



ଓଡ଼ିଶା ରାଜ୍ୟ ମୁକ୍ତ ବିଶ୍ୱବିଦ୍ୟାଳୟ, ସମ୍ବଲପୁର  
ODISHA STATE OPEN UNIVERSITY, SAMBALPUR

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ସମ୍ବଲପୁର  
**Odisha State Open University**  
**Sambalpur**

**CERTIFICATE IN GERIATRIC CARE (CGC)**

**COUNSELLING  
IN  
GERIATRICS**





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Odisha State Open University, Sambalpur, Odisha  
Established by an Act of Government of Odisha.

# Certificate of Geriatric Care (CGC)

**CGC-02**

**Geriatric Care Nursing**

**Block –04**

**Counselling in Geriatrics**

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**UNIT :1 Concepts & Techniques of Counselling**

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**UNIT :2 Common Problems Requiring Counselling**

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**UNIT :3 Counselling Under Special Situations**

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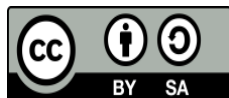
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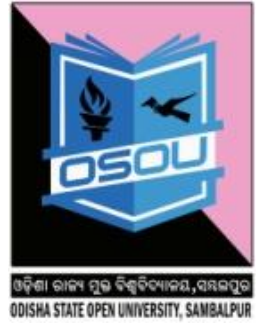


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## UNIT-I: CONCEPTS & TECHNIQUES OF COUNSELLING

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### Structure:

- 1.1 Introduction
- 1.2 Definition of counselling
- 1.3 Types of counselling
- 1.4 Characteristics of counselling
- 1.5 Principles of counselling
- 1.6 Problems in counselling
- 1.7 Dimensions of counselling
- 1.8 Process of counselling
- 1.9 Techniques of counselling
- 1.10 Summary
- 1.11 Check your progress
- 1.12 Key terms
- 1.13 Reference and further reading

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### 1.1 INTRODUCTION:

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**Life** is beautiful but not always easy, it has problems too and the challenge lies in facing them with courage, letting the beauty of life act like a balm, which makes the pain bearable, during trying times, by providing hope.

Happiness, sorrow, victory, defeat, day-night are the two sides of the coin. Similarly, life is full of moments of joy, pleasure, success and comfort punctuated by misery, defeat, failures and problems. There is no human being on Earth, strong, powerful, wise or rich, who has not experienced, struggle, suffering or failure.

Being self-aware and having the capability to think and feel emotions with clarity and understanding is part and parcel of being human. Unlike animals, our thought processes rely on far more than instinct alone.

Because of this, there is scope for the way we think to become a problem and to affect our emotions. If we go back a few hundred years we can see that psychological issues were approached with fear and unnecessarily invasive treatments. Thanks to the evolution of science and technology we now have

a clearer understanding of the human brain and are able to look at these issues in a different way.

Today, the art of talking therapies such as counselling are used to help people come to terms with any problems they are facing, with an ultimate aim of overcoming them.

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## 1.2. DEFINITION OF COUNSELLING:

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“**Counselling** is a process where clients are helped in dealing with their personal and interpersonal conflicts by a third-party therapist. It allows an individual to have an opportunity to improve upon their understanding of themselves, including their pattern of thoughts, behaviours, feelings and the ways in which these may have been problematic in their lives.”

“**Counselling** denotes a professional relationship between a trained counsellor and a client .Relationship is usually person-to-person, and is designed to help clients to understand and clarify their views of their life spaces, to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problem”.



*Source: <https://www.nelive.in/north-east/education/tips-counter-board-exam-blues>*

It is an interaction process that facilitates meaningful understanding of self and environment and results in the establishment and /or clarification of goals and values for future.

### - Stone and shertzer

Counselling is a dynamic and purposeful relationship between two people, who approach a mutually defined problem with mutual consideration of each other to the end that the troubled one or less mature is aided to a self determined resolution of his problem

### - Wren 1962

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## 1.3. Types of Counselling

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“Counselling” is a very broad category that encompasses many opportunities in any number of counselling subfields. Counsellors and therapists help their clients



in a variety of ways, depending upon the type of counselling they need. Few of the types of counselling are as follows:

## 1. Individual Counselling

Individual counselling is a one on one counselling process of a patient and a trained psychiatrist, psychotherapist or psychologist, where the patient seeks to achieve certain goals. It is mainly a process of self-discovery and overcoming your problems, where a person works out his/her issues under the guidance of an expert. Individual counselling is popular because it provides the setting for a patient to talk openly about his/her problems and disclose his/her feelings, without fear of being judged. Individual counselling helps patients explore themselves better and work out their issues, and basically discuss issues which they may not be comfortable discussing with others.

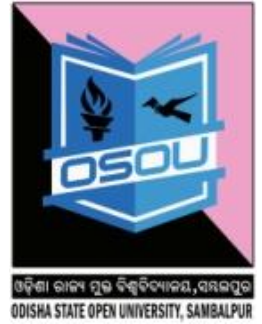
Individual counselling is a cooperative and respectful process between therapist and client to facilitate change. As a client, you will be provided a safe, confidential, and supportive environment to pursue the work and change for which you seek. Engaging in counselling during challenging times takes courage and commitment. The benefits of counselling can lead to greater self-awareness, insight and strength to face the challenges of life, to find hope and meaning.



Source: <http://mayurpankh.in/career-counselling>

## 2. Relationship & Marriage Counselling

As the name suggests, relationship counselling is the counselling that the parties of a relationship undergo, in order to resolve relationship issues and foster better relationships. Typically, relationship counselling involves couple therapy, which is a subset of relationship therapy, where partners involved in a romantic relationship seek therapy; however relationship counselling is not confined to those involved in a romantic or sexual relationship. It could be relationship counselling



between parents and a child, boss and an employee etc. Marriage counselling is counselling of parties to a marriage, either before marriage or after marriage. It could be for a specific problem, or to remove the general toxicity of a relationship.

Relationships are central to our psychological health. Healthy and supportive relationships with friends, family, or partners are associated with increases psychological well being, and reduced levels of depression and stress. However relationships can be complicated and building and maintaining healthy relationships can be difficult. People seek counselling for couple conflict, relationship breakdown, poor communication, marriage counselling, and infidelity, difficulties in relationships with colleagues, friends, and family members.

### **3. Career Counselling:**

Career counselling is for both students who are about to decide their careers and professionals, to guide them on their professional growth trajectory. It mainly is an assessment of your strengths and discovering where your interests lie. Career counselling generally takes place in a high school setting, and could also involve help in selection of colleges to best suit the student's needs and requirements. However, it could also be for professionals who want to switch careers or want to learn how to progress in the career they have chosen.

### **4. Educational Counselling:**

Academics are one of the biggest reasons of stress and anxiety in students and parents alike. So academic counselling is counselling pertaining to time management, procrastination and study tips.

### **5. Family Counselling:**

Family therapy can help marriages, couples and families withstand the stress that comes along with some of life's challenges. Divorce, communication difficulties, parenting, grief and loss are only a few of life stressors that therapy can be useful for.

### **6. Rehabilitation counselling: -**

It is focused on helping people who have disabilities achieve their personal, career and independent living goals through a counselling process.



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## 1.4 Characteristics of counselling

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1. It involves two individual one seeking help and the other a professionally trained person who can help the first. One who seeks help is counselee and the one who provide help is the counsellor.
2. There is a mutual respect between the two individuals.
3. It is aimed to bring about desired changes in the individual for self realization and providing assistance to solve problems.
4. The counsellor identifies the problems of counselee and helps him to take decision, make a choice or find a direction.
5. It is more than advice giving, solution emerges through thinking that the person does for himself rather than solutions suggested by the counsellor.
6. It involves more than offering assistance to find a solution to an immediate problem. Its function is to produce changes in the individual thereby enabling him to deal with the difficulties in a more productive and independent manners.
7. It is a purposeful learning experience for the counselee.
8. Counselling process is structured around the felt needs of the counselee.
9. Main emphasis in the counselling process is on the counselee's self direction and self acceptance.

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## 1.5 Principles of counselling

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- 1. Principle of acceptance** -accepts the patient with his physical, psychological, social, economical and cultural conditions.
- 2. Principle of communication** - Communication should be verbal as well as non-verbal and should be skillful.
- 3. Principle of empathy** -Instead of showing sympathy put yourself in patients shoes and then give reflections accordingly (Empathy is ability to identify with a person.)
- 4. Principle of non-judge-mental attitude** - Do not criticizes or comments negatively regarding patient's complaints.
- 5. Principle of confidentiality**-Always keep the patient's name, and the problems strictly secrete and assure the patient about the same.
- 6. Principle of individuality** -Treats each and every patient as unique and respect his problem as well.
- 7. Principles of non-emotional involvement**-Not getting emotionally involved with the patient and avoid getting carried away with his feelings.





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## 1.6 Problems in counselling

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Counselling is a unique experience. Each individual case is different by virtue of the problems and the experiences an individual brings to the counsellor, thus providing the counsellor with a variety of experiences. On the one hand it is the richness in experiences that the process of counselling provides to the counsellor and on the other hand is the problems experienced by the counsellor. Some of the common problems which are faced by the counsellor are as under:

### 1) Resistance to Counselling

Resistance to counselling is faced from two angles.

**Firstly** the individual facing a problem feels that I do not need any counselling or special help. These individuals fear change and are conditioned to certain pay offs like attention from significant others, sympathy, comforts associated with present behaviour, avoidance of work or stress. Such resistance can be dealt with either by involving significant others or reconditioning the pay offs.

**Secondly** the resistance comes from the faculty itself i.e. when the other tutors or the administrator, do not see the worth counselling process and discard it as not a necessary service. Such resistance can be managed by gaining the cooperation from all the members and highlighting from time to time the important achievements of counselling to them.

### 2) Counselling Individuals of Different Cultures

Some of you may be working with such organizations where you may come across people with a cultural background different from your own. These people have different sets of values and expectations. If you do not have full understanding of these values you may interpret their behaviour inaccurately and impose your value systems on them which may further create problems. As a counsellor you should try to understand their value system and should not apply one approach uniformly to all the students.

### 3) Counselling Individuals with Strong Emotions

Often as a counsellor you may come across individuals with strong emotions such as high anxiety, anger, depression, intimacy etc. These emotions hinder the process of counselling. In such cases you should first acknowledge their feelings by simply saying: “Sheila, I can see how angry you are right now”, or “Feel free and cry”. You can remain calm in some such situations and this may act as a tranquilizer to such individual.

## 5) Other problems

- Lack of awareness of value of counselling by public
- Inadequate administrative support
- Lack of physical facilities
- Non-availability of time to tutor-counsellors for counselling,
- Non-availability of tools and tests
- Dearth of training facilities for counsellors
- Sources of impediments to the process of counselling.

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### 1.7 Dimensions of counselling:

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There are five "critical dimensions" of counselling, developed by researchers in the field, and also described in other words by workshop members. We think of these as the five points of the counsellor's pentacle. Here are some short definitions of the critical dimensions:

**Empathy** is our ability to perceive the client's feelings, and to demonstrate accurate perception to the client. When the client feels understood, a sense of trust ("rapport") and safety develop. As rapport grows, we may begin to perceive feelings of which the client is not yet conscious. By cautiously and tentatively communicating that perception, we may enable the client to understand and accept ("to own") more of his or her complexity of feelings ("additive empathy"). Additive empathy is not adding feelings the counsellor might feel; it is adding conscious understanding of feelings the client is already feeling. The counsellor's open acceptance of *all* feelings permits the client to own feelings that are not conventionally respectable. Knowing how one feels as fully as possible is essential for making proper decisions. (note: feelings here means emotional states, not opinions, judgments or physical sensations, although the word is commonly used to mean all of these.)

**Warmth** is also called "unconditional positive regard." It involves accepting and caring about the client as a person, regardless of any evaluation of her or his behaviors or thoughts. It is most often communicated through our non-verbal behavior.

**Respect** is our belief in the client's ability to make appropriate decisions and deal appropriately with his or her life situation, when given a safe and supportive environment in which to do so. Often, we show respect best by what we do not do, as when we avoid facile advice giving or cheap comfort. Our ability to sit in silence during a session while the client works out a solution is a manifestation of respect, and so is our willingness to provide information and resources for which the client

has asked. A more familiar term might be "empowerment." By respectful behaviour, the counsellor demonstrates that s/he values the integrity of the client.

**Congruence (or genuineness)** is being honest and authentic in our dealings with our clients. The minimum it requires is that we only work with clients for whom we can have real empathy, warmth and respect, rather than role-playing or "techniquing" those qualities. It also involves know our limits in terms of skills, time and energy and not committing ourselves beyond those limits. Another important component of genuineness is to be aware of how engaging in counselling (or coven leadership) fills our own old and unmet needs and how our own emotional agendas from other times and places can colour our reactions to our present relationships with clients and coven members.

**Confidentiality** normally means that anything discussed during a counselling session is held as absolutely private and not discussed elsewhere. This is essential to the client feeling safe in speaking about intimate and painful matters. Secular counsellors have a legal duty to break confidentiality when there is danger that the client will harm self or others. Legally, religious counsellors may be exempt from this requirement

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## **1.8 PROCESS OF COUNSELLING:**

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Counselling has been described as a journey whereby the client and counsellor undergo a joint process of exploration and reflection (Thome, 2007). The idea of a process, however, requires at least some notion of beginning and end. While many schools of thought and psychotherapeutic approaches use formulations based on theory in order to explain behaviours and situations, the person-centred approach tends not to use such formulations (Cooper and McLeod, 2011).

### **THE SIX STAGES OF THE COUNSELING PROCESS**

A counselling session is therefore sometimes referred to as the 50-minute hour. It takes place in a session depends on the client's needs and the counsellor's personal approach to counselling. Although there is some variation during a session, there is a basic structure. That structure was described by Cormier and Hackney (1987) as a five-stage process: relationship building,

1. Assessment,
2. Goal setting,
3. Interventions,
4. Termination
5. Follow-up.

These stages have been expanded in the following six-stage model of the counselling process.

- Stage one: Relationship building
- Stage two: Assessment and diagnosis
- Stage three: Formulation of counselling goals
- Stage four: Intervention and problem solving
- Stage five: Termination and follow-up
- Stage six: Research and evaluation counselling

It can be conceptualized as a series of stages or steps that lead one through the counselling process. A typical counselling session can involve all six stages except termination. The focus of counselling may shift as the counselling process progresses over time. For example, during the first few sessions with a client, a counsellor may place the primary emphasis on building a positive counselling relationship, assessment and diagnosis, and formulating counselling goals. During the later phase of the counselling process, the counsellor may shift the emphasis to intervention and problem solving, termination and follow-up, and research and evaluation.

### **1. STAGE ONE: RELATIONSHIP BUILDING**

- The counselling is the heart of the counselling process. It supplies the vitality and the support necessary for counselling work.
- The successful outcomes in counseling are associated with the counsellor-client relationship which is the outcome of all therapeutic efforts.

Although the counselling relationship is important, it is less clear how important it is and in what way. There are two general categories in counselling.

They are:

- i . Counsellor-offered conditions
- ii. Counsellor-and client offered conditions

**i. Counsellor-offered conditions:** Counsellor-offered conditions relate to how the counsellor influences the counselling process.

It is relating to core conditions for effective counselling and the Social Influence Model. They are

- (a) Core conditions.
- (b) Social influence model.

#### ***a) CORE CONDITIONS.***

The core conditions for successful counselling are

- Empathic understanding,
- Unconditional positive regard,

- Congruence,
- Respect,
- Immediacy,
- Confrontation,
- Concreteness
- Self-disclosure,
- The development of listening skills.

These eight core conditions were necessary and sufficient for constructive personality change to occur. The descriptions and purpose of the core conditions are as follows:

### **1. Empathy:**

The most important core condition in terms of promoting positive outcomes.

- ❖ **Description:** Empathic understanding as a process that involves communicating a sense of caring and understanding. The stages of empathy are: The counsellor has an emotional reaction to the client's situation. The counsellor attempts to understand the client's situation from the client's perspective. The counsellor communicates empathy to the client. The client feels a sense of caring and understanding from counsellor.

#### **Kinds of empathy are:**

**Primary empathy** – a process that involves the counsellor attending, listening and communicating accurate perceptions of the client's messages.

**Advanced empathy** – the characteristics associated with primary empathy as well as utilizing the skills of self-disclosure, directives, or interpretations.

- ❖ **Purpose:** To establish rapport, gain an understanding of the client; and encourage self-exploration in the client.

### **2. Unconditional Positive Regard:**

- ❖ **Description:** Unconditional positive regard involves the counsellor communicating to clients that they are of value and worth as individuals. The other names of unconditional positive regard are non-possessive warmth, acceptance, prizing, respect, and regard. This concept is neither desirable nor obtainable. Unconditional positive regard does not imply that the counsellor reacts permissively, accepting the entire client's behaviour. Instead, it means that the

counsellor's unconditional positive regard involves acceptance of the client while setting limits on certain behaviours.

- ❖ **Purpose:** to promote acceptance of the client as a person of worth as distinct from accepting the client's behaviour.

### 3. Congruence:

- ❖ **Description:** Behaving in a manner consistent with how one thinks and feels. This condition is also known as genuineness. An example of not functioning congruently is a counsellor who says, "I am glad to see you", when a client arrives for an appointment, even though the counsellor doesn't like the client.
- ❖ **Purpose:** To be genuine (not phony) in interactions with the client.

### 4. Respect: Respect is similar to unconditional positive regard

- ❖ **Description:** It focuses on the positive attributes of the client. Counsellors can communicate respect by making positive statements about the client and openly and honestly acknowledging, appreciating, and openly tolerating individual differences.
- ❖ **Purpose:** To focus on the client's strengths (not weaknesses)

### 5. Immediacy: The concept of immediacy is the idea of direct, mutual communication.

- ❖ **Description:** Communicating in the here-and-now about what is occurring in the counselling session. It allows the counsellor to directly address issues of importance to the counselling relationship; describing how they feel in relation to the client in the moment. For Example, if a client does not appear interested in counselling, the counsellor might say, "I am getting concerned that you are not finding our sessions meaningful. How are you feeling about what is going on in counselling now?"
- ❖ **Purpose:** To promote direct mutual communication between the counsellor and the client.

### 6. Confrontation:

- ❖ **Description:** Pointing out discrepancies in what the client is saying and doing (between statements and nonverbal behaviour); and how the client is viewed by the counsellor and client. It is a difficult and risky counselling technique that is used most effectively by high-functioning counsellors. It can have a negative effect on the





counselling process, for example when a client misreads the confrontation and feels attacked or rejected by the counsellor.

- ❖ **Purpose:** To help clients clearly and accurately understanding themselves and the world around them.

### 7. Concreteness:

- ❖ **Description:** Helping clients discuss themselves in specific terms. Clients can feel overwhelmed with their problems and have difficulty putting things into perspective. When this occurs, concreteness can help the counsellor create a focus for the client in the counselling process.

- ❖ **Purpose:** To help clients focus on pertinent issues

### 8. Self-disclosure:

- ❖ **Description:** Making the self-known to others Two types of self-disclosure statements:
  - Self-disclosing: Counsellors disclose factual information about themselves.
  - Self-involving: Counsellors describe what they are experiencing in relation to the client in the counselling process.
- ❖ **Purpose:** To promote increasing counselling, relevant communication from the client; enhancing the client's evaluation of the counsellor; and Increasing the client's willingness to seek counselling.

### 9. The development of listening skills.

- ❖ **Description:** -active listening and responding appropriately are two of the key skills a counsellor or therapist must apply during one to one counselling sessions with a client. Being able to communicate effectively is an important requirement in any type of therapeutic counselling work. Understanding the importance of these skills and being able to apply them accordingly, is a valuable asset for a career in counselling.
- ❖ **Purpose:-**When counsellor pays a particular attention to what the client is saying that they are encouraging the client to continue talking, as well as ensuring communication remains open and positive.

## **B. SOCIAL INFLUENCE MODEL:**

Emphasizes the importance of counsellor-offered conditions in the counselling process.

It has two stages. They are:

- The first stage, the counsellor attempts to be perceived by the client as expert, attractive, and trustworthy. When this occurs, the counsellor establishes a power base.
- In the second stage, the counsellor uses the power base to exert positive influence on the client within counselling process.
- Counsellors tended to be perceived as expert when they had objective evidence of training and utilized prestigious cues such as consistent, and responsive nonverbal behaviour such as touch, smiling, and body leans; and used narrative analogies and empathic responses.
- Counsellors were perceived as attractive when they had objective evidence of training; and were self-disclosing.
- Counsellors appeared more trustworthy when they used credible introductions and reputational cues; responsive nonverbal behaviour; and verbal and nonverbal cues associated with confidentiality. Once counsellors establish a power base by appearing expert, attractive, and trustworthy, they can exert a positive influence on the client.

**ii. Counsellor-and-Client offered Conditions:** The working alliance is another concept that can be used to describe the counselling relationship. It goes beyond focusing on counsellor offered conditions and includes counsellor- and client-offered conditions. The working alliances have composed of three parts. They are: agreement between the counsellor and client in terms of the goals of counselling agreement between the counsellor and client in terms of the tasks of counselling emotional bond between the counsellor and client. The strength of the working alliance depends on the degree of agreement relating to goals and tasks of counselling and the level of emotional attachment between the counsellor and client.

## **2.STAGE TWO: ASSESSMENT AND DIAGNOSIS**

Assessment and diagnosis help a counsellor develop an in-depth understanding of a client and identify mental disorders that require attention. This understanding can facilitate goal setting and also suggest types of intervention strategies.

Assessment procedures can be divided into two categories

- Standardized measures – include psychological tests that have a standardized norm groups

- Non standardized measures – not have a standardized norm group and include strategies such as the clinical interview and assessment of life history.

### **3. STAGE THREE: FORMULATION OF COUNSELLING GOALS:**

Three functions that goals serves in the counselling process:

- a) Motivational
- b) Educational
- c) Evaluative.

#### **a) Motivational function:**

- The clients are involved in establishing the counselling goals.
- They may be more motivated when they have specific, concrete goals to work toward.
- It is also important for counsellors to encourage clients to make a verbal commitment to work on a specific counselling goal.

#### **b) Educational function:**

From this perspective, clients can learn new skills and behaviours that they can use to enhance their functioning. For example, a counselling goal might be to become more assertive. During assertiveness training clients can learn skills to enhance their functioning in interpersonal situations.

**c) Evaluative function:** Clear goals allow the counsellor and client an opportunity to evaluate progress.

We can also conceptualize counselling goals as either **process or outcome**.

**Process Goals:** This establishes the conditions necessary to make the counselling process work. These goals relate to the issues of formulating positive relationship by promoting the core conditions. Process goals are primarily the counsellor's responsibility.

**Outcome goals:** This specifies what the client hopes to accomplish in counselling. The counsellor and client should agree on these goals and modify them as necessary.

#### **Five types of outcome goals**

- Facilitating behaviour change

- Enhancing coping skills
- Promoting decision-making
- Improving relationships
- Facilitating the client's potential

**1. Facilitating behaviour change:** Some form of behaviour change is usually necessary for clients to resolve their concerns. The amount of change varies from client to client. For example, one client might need counselling to learn how to deal effectively with an adult, while another might require psychotherapy to change an unhealthy, stressful lifestyle.

**2. Enhancing coping skills:** Several developmental tasks and associated coping mechanisms unique to the various stages of development. Coping skills are necessary to proceed through the life span. For example, selective ignoring, escapism, wishful thinking, resignation, are the probable tasks of an elderly. Coping behaviours necessary to meet these tasks include appropriate social adaptive, cognitive and emotional behaviour to thrive comfortably. Clients may have problems dealing with stress, anxiety, or a dysfunctional lifestyle. In these situations, clients may benefit from a stress management program that includes counselling, relaxation, meditation and exercise.

**3. Promoting decision-making:** Some clients have difficulty, making decisions. They may feel that no matter what they decide, it will be wrong. They may even think that they are going crazy. Difficulty in making decisions is often a normal reaction to stressful life situations. In these situations, the counsellor may want to reassure clients that they are not going crazy, helping clients feel normal can encourage them and alleviate unnecessary worry.

**4. Improving relationships:** A person who did not have a close relationship with anyone was at risk for mental problems. Counsellors can use a variety of counselling strategies to help clients improve their interpersonal relations. These strategies include social-skill training programs; group counselling that focuses on interpersonal relations; couple therapy.

**5. Facilitating the client's potential:** Goals in this category are more abstract and relate to the concepts of self-realization and self-actualization. Self-realization implies helping clients become all they can be as they maximize their creative potential. There can be roadblocks to self-realization that require the counsellor's attention. In these instances, the counsellor can help clients gain a more realistic understanding of what is required to be successful. Self-actualization is related to the need to fulfil

one's potential. He believed that as people's basic needs were met, they would move toward self-actualization.

#### **4. STAGE FOUR: INTERVENTION AND PROBLEM SOLVING**

The counsellor and client may choose strategies to implement from a variety of interventions, including individual, group, couples, and family counselling. It may be best to begin with individual counselling for clients with problems of an intrapersonal nature. Couples or family counselling may be more appropriate for clients with difficulties of an interpersonal nature, as in a marital or parent-child conflict. Involving clients in the process of selecting intervention strategies has some advantages. This would help the client and the counsellor together can select a strategy that seems realistic in terms of its strengths and weaknesses, instead of working out with the strategies without apparent success.

The counsellor should provide an overview of the different treatment approaches available; describe the role of the counsellor and client for each procedure; identify possible risks and benefits that may result; and estimate the time and cost of each procedure. In addition, it is important for the counsellor to be sensitive to client characteristics such as values and beliefs when selecting an intervention strategy. Counsellors should also be aware of a client's personal strengths and weaknesses in selecting a counselling approach.

**Problem-Solving Strategies:** Problem solving is a way conceptualizes interventions. It involves individual, group, marriage, or family counselling. Counsellors should develop a systematic approach to problem solving, in order to help a client to resolve problems. This approach would enable clients to learn skills that could contribute to their personal autonomy.

A six-stage model for problem solving strategies includes:

- ❖ Problem detection
- ❖ Problem definition
- ❖ Identification of alternative solutions
- ❖ Decision-making
- ❖ Execution
- ❖ Verification

This model is a behaviourally oriented approach that involves describing a particular problem in behavioural terms; identifying possible solutions to the problem; deciding on a course of action relative to various alternative solutions; implementing the decision; and verifying if the outcome is consistent with the expected outcome. There

are other set of problem-solving approach that can be used to incorporate in the counselling. Counsellors should adjust this approach to the unique and emerging needs of the client. It is also important to note that it may take more than one session to utilize the six steps.

1. The counsellor assists the client in selecting a goal to work on in counselling
2. The counsellor and client identify what problems they must overcome to achieve the counselling goal.
3. The counsellor attempts to increase the client's motivation for change by helping the client understand the "cost" of not changing.
4. The counsellor assists the client in selecting a particular problem
5. The counsellor and client utilize the counselling techniques necessary to assist with the problem.
6. The counsellor gives the client a homework assignment to practice away from the counselling session.

The following example illustrates how these six steps might be used in counselling.

1. The counsellor and client identify two counselling goals: improve interpersonal skills and explore career options. They decide to work first on interpersonal skills.
2. The counsellor and client identify the following problems associated with poor interpersonal skills: lack of assertion, poor listening skills, low self-image, and impatience. They also identify the client's assets: hard-working, dependable, and interested in personal growth.
3. The counsellor attempts to increase the client's motivation for changing by identifying the cost of not changing. For example, the client will continue to have interpersonal difficulties and will feel lonely and lack meaning in life.
4. The counsellor assists the client in identifying a particular problem to work on from step two like develop more effective listening skills.
5. The counsellor uses a particular counselling strategy for the problem selected in step four the counsellor teaches the client how to use basic listening skills.
6. The client is given a homework assignment to practice listening skills outside of counselling. At the beginning of the next session, the counsellor and client review how the homework assignment went and then do additional work developing listening skills as required.



### **5. STAGE FIVE: TERMINATION AND FOLLOW-UP**

Termination can be done when clients have worked through their concerns and are able to proceed forward in their lives without the counsellor's assistance. At this point, counselling can be terminated. It is usually best for the counsellor and client to agree on a termination date, reducing the chance of premature termination or feelings of ambivalence.

Termination should be planned several weeks in an advance to provide an opportunity for the client to prepare psychologically. The counsellor should also arrange for appropriate follow-up with the client. An appointment for a formal follow-up counselling session can be made 2 to 4 weeks after the final session. This can allow the counsellor and client adequate time to evaluate how things are going without counselling. Clients should be reassured that they will be able to obtain additional counselling services if the need arises. They should also be informal as to how they can request these services in the future.

### **6. STAGE SIX: RESEARCH AND EVALUATION**

Research and evaluation can occur at any time during the counselling process or after- termination. Counsellors are asked to evaluate counselling whenever they implement an intervention strategy. These research procedures involve face-to-face interaction between the counsellor and client. These procedures may be used before or after a client has terminated.

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## **1.9 Counselling Techniques**

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There are many different techniques that counsellors can use with their clients. Here is a look at some of the techniques that are felt to be most effective during a counselling session:

#### **❖ Spheres of Influence:**

This assessment tool will get the individual to look at areas of their life and see which areas may be impacting and influencing them. The person's job is to figure out which systems in their life give them strength, and which ones give them stress. Some spheres of influence to consider are: themselves, immediate family, friends, husband or wife, extended family, job or school, community, culture or religion, and any external influences.

#### **❖ Clarification:**

A counsellor should often ask their client to clarify what they are telling them to make sure they understand the situation correctly. This will help the



counsellor avoid any misconceptions or avoid them having to make any assumptions that could hinder their feedback.

#### ❖ **Client Expectations:**

When a person enters therapy, they should voice their opinions about counselling and their beliefs about treatment. In the beginning, they should be able to communicate with their counsellor as to what they expect to get out of counselling. This can help the counsellor guide and direct their counselling accordingly.

#### ❖ **Confrontation:**

This does not mean the client confronting the therapist, or vice versa. The confrontation that should happen here is within the client. The client should be able to self-examine themselves during counselling. However, the speed at which they do this should be discussed between the counsellor and the client.

#### ❖ **Congruence:**

This has to do with the counsellor being genuine with their feedback and beliefs about their client's situation and progress. The more authentic and true they are with their counselling, the more that their client and work to grow and benefit from their help.

#### ❖ **Core Conditions:**

This technique in counselling goes over some essential traits that the counsellor needs to integrate for effective counselling, which are: positive regard, empathy, congruence or genuineness, and warmth.

#### ❖ **Encouraging:**

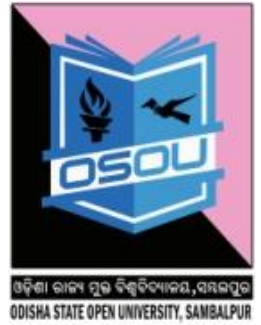
Being encouraging as a counsellor for your client is an essential technique that will help facilitate confidence and respect between both parties. This technique asks that the counsellor focus on the client's strengths and assets to help them see themselves in a positive light. This will help with the client's progression.

#### ❖ **Engagement:**

As a therapist, having a good, yet professional relationship with your client is essential. However, there are bound to be difficult moments in counselling sessions, which will require influential engagement on the counsellor's behalf.

#### ❖ **Focusing:**

This technique involves the counsellor demonstrating that they understand what their client is experiencing by using non-judgmental attention without any words. Focusing



can help the counsellor determine what the client needs to obtain next from their services.

❖ **Immediacy:**

This technique features the counsellor speaking openly about something that is occurring in the present moment. This helps the client learn from their real life experiences and apply this to their reactions for other past situations.

❖ **Listening Skills:**

With any relationship, listening skills are needed to show that the counsellor understands and interprets the information that their client gives them correctly. The counsellor should do this by showing attentiveness in non-verbal ways, such as: summarizing, capping, or matching the body language of their clients.

❖ **Open-Ended Questions:**

Open-ended questions encourage people in a counselling session to give more details on their discussion. Therefore, these types of questions are used as a technique by counsellors to help their clients answer how, why, and what.

❖ **Paraphrasing:**

This technique will show clients that the counsellor is listening to their information and processing what they have been telling them. Paraphrasing is also good to reiterate or clarify any misinformation that might have occurred.

❖ **Positive Asset Search:**

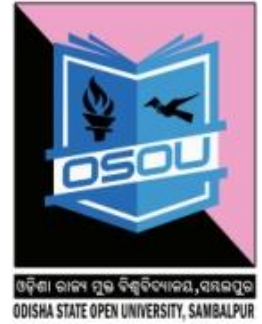
A positive technique used by counsellors helps clients think up their positive strengths and attributes to get them into a strong mind-set about themselves.

❖ **Reflection of Feeling:**

Counsellors use this technique to show their clients that they are fully aware of the feelings that their client is experiencing. They can do this by using exact words and phrases that their client is expressing to them.

❖ **Miracle Question:**

The technique of asking a question of this sort will help the client see the world in a different way or perspective. A miracle question could be something along the lines of: “What would your world look like if a miracle occurred? What would that miracle be and how would it change things?”



### ❖ **Stages of Change:**

By assessing a client's needs, a counsellor can determine the changes that need to occur for their client, and when they should take place. This can be determined by what they believe to be most important.

### ❖ **Trustworthiness:**

The counsellor must create an environment for their client as such that their client feels that they have the capacity to trust their counsellor.

❖ **A therapist must be:** congruent, warm, empathetic, and speak with positive regard to their client.

### ❖ **Capping:**

A lot of counsellors use the technique of capping during their sessions. Capping involves changing a conversation's direction from emotional to cognitive if the counsellor feels their client's emotions need to be calmed or regulated.

### ❖ **Working Alliance:**

Creating a working alliance between a counsellor and their client is essential for a successful counselling environment that will work to achieve the client's needs. This technique involves the client and therapist being active collaborators during counselling and agreeing upon goals of treatment that are necessary, as well as how to achieve those goals.

### ❖ **Proxemics:**

This technique has the counsellor study the spatial movements and conditions of communication that their client exhibits. By studying their clients' body orientation, the counsellor can determine mood, feelings, and reactions.

### ❖ **Self-Disclosure:**

The counsellor will make note when personal information is disclosed at certain points of therapy. This technique will help the counsellor learn more about the client and use this information only to benefit them.

### ❖ **Structuring:**

When the individual enters counselling, the counsellor should discuss the agenda for the day with their client, the activities, and the processes that they will go through. This technique in counselling will help the client understand their counsellor's train of thought into determining how this routine will work for them. Soon enough, the

client will get used to the routine, and this establishes comfort and trust in counselling.

### ❖ Hierarchy of Needs:

This technique involves the counsellor assessing their client's level of needs as based on the progress that they are making. The needs that they will factor in are: physiological needs, safety needs, love and belonging needs, self-esteem needs, and self-actualization needs. All these will determine if change needs to take place in counselling,

## 1.10 SUMMARY:

Psychotherapy and Counselling are professional activities that utilise an interpersonal relationship to enable people to develop self-understanding and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals to obtain assistance in exploring and resolving issues of an interpersonal, intrapsychic, or personal nature. Professional Counselling and Psychotherapy are explicitly contracted and require in-depth training to utilise a range of therapeutic interventions, and should be differentiated from the use of counselling skills by other professionals.

## 1.11 Check your progress:

### I. Objective type questions:

1. Counselling means
  - a) Helping an individual to solve their problems
  - b) Solving own problems
  - c) Getting help from others
  - d) All of the above
  
2. Empathy, respect, congruence, confidentiality -these are \_\_\_\_\_ of the counselling
  - a) Problems b) techniques c) Dimensions d) process
  
3. What is the stage one of counselling?
  - a) Assessment b) Relationship building c) termination d) formulation of goal
  
4. By client body movements' counsellor will understand the client mood and behaviour. It is known as
  - a) self- disclosure b) empathy c) proxemics d) capping

**Answer key:**

1) a 2)c 3)b 4)c

**II. Short answers questions:**

- 1) Define counselling and describe the types of counselling
- 2) What are the principles of counselling?
- 3) Explain about the types of goals
- 4) Problems of counselling

**III. Essay questions:**

- 1) Explain the techniques of counselling
- 2) Process of counselling

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**1.12 Key terms**

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1. Hierarchy of needs – sequence of human needs
2. Standard measure – approved and suitable activities
3. Dimensions –key concepts in counselling
4. Congruence – agreement or harmony
5. Confidentiality – keeping secretly

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**1.13 Reference and further reading:**

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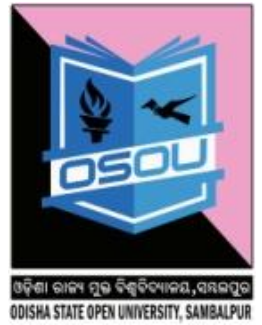
1. . Text book of mental health nursing, KP.Neeraja, 3<sup>rd</sup> edition, I volume.
2. [www.unesco.org](http://www.unesco.org)
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## UNIT-2: COMMON PROBLEMS REQUIRING COUNSELLING

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### Structure:

- 2.1 Introduction
- 2.2 Meaning of counselling of older adults
- 2.3 Common problems requiring counselling in older adults
- 2.4 Presenting problems of ageing
- 2.5 Types of counselling for older adults
- 2.6 Competencies of psychologists to give counselling for older adults
- 2.7 Adaptation of counselling process
- 2.8 Barriers of counselling services
- 2.9 Summary
- 2.10 Check your progress
- 2.11 Key terms
- 2.12 Reference and further reading

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### 2.1. INTRODUCTION:

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Aging is a natural process that may present challenges for some individuals and their families. Although many older adults look forward to moving from middle age into their later years, it may be difficult for others to adjust. All adults may experience health issues and stress as they approach and pass middle age, and the support of a therapist or other mental health professional may help ease the transition.

There are no single characteristics that accurately describe “older adults,” as this cohort encompasses an array of different life experiences, personality traits, and goals for counselling. Thus, counselling the elderly must begin with basic knowledge of the aging process, such as normal versus pathological aging, fact versus fiction, and stereotypes. Counsellors should be versed in the physical, mental, and emotional aspects of older clients and adept at clinical diagnoses specifically applicable to this population, such as differentiation between depression and dementia.

The majority of counselling approaches build upon a foundation of respect, empathy, and support. Creating a culture where mentally healthy older adults are considered “normal” is paramount to the field of geriatric counselling. Counsellors must promote the idea that old age in itself is not pathological and does not necessarily require counselling. However, when symptoms increase beyond the level of the older adult’s ability to function, counselling should be an option, regardless of age.



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## **2.2 MEANING OF COUNSELLING OF OLDER ADULTS:**

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The physical and cognitive limitations related to the process of aging can make daily life challenging for many seniors as they get older. This is especially true for individuals who are accustomed to caring for themselves, and maintaining their own independence.

Geriatric Counsellors provide physical and psychological assessment services for older adults, along with counselling, direct care, treatment for mental health issues, and assistance with problems interfering with a senior's quality of life. They often specialize in the identification and resolution of issues common to seniors residing in long term care and assisted living facilities, and work closely with staff responsible for providing skilled nursing care.

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## **2.3. COMMON PROBLEMS REQUIRING COUNSELLING IN ELDERLY:**

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While some adults may approach their "Golden Years" eagerly, anticipating retirement, grandchildren, or simply a new phase of life, others may dread the physical and mental effects of aging. It may be difficult for some adults to face the transition to retirement, deal with new frailty or medical conditions, or find enjoyable, meaningful activities if they do experience physical challenges that limit their mobility. It may also be difficult for some older adults to face mortality, especially when friends, peers, or spouses and partners pass on, and they may come to experience isolation in the wake of many such deaths. Older adults may also find it challenging to attend to basic needs in the presence of Alzheimer's disease or other forms of dementia, which affect approximately one in ten Americans of retirement age.

Ageism, or discrimination based on a person's age, may also affect some older adults, and this practice may lead to forced retirement or cause well-intentioned loved ones to ignore an older adult's desires or opinions. According to a United Nations Population Survey, 37% of adults over the age of 60 reported experiencing age discrimination in the last year, and 43% were afraid of personal violence. Only 49% of these adults reported being treated with respect, which indicates that just over half of the adults surveyed had experienced instances of disrespect. Further, more than half of adults over the age of 60 found it difficult to pay for basic services, 66% wished they had an opportunity to work, and 47% worried "always" or "very often" about money.

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## 2.4 PRESENTING PROBLEMS OF AGEING

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Many older adults experience grief and loss, whether it be in their occupation (e.g., retirement), mobility (e.g., becoming reliant on a walker), independence (e.g., not being able to drive), or interpersonal relationships (e.g., death of spouse or friends). By definition, elderly clients have experienced the loss of youth and therefore all too often their own perceived value in today's youth-focused society. Issues of loss, death and dying, physical and mental health changes, chronic illness and disability, and debilitating pain are often intertwined for the older client.

The fear of cognitive decline or “losing one's mind” often becomes increasingly prevalent with age. Older adults are often more susceptible to delirium (a disturbance of consciousness and a change in thought process that develops over a short period of time) due to infections, medication interactions, or dehydration. Dementias (multiple deficits in thought, including impairment in memory) are varied; they may be Alzheimer's type, vascular, or the result of other disease processes. When cognitive decline occurs, counsellors must be not only astute in detection and differentiation of cause but also aware of the client's capacity to participate in the decision-making process—including participation in counselling.

### a. Medical problems of Aging

One of the challenges older adults may experience is distinguishing the normal effects of advancing age from signs of actual physical or mental illness. Many people over the age of 65 continue to live happy and healthy independent lives. Older adults will experience some changes in cognition, but this is a normal part of the aging process. Researchers have found that healthy older adults often experience mild decline in the areas of:

- visual and verbal memory
- visuospatial abilities
- immediate memory, or the ability to name objects
- hearing and vision
- bodily strength
- appetite and energy level

A health care professional can help older adults become accustomed to these kinds of changes and distinguish them from a serious health condition such as Alzheimer's disease or Parkinson's disease (a referral to a psychiatrist or internist may be necessary).



Those who spend time with or care for older adults can help reduce the impact of these issues by using certain strategies to allow for varying degrees of impairment. Caregivers and family members might, for example, use plain language and focus on important details rather than unnecessary information, clearly communicate directions and use written reminders as memory aids, provide written information in an easy-to-read format and consider providing an audio format when necessary, and speak clearly and face to face.

Older adults who experience some limitations on their activity and abilities due to aging are often able to adapt to these changes and continue their lives in the manner they wish, occasionally with some type of assistance or accommodations.

### **b. Cognitive and Mental Health problems**

As many older adults are likely to visit their primary care physician first when experiencing problems, psychological problems may be reported in somatic terms. Elderly clients may express concerns about sleep disturbance, headaches, loss of appetite, or weight change rather than identifying anxiety, feelings of hopelessness, or depression. Counsellors will gain increased understanding by assessing to what extent client symptoms are due to psychological factors and to what extent they are due to biochemical disturbance.

The most common psychological disorders in the elderly population include anxiety, depression, insomnia, cognitive impairment, and adjustment disorder. If an older adult is living in an assisted living facility or nursing home, the chance of experiencing these disorders increases. Each disorder has various levels of severity. For example, depression can range from a reactive sadness (stemming from minor occurrences) to grief (a normal response to painful loss) and to clinical depression with symptoms causing impairment in daily functioning. Risk for suicidal ideation increases with depressive symptoms, and it should not be overlooked in an elderly population. In general, older adults complete 20% of all suicides, although they make up only 13% of the population. In assessment for suicide risk, the counsellor must be savvy in regard to identification of suicidal ideation and the possibility of taking action to cause death in contrast to verbalization of “wanting” or “being ready” to die.

Older adults often experience mild mental decline as they grow older, but some adults may be affected by dementia, which can lead to significant impairment in function and may influence the development of conditions such as depression, paranoia, and anxiety. Alzheimer's, a progressive condition that also impacts memory and mental function, is the most common form of dementia.

Statistics show that about 15% of adults over the age of 60 have a mental health condition. Mental health concerns often experienced by older adults include:

- **Anxiety**, which affects 6% of older adults
- **Sexual dysfunction and sleep problems.** The likelihood of either of these conditions increases with age.
- **Depression**, which occurs in approximately 7% of the older adult population and is often undiagnosed and untreated. Older adults who live in a community have been shown to experience depression at lower rates than younger adults, however.
- **Behavioral concerns**, such as aggression, motor over activity or wandering, and verbal outbursts. These are often caused by delirium, depression, or dementia.
- **High suicide rates.** Older adults experience the highest suicide rate of any age group.
- **Alcohol and substance dependency.** 2-5% of men and 1% of women over the age of 65 are dependent on drugs or alcohol, but the Substance Abuse and Mental Health Services Administration reports that by 2020, half of all Americans between the ages of 50 and 70 will be at high risk of alcohol and marijuana dependency.

In addition to the above disorders, the counsellor should be aware of the possibility for substance use, including abuse of alcohol and prescription medications. Substance abuse or dependence is often overlooked within this population because of their reduced social and occupational functioning. Signs may more often present as poor self-care, unexplained falls, malnutrition, and medial illnesses.

Counsellors should also be able to identify chronic mental illness and personality disorders when they occur in elderly clients. As young people with a chronic mental illness age, they become older adults with a chronic mental illness. Although the severity of behaviors associated with personality disorders is often thought to diminish with age, the severity may increase under stress or as individuals experience a loss of control, such as a change in living situation.

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## 2.5 TYPES OF COUNSELLING FOR OLDER PERSONS

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Counselling has been found to be effective for older adults experiencing distress, and it's clearly superior to medication because of the increased risk of pharmacological side effects in the elderly. When indicated, a combination of medication and counselling can be a successful intervention for psychological symptoms.

Types of counselling for older persons are:

- a) Individual counselling
- b) group counselling

Both individual and group counselling are available for older adults seeking mental health treatment.

**a) Individual counselling:**

Individual counselling means giving the counselling to a particular person privately. Provides older clients the time and privacy to discuss thoughts and feelings they may be experiencing.



Source: <https://www.flickr.com/photos/communityeyehealth/33884460203>

**b) Group counselling:**

- Group counselling is given to group of people at a time
- It has also been shown to be efficacious with an elderly population, and it provides an additional benefit of decreased isolation through interaction among members.
- Common types of groups include reminiscence (integrating past memories into present-day functioning), interpersonal (exploring personal interactions and relationships), current events (encouraging attention to current news), and adjustment (focusing on transitions).



Source: [https://commons.wikimedia.org/wiki/File:Duchovn%C3%AD\\_cvi%C4%8Den%C3%A4D.jpg](https://commons.wikimedia.org/wiki/File:Duchovn%C3%AD_cvi%C4%8Den%C3%A4D.jpg)

Regardless of the type of counselling intervention, a thorough assessment of the client’s needs is required. A clinical interview is often sufficient, but additional age-sensitive instruments (e.g., Geriatric Depression Inventory) can be used when further assessment is needed. In addition, counsellors should be knowledgeable of



when to refer (e.g., to a primary care physician to rule out medical concerns, to a specialist such as a neuropsychologist for cognitive testing, or to a nutritionist for further exploration of diet) as well as aware of appropriate community resources.



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## **2.6. COMPETENCIES OF A PSYCHOLOGIST TO GIVE COUNSELLING FOR OLDER ADULTS:**

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To work with older adults the counsellor need to have competencies or have to follow the guidelines for effective geriatric counselling

### **1. Psychologists are encouraged to work with older adults within their scope of competence:**

Training in professional psychology provides general skills that can be applied for the potential benefit of older adults. Many adults have presenting issues similar to those of other ages and generally respond to the repertoire of skills and techniques possessed by all professional psychologists. For example, psychologists are often called upon to evaluate and/or assist older adults with life stress or crisis

### **2. Psychologists are encouraged to recognize how their attitudes and beliefs about aging and about older individuals may be relevant to their assessment and treatment of older adults, and to seek consultation or further education about these issues when indicated:**

Principle E of the APA Ethics Code (APA, 2002a, 2010a) urges psychologists to respect the rights, dignity, and welfare of all people and eliminate the effect of cultural and socio demographic stereotypes and biases (including ageism) on their work.

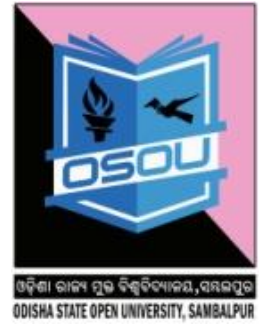
### **3. Psychologists strive to gain knowledge about theory and research in aging:**

APA-supported training conferences have recommended that psychologists acquire familiarity with the biological, psychological, cultural, and social content and contexts associated with normal aging as part of their knowledge base for working clinically with older adults, most practicing psychologists will work with clients, family members, and caregivers of diverse ages. Therefore a rounded preparatory education for anyone delivering services to older adults encompasses training with a lifespan-developmental perspective for which knowledge of a range of age groups including older adults is very useful.

### **4. Psychologists strive to be aware of the social/psychological dynamics of the aging process:**

Clinicians who work with older adults strive to be knowledgeable of issues specific to later life, including grand parenting, adaptation to typical age-related physical changes including health problems and disability





**5. Psychologists strive to understand diversity in the aging process, particularly how socio cultural factors such as gender, race, ethnicity, socioeconomic status, sexual orientation, disability status, and urban/rural residence may influence the experience and expression of health and of psychological problems in later life:**

The older adult population is highly diverse and is expected to become even more so in coming decades. The heterogeneity among older adults surpasses that seen in other age groups. Psychological issues experienced by older adults may differ according to factors such as age cohort, gender, race, ethnicity and cultural background, sexual orientation, rural/frontier living status, education and socioeconomic status, and religion

**6. Psychologists strive to be familiar with current information about biological and health-related aspects of aging:**

In working with older adults, psychologists are encouraged to be informed about the normal biological changes that accompany aging. Though there are considerable individual differences in these changes, with advancing age the older adult almost inevitably experiences changes in sensory acuity, physical appearance and body composition, hormone levels, peak performance capacity of most body organ systems, and immunological responses and increased susceptibility to illness

**7. Psychologists strive to be familiar with current knowledge about cognitive changes in older adults:**

From a clinical perspective, one of the greatest challenges facing practitioners who work with older adults knows when to attribute subtle observed cognitive changes to an underlying neurodegenerative condition versus normal developmental changes. Further, several moderating and mediating factors contribute to age-associated cognitive changes within and across individuals.

**8. Psychologists strive to understand the functional capacity of older adults in the social and physical environment.**

Most older adults maintain high levels of functioning, suggesting that factors related to health, lifestyle, and the match between functional abilities and environmental demands more powerfully determine performance than does age. Functional ability and related factors weigh heavily in decisions older adults make about employment, health care, relationships, leisure activities, and living environment.

**9. Psychologists strive to be knowledgeable about psychopathology within the aging population and cognizant of the prevalence and nature of that psychopathology when providing services to older adults**

**10. Psychologists strive to be familiar with the theory, research, and practice of various methods of assessment with older adults, and knowledgeable of assessment instruments that are culturally and psychometrically suitable for use with them:**

Relevant methods for assessment of older adults may include clinical interviewing, use of self-report measures, cognitive performance testing, direct behavioural observation, role play, psycho physiological techniques, neuroimaging, and use of informant data. Psychologists should aspire to have familiarity with contemporary biological approaches for differential diagnosis or disease characterization, and how this information can contribute to the assessment process and outcome, even if they do not apply these techniques themselves.

**11. Psychologists strive to develop skill in accommodating older adults' specific characteristics and the assessment contexts.**

At times the practitioner may face the challenge of adapting assessment procedures to accommodate the particular impairments, or living contexts of older adults. For example, with older adults who have sensory or communication problems, elements of the evaluation process may include assessing the extent of these impediments, modifying other assessments to work around such problems, and taking these modifications into account when interpreting the test findings. In particular, clinicians would not want to confuse cognitive impairment with sensory deficits.

**12. Psychologists strive to develop skill at conducting and interpreting cognitive and functional ability evaluations:**

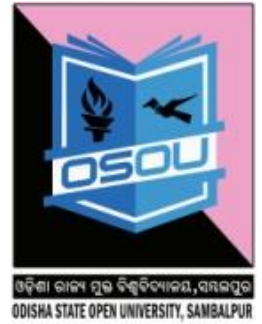
Quite commonly, when evaluating older adults, psychologists may use specialized procedures to help determine the nature of and bases for cognitive difficulties, functional impairment, or behavioral disturbances

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## **2.7 ADAPTATIONS TO THE COUNSELLING PROCESS**

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Once an elderly client accesses mental health care, several adaptations to the traditional format allow the counselling experience to be of maximum benefit. Counsellors need to be aware of the social context in which their older adult clients exist and the challenges of navigating an ageist world. For many older adults, entering into counselling is a new and possibly intimidating experience. Education about the counselling process may assist with rapport building and setting appropriate expectations. By outlining the logistics of the sessions (e.g., how long each meeting will last, the cost, and duration of therapy) and describing the process of therapy, the counsellor can potentially alleviate concerns, allowing older clients to be active participants in the course of treatment.



Counsellors may allow for additional time to explain the progression of counselling, describing their theoretical orientation and therapeutic approach in a jargon-free manner, using concrete terms and examples when possible. Choice of terminology is significant, as counsellors may wish to refrain from using more informal language (e.g., “that’s cool” or “I get it”). Counsellors should also be cautious of using terms with potential negative meaning too quickly, as older clients may not identify with being “depressed” but may instead more readily agree to “feeling blue,” “being down in the dumps,” or “having low spirits.” Older clients may indicate anxiety by noting they are “climbing the walls” or stating something such as, “I don’t feel right in my skin.” Other aging clients may be more comfortable beginning the conversation about symptoms by sharing, “I just haven’t felt like myself.”

The development of rapport and client conceptualization is also assisted when the counsellor understands the broad historical timeline of events that may have influenced an elderly person’s perspective on life. A general awareness of the social impact of wars, the Great Depression, and other historical events may help clients to feel that the counsellor is interested in understanding their stage in life. Although each person will experience events in a unique way, a basic understanding about major events this cohort has survived may facilitate the therapeutic process.

Older clients may exhibit physical declines that affect the course of therapy. They may have difficulty hearing, and provisions can be made to ease the frustrations of both parties to the counselling relationship. This may mean that the counsellor must enunciate more clearly, speak louder, speak in a deeper voice, and possibly speak more slowly, or it may mean that the client requires assistive devices such as hearing aids or an amplification set. Because some clients may have decreased eyesight, counsellors may wish to have written materials in large print. They should be prepared if older clients experience physical limitations preventing them from completing paperwork or providing a signature.

In addition, counsellors may want to decrease the pace of therapy; this may be an effective method of ensuring client understanding. Clinicians should be prepared for clients that have overall changes in memory functioning; clinicians may need to use more repetition, provide hands-on material, and focus on events and emotions that are more easily recalled. Complex and jargon-filled interpretations will likely not be successful, as many older adults may be more receptive to pragmatic and problem-solving techniques.

In addition, modifications to therapy may be necessary due to care giving issues or living situation. As a person ceases working outside the home, becomes less

able to participate in the community, or experiences family and friends passing away, the potential to become isolated intensifies. Focus is often placed on a spouse or family members, but this is accompanied by conflicting feelings, as many older adults worry about becoming a burden to their family. On occasion, caregivers might be included in the counselling process to explore such concerns.

Unique issues also arise given various living environments, as older adults who live independently in the community experience different challenges than those living with family, those with the help of a caregiver, or those living in an assisted living facility or long-term care facility. Counsellors need to understand the system in which the client lives, so they can better recognize and appreciate the corresponding challenges that may arise. For instance, if a client living in a long-term care facility complains of clothes that are missing and being worn by someone else, the counsellor must determine if the client is demonstrating signs of paranoia or memory deficits, describing a thief that is employed in the building, or describing a situation that the facility must address within their laundry department.

### ***Transference and Counter transference***

As both client and counsellor learn more about societal perceptions of older adulthood, they must be aware of the potential dynamics that may develop. Transference involves the attribution of characteristics, traits, or behaviors to a person based on ideas about who the person is reminiscent of or who he or she represents. Thus, older clients may look at a younger therapist and reflect on their own mortality, their loss of relationships or independence, or their physical impairments. They may think it impossible that someone so much younger could understand their thoughts and feelings at the later stage in life. A younger therapist may focus too much on illness or death, or may treat an older client as “grouchy” or “fragile,” or may think of the client as a “kind grandparent-like” individual. When appropriate, talking about the possibility for misperceptions can lead to fertile conversations about age and the counselling process.

Although it is rarely mentioned, a potential challenge of working with older clients is the increased likelihood of experiencing a client’s death. Counsellors may be aware of their reaction to client death as being a double-level experience. As humans, they may face grief, guilt, and loss similar to others who have lost a close relationship. But counsellors may also be cognizant of the client’s death in terms of their special role in that person’s life. This can have the potential to be confusing, emotionally draining, and isolating for counsellors working with the elderly.



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## 2.8 BARRIERS TO COUNSELLING SERVICES

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- Older adults often face multiple challenges in obtaining counselling services due to physical, financial, and cultural obstacles.
- Limited physical mobility and restricted access to transportation can make attending appointments difficult.
- For those coping with such a loss of independence, “nonessential” activities such as therapy may quickly be cut from the list of priorities.
- Similarly, for those on a limited financial budget, interventions that are not quickly determined to be useful may likely be discontinued.
- Some clients may also need assistance navigating the tricky waters of Medicare benefits.
- This leads to the need for therapy to be accessible, financially feasible, and most important, something that is valued by the client as helpful.
- In an older population that may view counselling as something for those only with severe psychological problems, overcoming the stigma of therapy can be a challenge in itself.

In addition to reducing possible barriers, counsellors working with the elderly are encouraged to operate within a multidisciplinary approach, working closely with other care providers involved, such as the primary care physician, a case manager, or a concerned family member. Creating a trusting relationship with the client may be more easily facilitated if the person has confidence in the network of those providing care.

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## 2.9 SUMMARY

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There are endless events and experiences to recall in counselling for those who are nearing a century of life. Older adulthood, although not synonymous with psychological health, does symbolize a certain resiliency. Helping those older adults experiencing distress to remember the strengths they have utilized throughout their lives and discussing ways to enhance these personal resources has the potential to be a rewarding experience for those counselling the elderly.

Geriatric counselling can be one of the many measures to help our elders’ age healthily. It’s a type of counselling that is meant to offer assistance to older adults during this difficult transition in their lives. Problems in elderly are multi-faceted and often a single problem may be the result of a complex chain of de-compensation of body functions. So how do the individuals react psychologically to all these problems? They could go into denial or feel anxious, fear, sadness, anger, irritability, apathy, jealousy. They could become over-religious and spiritual or in some cases

have paranoid reactions and go into self-neglect, depression or in worst cases make suicidal attempts.



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## 2.10 CHECK YOUR PROGRESS

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### **I. Objective type questions:**

- 1) What are the presenting problems of ageing?
  - a) Physical b) cognitive c) mental health d) all of the above
- 2) How much of older adults getting effected with anxiety
  - a) 6% b) 10% c) 15% d) 1%
- 3) Barrier means
  - a) Facilitator b) obstacle c) motivator d) none of the above
- 4) How many older adults effecting with depression
  - a) 10% b) 7% c) 14% d) 11%
- 5) Individual counselling means giving counselling to
  - a) 10-15 individuals b) one individual c) group d) none of the above

### **Answer key:**

- 1) d 2)a 3)b 4)b 5)b

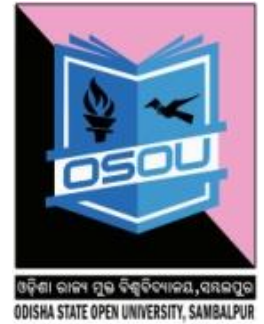
### **II.Short answers questions:**

1. Define counselling. Describe the types of counselling
2. What are the barriers of counselling-explain it

### **III. Essay questions:**

1. Explain the competencies of psychologist to give counselling for an older adult.
2. Describe how the older adults adopt to the counselling process





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## 2.11 KEY TERMS:

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1. Substance dependence                      It is also known as drug dependence is an adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use.
2. Sexual dysfunction                         It refers to a problem occurring during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity.
3. Cognitive problems                         These are a category of mental health disorders that primarily affect learning, memory, perception, and problem solving, and include amnesia, dementia, and delirium
4. APA    The American Psychological Association (APA) is a scientific and professional organization that represents psychologists in the United States
5. Transference                                 It is a phenomenon characterized by unconscious redirection of feelings from one person to another
6. Counter transference                        It is defined as redirection of a psychotherapist's feelings toward a client or, more generally, as a therapist's emotional entanglement with a client.
7. Resilience                                     it is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences. (extra added)

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## 2.12 REFERENCES AND FURTHER READING

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1. Duffy, M. (1992). Challenges in geriatric psychotherapy. Individual Psychology
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3. Knight, B. G. (2004). Psychotherapy with older adults. London: Sage.
4. <https://www.goodtherapy.org/learn-about-therapy/issues/paranoia>



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## **UNIT-3 : COUNSELLING UNDER SPECIAL SITUATIONS**

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### **Structure:**

- 3.1 Introduction
- 3.2 Definition of counselling
- 3.3 Definition of special population
- 3.4 Meaning of counselling under situations
  - 3.4.1 Counselling for abused children
  - 3.4.2 Counselling for abused women
  - 3.4.3 Counselling for elderly
- 3.5 Summary
- 3.6 Check your Progress
- 3.7 Key Terms
- 3.8 Reference and further Reading

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### **3.1 INTRODUCTION:**

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Counselling is the service offered to the individual who is undergoing a problem and needs professional help to overcome it. The problem keeps him disturbed high strung and under tension and unless solved his development is hampered or stunted. Counselling therefore is a more specialized service requiring training in personality development and handling exceptional groups of individuals. According to Willey and Andrew Counselling involves two individuals one seeking help and other a professionally trained person helped solved problems to orient and direct him towards a goals.

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### **3.2 DEFINITION OF COUNSELLING:**

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The dictionary describes counselling as provision of advice or guidance in decision-making, in particularly in emotionally significant situations. Counsellors help their clients by counselling them. Counsellors also help clients explore and understand their worlds and so discover better ways of thinking and living.



Some definitions include:

...help clients understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution or problems of an emotional or interpersonal nature.

...work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem-solving...

The task of counselling is to give the client an opportunity to explore, discover and clarify ways of giving more satisfyingly and resourcefully.

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### **3.3 .DEFINITION OF SPECIAL POPULATION:**

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"People who might be more sensitive or susceptible to exposure to hazardous substances because of factors such as age, occupation, sex, or behaviours (e.g., cigarette smoking). Children, pregnant women, and older people are often considered special populations"

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### **3.4 MEANING OF COUNSELLING UNDER SITUATIONS:**

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The individuals who are facing much trouble with their situations they need psychological support in the form of counselling. This is known as counselling under situations or counselling for special population. The counselling's are as follows:

- I. Counselling for abused children
- II. Counselling for abused women
- III. Counselling for elderly

#### **I. Counselling for abused children:**

Child abuse is anything that deliberately hurts a child. There are different kinds of child abuse which have strong and lasting effects. Unfortunately, there is no single reason why people abuse others, but there are things you can do. This includes reporting abuse to the police and involving the legal system, or you can get help to deal with effects of child abuse.

Statistics show that every year thousands of children are abused physically by a parent or someone they know. Child abuse is characterised by any actions of a carer that could potentially harm a child's mental or physical health. Research shows that many aggressors were abused themselves as children. The main areas of child abuse are shown below:



### ❖ Types of abuse

- **Physical abuse** is any injury to a kid's body that doesn't happen by accident. Hitting, beating, shaking, punching, biting, burning, scratching, strangling or choking a child is child abuse
- **Sexual abuse** is any type of sexual involvement or contact between a child and an adult. It's anything from voyeurism (watching) to sexual acts and incest (sex between family members).
- **Emotional abuse** is when a child is denied love, approval and security. Bullying, yelling, put-downs, ignoring and being made to feel shame are all kinds of emotional abuse.
- **Neglect** is when a child isn't given things they need to grow, like shelter, food, hygiene, supervision, medical attention, education or safety.

Survivors of childhood sexual abuse often face problems in their relationships, but it is important to know that help and support is available. Individual counselling can help to address issues of trust and anger that may resurface in later life.

### ❖ Process of counselling of the abused child

One of the primary purposes of counselling the maltreated child is to provide a safe place and safe relationship within which the child may experiment with new adaptations to a safer world, and in which the child's arrested development may become "unstuck." Counsellors cannot literally replace the requisite parental bonding which helps children to grow and develop, but have an opportunity to help the child develop a trusting relationship with an adult.

- The key to understanding the maltreated child is to look at the developmental stage rather than the chronological age.
- The counsellor will be able to identify adaptations which the child made to the maltreatment and teach the child more appropriate ways of interacting.
- Children often reveal in play the traumatic events of their earlier years. They may also show to the counsellor maladaptive behavior which puts them at risk of further maltreatment.
- In the counseling relationship, working with maltreated children requires many techniques other than talking and listening.
- Using structured or unstructured play situations and artwork, music or clay provide a safe way for children to release tension and express themselves.
- Younger children do well with dolls and dollhouses to act out family issues for the counsellor.

- Many maltreated children have not had normal play opportunities and benefit greatly from free play in the counsellor's office.
- Using puppets, reading stories, or acting out role plays are ways in which abused children can try out new approaches to relationships.

Abused children also do well when counsellors work with them in groups. Younger children do well with developmental play groups, while older children and youth can benefit from activity groups as well as treatment-oriented groups. Group counselling can be especially useful with children and youth who have been sexually abused by reducing their feelings of shame and differentness and helping them to learn how to protect themselves

### **COUNSELLING FOR ABUSED WOMEN:**

1. Counsellors work from an understanding that domestic violence includes physical, sexual and emotional abuse, and that all forms of violence are traumatic and violence is never acceptable.
2. Routine screening for domestic violence is conducted by asking women direct questions about their experience of specific types of abuse.
3. Counsellors are explicit about their position on domestic violence. They name the violent behaviors and discuss the nature of domestic violence locating it within a social, political and cultural perspective.
4. Counsellors recognize that physical violence and sexual abuse are crimes and intervene in a way that does not overtly or covertly blame the woman for "attracting" abusive men, "provoking" the violence or remaining with the abuser.
5. Full responsibility for the violence is coherently and consistently attributed to the perpetrator. Women are encouraged to accept that the abuser has control over his violence regardless of any issues he has and that it is not their responsibility to solve his problems.
6. Domestic violence is recognised as a pattern of behaviours used by abusive men to dominate and control their partners. Counsellors encourage women to identify this pattern of control and violence rather than focusing on particular incidents of violence.
7. Safety of the woman and her dependents is the primary consideration of any counselling intervention and counsellors should openly express their concerns for safety.



8. Safety concerns are addressed in the following way:

- Women are assisted to assess their level of risk and whether the violence has escalated over time.
- Women are encouraged to develop a safety plan and to identify warning signs of impending violence. Counsellors are clear that even the best plan cannot ensure women's safety.
- Information is provided to women about available assistance (ie. legal interventions, police responses, emergency housing, and domestic violence services) and/or referral is provided to an agency that assists with these matters.

9. Counsellors will negotiate a safe method of contact with women that prioritises the women's safety over the counsellor's access to them (eg. check safety of leaving messages on her home phone; agree to contact her via a friend.)

10. Attention is given to the welfare of any children in the woman's care. The possible effects on children of experiencing and/or witnessing violence are discussed with the woman. Counsellors clearly outline limits on confidentiality and 'duty of care' issues particularly in relation to children's welfare.

11. Counsellors focus on women's current circumstances when there is risk of continuing violence, as beginning therapeutic work relating to previous relationships and trauma, or alleviating post-traumatic symptoms prematurely, can further traumatise women and reduce their ability to deal with current issues.

12. Post-traumatic responses are not pathologised or confused with pre-existing conditions but recognised as normal responses to trauma. Information about common responses to violence is provided to assist women in understanding their reactions.

13. Counsellors use their skills to promote empowerment of women. Empowerment is encouraged by:

- Assisting women to identify their strengths, coping skills and personal resources.
- Promoting women's sense of entitlement to their own opinions and perspective regarding themselves and the world.
- Acknowledging women as experts in their own lives and supporting them to make their own informed choices.



- Recognising the complexity of each woman’s situation and that, while her partner’s abusive behaviour is unacceptable, her relationship may have positive aspects.

14. Counsellors ensure they have appropriate training and knowledge in the area of domestic violence and remain up to date with relevant issues.

15. With the women’s consent, counsellors work collaboratively with other professionals with whom she has contact such as domestic violence outreach workers and refuge workers.

16. Secondary consultation is sought when needed from practitioners with experience and knowledge in domestic violence issues.

### **III. COUNSELLING FOR ELDERLY PERSONS:**

To help older adults maintain their independence to the greatest extent possible and age in place by providing quality mental health services and emotional support. Research has indicated that one of the greatest issues for older adults is loneliness. Older adults often suffer losses that include friends, loved ones, health, income, and independence.

The aim of our Older Adult Counselling Programs is to provide a safe and supportive environment where participants can address issues of concern and maintain their independence. Many older adults use their time with us to share thoughts about their day-to-day lives, to reminisce about the past, or to speculate about the future. All of these are good topics for discussion during counselling sessions.

Counselling for elderly people needed in special sessions as follows

- a) Counselling for elderly abuse
- b) Counselling for dementia
- c) Counselling for Alzheimer’s patients
- d) Counselling for hypertensive persons
- e) Counselling for menopause clients

#### **a) Counselling for elderly abuse:**

Elder abuse refers to intentional or unintentional harm, exploitation, or neglect of an older person by himself or herself, trusted individuals, acquaintances, or strangers in a domestic or institutionalized setting. Such acts violate an elderly person’s fundamental rights to safety, privacy, and expression.



Elder abuse is a significant problem in the United States; over 500,000 cases of mistreatment against adults aged 60 or more are reported annually. Sadly, in the majority of these incidents the abusers are members of the victim's own family.

➤ **Types of Abuse against Elders:**

Abuse toward older people can occur in various forms. The most common types of elder maltreatment include physical abuse, emotional or psychological abuse, neglect or abandonment, financial exploitation, sexual abuse, and health care fraud and abuse.

Physical elder abuse involves the deliberate use of force against an older person, resulting in bodily pain, injury, or permanent impairment. While abusive behaviours such as pushing, jostling, or hitting may readily come to mind, less obvious acts of physical abuse include the misuse of medication, the excessive use of restraints, or inappropriate confinement.

Emotional or psychological abuse may be verbal or nonverbal, leading to experiences of emotional or psychological distress in abuse victims. Spoken or written threats, taunts, and constant criticisms are widespread forms of verbal abuse. Elderly people encounter nonverbal abuse when they are ignored, isolated from loved ones, or terrorized by menacing looks or gestures.

Neglect is the most common form of abuse against older individuals, accounting for more than half of all reported cases. An abusive neglectful act occurs when an individual willfully refuses or unintentionally fails to perform his or her care giving obligations. Ignorance or fervent denials of the fact that an elderly person may require more care often results in physical or mental injury to the elderly person.

❖ **Counselling for abused elderly:**

There are many factors which could potentially contribute to the onset and perpetuation of elder abuse. If a caregiver is untrained, unable to cope with stress, receives little support, or views his or her care giving responsibility as a burden, then the possibility that the caregiver may turn to abusive behaviours toward an elder increases. Debilitating illnesses, an elderly person's history with the caregiver, social isolation of the older person and the caregiver from other individuals, as well as the elder's own aggressive tendencies may also trigger the onset of abuse.

- Finding a qualified therapist is an effective and practical route for helping older people who have experienced abuse.
- Therapists can assist vulnerable elderly persons to resolve tension, cope with trauma, assess available resources, and make plans for safety.



- Sessions are available in individual, family, or group settings. In therapy, victims of abuse can overcome feelings of denial or shame, gain valuable education on the subject, and build stronger social support networks.
- Perpetrators of abuse can also benefit from therapy. For example, in therapy an abusive caregiver may learn productive ways to deal with stress, develop coping skills, gain social support, or treat underlying mental health conditions such as anxiety or depression.

Several strategies can be employed to reduce the likelihood of elder abuse. These include:

- Listening intently to the elder.
- Asking family members and friends for help with care giving.
- Utilizing local adult day care programs.
- Eating nutritious foods and maintaining healthy personal habits.
- Employing stress relief and relaxation techniques.
- Visiting caregiver support groups.
- Calling caregiver support hotlines.
- Encouraging regular visits from friends and relatives.
- Staying alert to signs and symptoms of abuse.
- Getting involved when abuse is suspected.
- Educating others about elder abuse.

#### **b) Counselling for dementia patients:**

Counselling can help by providing support for people living with dementia (and their families), as well as helping them discover ways of coping in the longer term. In my experience, carers of people living with dementia can experience a high level of stress and anxiety. Sometimes this can creep in via the back door, without them even realising themselves. This stress can have a particularly detrimental effect upon a person's well-being.

- ❖ A specialist dementia counselling therapist will be able to appreciate, acknowledge and value the client, irrespective of how affected they are by the effects of dementia.
- ❖ The counselling relationship does not judge, but accepts that the client is how they are now. There is no expectation that they should be, or do anything other than who they are. The emphasis is on the relationship.

- ❖ It is about being supportive and patient. Helping the sufferer explore those memories that may be over half a century old, but are still fresh as today – when ‘today’ itself is a concept which is not always readily grasped by the sufferer.
- ❖ From the perspective of the outside world some dementia sufferers may appear to be engaged in random monologues which do not seemingly make any sense; but these fragments, when attended to, can contain a narrative or story that give a sense of the client’s life, and may lead to a reaffirmation of the ‘self.’ These fragments can be shared with and witnessed by the therapist.
- ❖ The specialist dementia counselling therapist will have no agenda for the sufferer, other than respecting her total autonomy. Through a gradual process of acceptance, empathy and genuineness, there may emerge a sense of empowerment for the sufferer.
- ❖ Through this process clients can begin to feel heard and understood. No longer isolated; something has been ‘shared’, as a consequence there can be a greater understanding of how the sufferer perceives herself and her sense of self.
- ❖ Also, where there may be ‘contact impairment’, the therapist may use situational reflections, word for word reflections, and reiterative reflections which can facilitate communication, and gradually begin to build a relationship with a sufferer.
- ❖ With an aging demographic, combined with more accurate diagnosis, the incidence of dementia is only going to get more prevalent.
- ❖ The reality is that dementia can affect any one of us; the problem of dementia will not go away, a fact which urgently needs to be addressed.
- ❖ But crucially, it requires a change in attitude from society, and awareness that person-centred counselling can be part of the solution for sufferers and carer.

### **c) Counselling for Alzheimer’s patients:**

Alzheimer’s disease (AD), like many chronic illnesses, will affect you both physically and mentally. It will also affect your family, friends, or other caregivers. It



is important to realize that you are not alone. If you feel you need help coping, or your caregiver feels that you or your caregiver need help coping, please consider seeking counselling.

The decision to seek counselling is an important step. Too often, people do not get help because they feel guilt, shame, or embarrassment. By deciding to get help, you have made a choice to feel better and to improve your life. Counselling services should be chosen with care to meet the needs of each specific situation. Working with a trained mental health care provider will help you develop the right treatment plan.

- First, the person with AD will have an "assessment," a review of their mental health. The assessment is done by a person trained in mental health care.
- Once you complete the assessment, a treatment plan can be chosen. At this time, you, your caregiver, and the counsellor can discuss:
  - The best type of counselling
  - The best setting for counselling (counsellor's office, outpatient clinic, hospital, residential treatment centre)
  - Who will be included in your treatment (you alone, family members, others with similar problems)
  - How often you should go to counselling
  - How long counselling may last
  - Any medications that may be needed

The following list briefly describes common types of counselling. These can be used together or alone, depending on the treatment plan.

- **Crisis intervention counselling:** In cases of emergency (such as initial despair over diagnosis), the counsellor will help you get through the crisis and refer you to further counselling or medical care, if needed. These services are provided by community health agencies, helplines, and hotlines.
- **Individual counselling:** The person meets one-on-one with the counsellor. Counselling often takes place in the privacy of the counsellor's office. Some problems are very personal and difficult to confront with others present. If you are experiencing depression, anxiety, or grief in dealing with your Alzheimer's disease, this type of counselling may be appropriate.
- **Family therapy:** A diagnosis of Alzheimer's disease can affect the entire family. There may be financial strain or problems with getting chores done. Family therapy can help family members resolve issues with each other. It can



also help them adopt ways to help another family member cope better. Family members can learn how actions and ways of communicating can worsen problems and learn more useful ways of communicating.

- **Group therapy:** In group therapy, people discuss their problems together in a session guided by a counsellor. Members of a group often share the same problem, but not always. The group is a place where people can confide with others who understand their struggles. Group therapy is useful for a variety of problems.
- **Long-term, residential treatment:** The person receiving therapy lives at a treatment centre. The length of stay can vary, depending on the treatment program and progress of therapy.
- **Self-help and support groups:** These include a network of people with similar problems. These groups usually meet regularly without a therapist or counsellor. There are self-help groups for those coping with Alzheimer's disease.

#### **d) Counselling for hypertensive adult:**

##### **The counsellor role:**

As medication adherence advocates and patient educators who communicate with both patients and their physicians, pharmacists are ideally positioned to counsel patients on HBP. Many pharmacies offer electronic blood pressure monitoring, and some include blood pressure checks as part of screenings, health fairs, and community outreach.

- Encourage patients to keep an up-to-date record of their blood pressure numbers.
- Explain that knowing their blood pressure numbers is important, even when they're feeling fine.
- If their blood pressure is normal, they can work with their health care team to keep it that way.
- If their blood pressure is too high, treatment may help prevent damage to their body's organs.
- Make sure patients understand the concept of HBP(high blood pressure): a commonly used example likens blood pressure to water in a garden hose; blood pressure is the force of blood against the artery walls.
- Educate patients on systolic/diastolic pressure and what constitutes a normal blood pressure reading.

- Point out that if they're being treated for HBP and have repeat readings in the normal range, their blood pressure is under control, but they still have the condition.
- Counsel patients to continue seeing their physician and adhere to their treatment plan to keep their HBP under control.
- Explain the role lifestyle changes such as a healthy diet, exercise, salt reduction, and smoking cessation can play in reducing HBP. For patients taking HBP medicines, reinforce the importance of staying on their meds.

### **Patient tips:**

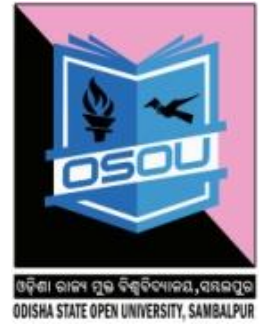
Offer patients the following tips:

- Take all the HBP medications your physician prescribes. Know the names and doses of the medications and how to take them. If you have questions about your meds, talk to your pharmacist or physician.
- Make sure you refill your medications before they run out. Take your medications exactly as prescribed—don't skip days or cut tablets in half.
- If you're having adverse effects from your medications, inform your pharmacist and talk with your physician. He or she may need to adjust the doses or prescribe other medications. You shouldn't decide on your own to stop taking your medications.
- Be aware of possible drug interactions with OTCs. Some OTC products note on the label not to take if you have HBP. When in doubt, ask your pharmacist for guidance.

### **e) Counselling for menopausal women:**

#### **❖ Menopause definition and facts:**

- Menopause is defined as the absence of menstrual periods for 12 months. It is the time in a woman's life when the function of the ovaries ceases.
- The process of menopause does not occur overnight, but rather is a gradual process. This so-called perimenopausal transition period is a different experience for each woman.
- The average age of menopause is 51 years old, but menopause may occur as early as the 30s or as late as the 60s. There is no reliable lab test to predict when a woman will experience menopause.
- The age at which a woman starts having menstrual periods is not related to the age of menopause onset.
- Symptoms of menopause can include abnormal vaginal bleeding, hot flashes, vaginal and urinary symptoms, and mood changes.



- Complications that women may develop after menopause include osteoporosis and heart disease

For those struggling with women's health and menopause symptoms such as mood swings, mild depression and anxiety or stress related to handling a busy life, counselling can be an effective option. They may find that it is useful as a complement to your Hormone Replacement Therapy (HRT) or you may use it alone or with other alternative treatments.

- Counselling as an option for providing support to women's health through your menopausal transition, then consider finding a qualified therapist in the counselling field.
- The rapport of the menopausal women with the counsellor is one of the most important therapeutic aspects of healing.

A therapist may utilise one specific approach or may work from several theoretical approaches. He or she will work to offer support for the areas of menopause or the rest of the clients life that are causing her distress. A counsellor may focus on her emotions, behaviours, thought patterns or past experiences.

The main approaches used include:

- Cognitive
- Behavioural
- Combined cognitive/behavioural
- Psychodynamic
- Person-centred

There are many more therapeutic styles and these main categories can still be broken down into various specific approaches, but they comprise the commonly used foundations for counselling. Most counsellors will explain what type of approach or combination of approaches is used and a good counsellor will answer any queries the client might have around the therapy.

### ➤ **Person-Centred Approach for Menopause**

The person-centred approach is grounded on the idea that the client is his or her own best resource to solving problems. The counsellor takes on the responsibility of providing an accepting, empathic and open atmosphere and it is believed that this therapeutic relationship allows the client to express him or herself freely.



The client is then thought to be able to share, clarify and understand feelings that have created problems. This type of counselling is heavily focused on the client's development as a person and his or her self-perceptions and power to change. While the therapist facilitates an environment conducive to development and change, it is the client who ultimately creates and chooses his or her path.

### ➤ **Cognitive/Behavioural Therapy for Menopause**

Cognitive therapy utilises the mind to influence and guide behaviours. It is based on the premise that the clients past struggles can negatively impact how she view herself and can also influence her attitude, feelings and capability to handle new situations. It operates by encouraging the individual to identify and challenge various destructive thoughts so that the client can then change these thoughts into positive and productive ones. For instance, if the client view menopause as a horrible process that makes her old and unattractive, then cognitive therapy might focus on changing those negative thought patterns.

Behavioural therapy operates on the premise that behaviours are learned responses to prior experiences and these can essentially be 'unlearnt' or modified into positive and helpful actions. This type of counselling therapy is solution-focused and works to alter present behaviours to improve relations with others, which is then thought to improve self-esteem and moods. In turn, the clients behaviours will be more positive, productive and confident around menopause and handling menopause symptoms in her life.

Cognitive therapy is also often combined with behavioural therapy to provide a combination of techniques. Clients are shown ways to modify negative thoughts so that they are more encouraging and the belief is that positive behaviours then follow. Cognitive/behavioural therapy is considered effective for mild depression during menopause along with anxiety and virtually any place in a woman's life where she is struggling with negative thoughts around a life-change such as menopause

### ➤ **Psychodynamic Approach for Menopause**

The psychodynamic approach is focused on both unconscious and conscious reactions and thoughts to past experiences and how these are related to behaviours in the 'here and now.' The client is questioned about his or her past experiences, which will usually include childhood, relationships, family and any other areas that a client presents as being influential. The client may have a negative view of menopause because her mother had a hard time with her menopausal transition. She may have



various experiences in childhood that have shaped her feelings on womanhood, menstruation and menopause. All of these are seen as root problems in the psychodynamic approach.



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### 3.5 SUMMARY:

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The term "counselling" has many confusing meanings and there are many wide applications to it as well. To go by the dictionary meaning, the term counselling means "the provision of professional assistance and guidance in resolving personal or psychological problems." Many of us might have found ourselves in the role of a counsellor at times and also many of us might have used counselling and guidance of others in our life. But the actual meaning of counselling, the role of a counsellor and its importance are quite unclear concepts to many of us.

When facing a dilemma or some psychological problem, we often tend to socially isolate ourselves from everyone and keep probing our minds to find a solution. But there are times when we are not able to help ourselves and there seems hopelessness in every pursuit we take. This is the situation when problems eat away self conscious that one needs to seek a counsellor and get life back on track. Children, students, adults, and old age people everyone can go to a counsellor for help at any point of time in life.

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### 3.6 CHECK YOUR PROGRESS:

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#### I. Objective type questions:

1. Among the following which is not the form of abuse
  - a) Physical
  - b) sexual
  - c) emotional
  - d) environmental
  
2. Menopause means
  - a) Cessation of bleeding
  - b) Cessation of menstrual period for 12 months
  - c) Cessation of menstrual periods for 1 month
  - d) None of the above
  
3. Who are not included in special population?
  - a) Children
  - b) Women
  - c) elderly
  - d) Adolescents
  
4. Hypertension means
  - a) High blood pressure



- b) Low blood pressure
- c) Normal blood pressure
- d) None of the above

5. What is the average age of menopause?

- a) 40 years
- b) 40 years below
- c) 51 years above
- d) Below 30 years

**Answers:** 1) d 2) b 3) d 4) a 5) c

### II.Short answers questions:

1. Define counselling, special population, counselling under situations.
2. Describe about the counselling for abused children
3. Write about counselling for Alzheimer's clients
4. Counselling for abused women

### III.Essay questions:

1. Explain in detail about counselling under situations.
2. Explain in detail about counselling of elderly in various special situations
3. Describe about counselling of menopausal women

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### 3.7 KEY TERMS:

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- 1.Counselling - counselling might be defined as the process where one person seeks advice and guidance from counsellor (may or may not be a professional counsellor) by sharing their personal grievances or dilemmas.
2. Abuse - to treat someone cruelly or violently
3. Dementia - a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.
4. Alzheimer's - Alzheimer's disease is a neurological disorder in which the death of brain cells causes memory loss and cognitive decline. A neurodegenerative type of dementia, the disease starts mild and gets progressively worse.
5. Menopause - Menopause refers to the time at which a woman stops having menstrual periods. It is defined as the absence of menses for 12 consecutive months. The average age of menopause is 51 years



6. HBP (High Blood Pressure) -High blood pressure (HBP or hypertension) is when your blood pressure, the force of your blood pushing against the walls of your blood vessels, is consistently too high.
7. OTC (Over the Counter) drugs - *Over-the-counter (OTC) drugs* are medicines sold directly to a consumer without a prescription from a healthcare professional

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### 3.8 REFERENCE AND FURTHER READING

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1. Text book of mental health nursing, KP.Neeraja, 3<sup>rd</sup> edition, I volume.
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3. [www.helpguide.org](http://www.helpguide.org)
4. <https://au.reachout.com/articles/what-is-child-abuse#what>
5. <https://www.goodtherapy.org/learn-about-therapy/issues/emotional-abuse>

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