should neither play along with clients' denial nor seek to stress too strongly the unacceptable fact of approaching death.
- Counsellors should instead seek to create an open but sensitive atmosphere in which reality and truth take precedence over avoidance and deception.

Anger

ØAfter the initial shock, the growing realisation brings anger or even rage and fury, which may be directed against the medical profession, family, God.

ØIt is as if someone or something must be blamed for what is happening.

Counselling Skills for the Stage of Anger

- Clients may lose many good friends during this stage; it is important for counsellors to cope without withdrawing care and approval.
- Empathy is vital in such a situation.
- Every effort should be made to link with the feelings and thoughts of the dying client, to experience the frustration and fears that have led to the hostile behaviour.

Bargaining

After anger, the dying client attempts some kind of ‘deal’ with fate (sometimes in the guise of the medical profession) or God. The ‘deal’ is usually that they be allowed to live until some significant event is achieved – the arrival of a new baby or a family wedding, etc.

Counselling Skills for the Stage of Bargaining

- Counsellors should treat this stage in a similar way to the stage of denial; not accepting that bargaining is a possibility, but promoting discussion about the reasons why time has become so important to the dying person, and what needs to be done about the matters which are worrying him or her.

Depression

As the illness progresses and the realisation that neither angry protests nor bargaining will change things, and as hope of recovery diminishes, depression sets in. As with most depressions, there is likely to be withdrawal, with strong feelings of unworthiness and a fear of dying which may or may not be expressed overtly.

Counselling Skills for the Stage of Depression

- Counsellors should give clients the opportunity of expressing how they feel, what has been left undone, their worries about those they leave behind, and other issues.
- There should be no attempt to breed a false optimism, for this is quickly seen through. After all, the dying client is losing everything and everybody that is important to him or her, and false optimism can result in a loss of trust and confidence in the counsellor.
- The ability to listen, understand and respond sympathetically is important. If this is done successfully the client can pass to the next, and final, stage of the dying process.

Acceptance

The client gives up the struggle and begins to let go, which results in a lifting of the depression. Even so, acceptance does not necessarily mean happy reconciliation with the unavoidable; indeed, the stage may be characterised by an absence of feeling.

Counselling Skills for the Stage of Acceptance

- During this stage, clients feel able to say goodbye to loved ones, and perhaps at the same time offer them words of reassurance and comfort.
- This should be encouraged as it is often extremely important to those who are left behind, and can help in the process of bereavement.
- In fact, the struggle is over in this stage, no further counselling will be required.

Depression and Loneliness

Depression and Loneliness

- Loneliness is one of the vital factors in depression among older people.
- Most isolated older people tended to be unmarried or childless people with few surviving relatives, who reinforced their isolation by either refusing or being unable to participate in outside activities by joining clubs or forming new friendships.
- Loneliness lowers morale, reducing hope that they will be able to fill the gaps in their lives.
- The horizons of life are reduced and the vicious circle of loss, loneliness and depression tightens.
- Older people's loneliness is a double or mutual loss which not only means a reduction in companionship, but also a reduction in their capacity to care for other people.

(Scrutton, 1989)

Depression

- Depression is a particular response to personal circumstances. It is a state of mind largely determined by the way clients have learned to interpret their life. It is primarily involved with present thoughts, feelings, wishes, attitudes, assumptions, inferences and conclusions.
- Depression is experienced at many levels, the starting point may be a feeling of not being hopeful or optimistic about the future, or disappointment that something has happened or not happened.

Depression and Counselling

- When depression is mild, the individual is able to look at the situation with some degree of objectivity. The time and concern that counsellors can give, and the alternative perspectives that can be brought to bear on a particular issue, can help reassure the client that not everything in life is bleak and hopeless.
- When depression is severe, the individual becomes more obsessed with negative thoughts and ideas, and this negative outlook feeds the original causes of depression. Pre-occupation with current problems makes it more difficult to focus counselling on other perspectives, or even to engage in reasonable discussion.

Counselling Approach to Depression (1)

1. Seek empathy with clients.
2. Teach techniques for physical and mental relaxation.
3. Take more initiative in clarifying the issues and problems which are making clients feel depressed, and open them up as areas of legitimate discussion.
4. Stimulate clients into active engagement in the counselling process.

Counselling Approach to Depression (2)

5. Discuss with clients how they can cope better with their depressed feelings, how they can clear their minds of the depressing events of the past and fears about the future.
6. Help clients to develop a better understanding of how they are currently interpreting their situations.
7. Help clients to modify their current distorted view of their world, and their entirely negative self-images.
8. Help clients to discover hope, expression and meaning in life.

Separation and Divorce

Separation and Divorce

- All close relationships change, but for a partner relationship to deteriorate, there needs to be some withdrawal of the commitment once made.
- Separation does not usually happen overnight. There is a gradual build-up of tension and an equally gradual loss of the relationship as it once existed.

Impact of Separation and Divorce (1)

- Accusations and self-accusations are common.
- Loss of a hope (or a belief) in the other and in oneself being the ideal, right and only person for the other partner.
- Recognising that they themselves are limited people and less capable than they had imagined.

(Tschudin, 1997)

Impact of Separation and Divorce (2)

- By letting go of such fundamental values about marriage they are letting themselves down, and also people who had supported them in their marriage.
- Besides losing their partner, values and hope, losses also include a home, a family, income, security, neighbourhood, circle of friends and acquaintances. Therefore, the loss can be described as total.

(Tschudin, 1997)

Counselling Approach to Separation and Divorce (1)

- Explore the possible reasons for the separation.
- Help clients to sort out and resolve the emotions arising from the separation.
- Help clients to grieve for their loss and prepare them to move into the future.
- Help clients to gain some sense of closure regarding the relationship.

(Dreyfus, 1998; Prior, 2006)

Counselling Approach to Separation and Divorce (2)

- Advise clients on how to support the children.
- Re-engage clients with life and find new meaning.
- Advice clients of normal reactions when the body/mind is under stress.
- Help clients to explore other sources of support.

(Dreyfus, 1998; Prior, 2006)

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