
UNIT 1 INTRODUCTION TO COUNSELING AND CHARACTERISTICS OF A COUNSELOR

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1.0 INTRODUCTION

This unit deals with counsellor, counseling and guidance issues. We start with the definition of Counseling and guidance and differentiate guidance from counseling. Then we take up characteristics of counseling and guidance and differentiate counseling from psychotherapy. Then we deal with the counsellor and the important aspects of a counsellor. Then we take up the characteristics of a counsellor. We elucidate the typical training and educational qualifications to make a person a counsellor and provide information regarding licensing of counselors to practice both in India and other countries. Then we elucidate the other qualifications of counselors, the certification and advancement in the field. Then we deal with the values of the counselors and how they use the same in the profession.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- Describe the concept of counseling;
- Define counseling psychology;
- Explain the difference between counseling and guidance;
- Explain the role and characteristics of a counselor;

- Describe the personal and academic qualification and training required of a counselor; and
- Analyse the role of values in counseling.

1.2 DEFINITION OF COUNSELING

Counseling is distinguished from other mental health disciplines by both its history and its emphasis. It focuses on development and the prevention of serious mental health problems through education and short term treatments. It emphasises on growth as well as remediation. It focuses on providing therapeutic treatments to clients who experience a wide variety of symptoms. It is also one of the largest specialty areas within psychology.

Counseling as a profession is relatively new. It grew out of the guidance movement, in opposition to traditional psychotherapy. In order to understand what counseling is, you must first understand these concepts.

Counseling is often performed face to face in confidential sessions between the counselor and client(s). However, counselling can also be undertaken by telephone, in writing and, in these days of the Internet, by email or video conferencing. Counselling can and may take many different formats to bring a person to a better understanding of himself and others. It can therefore be seen that counselling can be of benefit to a person experiencing problems in finding, forming, and maintaining relationships.

It is the ability to listen and respond in a way that will help others solve their own problems and attain their potential. It is the art of helping others arrive at the right answer by their own analysis of the situation and the facts. It has to be done skillfully without an attempt to influence the values and beliefs of the client.

Counseling involves talking with a person in a way that helps the person solve a problem or helps to create conditions that will cause the person to understand and/or improve his behaviour, character, values or life circumstances. It is a process that enables a person to sort out issues and reach decisions affecting their life. Often counselling is sought out at times of change or crisis, however it need not be so as counselling can also help us at any time of our life.

It emphasises on exploration and understanding the problem and stresses the idea of professional relationship and the importance of self determined goals (of course by the client). It should be differentiated from advice giving or directing. It should be noted that counselling is a principled profession.

Biswalo (1996) defines counselling as a process of helping an individual to accept and to use information and advice so that he/she can either solve his/her present problem or cope with it successfully. Counselling depends heavily on information.

According to British Association for Counseling and Psychotherapy (2002), counseling takes place when a counselor sees a client in a private and confidential setting to explore a difficulty a client is having, distress that the client may be experiencing or perhaps the client's dissatisfaction with life or loss of a sense or direction and purpose.

Both the American Counseling Association (ACA) and Division 17 of the American Psychology Association have defined counseling on numerous occasions. These definitions contain a number of common points, some of which are as follows:

- Counseling is a profession.
- Counseling deals with personal, social, vocational empowerment, and educational concerns.
- Counseling is conducted with persons who are considered to function within the normal range.
- Counseling is theory based and takes place in a structured setting.
- Counseling is a process in which clients learn how to make decision and formulate new ways of behaving, feeling and thinking.
- Counseling encompasses various subspecialties.

Now let us see how counseling is different from guidance.

1.2.1 Counseling and Guidance

Let us now see the difference between counseling and guidance. “Guidance is a term used to denote the process of helping an individual to gain self understanding and self direction (self decision making) so that he can adjust maximally to home, schools or community environment.” (Biswalo, 1996).

Guidance is giving leadership, supervision, direction, or professional guidance for future actions. Guidance has more to do with something that you are not sure of or something that you don’t know about and you have some one who is familiar with explaining it to you while counselling has something do do with something that you have trouble with.

Someone who provides guidance offers you suggestions how to explore various alternatives. Counseling may also offer suggestions, but it also tries to teach you methods for reaching your goals and can help you determine what your goals are. In practice there may be no difference between the two, because it depends how people practice each technique and how they interpret their skills

Guidance is pre problem, that is there is no specific problem that is identified in an individual.

Counseling is post problem, meaning a problem has already been identified and therefore the counselor helps to address the problem but not to solve it.

Counseling is not giving opinion, instruction or advice, it is using facilitative listening and questioning to allow the client to choose the best solution for a problem. Counseling is based on a wellness model rather than a medical model. Authors such as Hershenson and Strein (1991); and Palmo, Shosh and Weikel (2001) emphasised that counselors are concerned about the client’s environment with a more global view than other professionals as well as a concern that goes beyond treating dysfunction or pathology and dealing with the clients’ self-awareness, personal growth, and wellness.

Guidance refers to the act or process of guiding. Guidance is a type of counseling, such as that provided for students seeking advice about vocational and educational matters.

1.2.2 Characteristics of Guidance

Guidance is a continuous process such that it is a regular service, which is required at every stage for every person, not only for the problematic situations and abnormal people. It is a positive program geared to meet the needs of all people. It is needed right from early childhood, adolescence through adulthood and old age.

It is both generalised and a specialised service. It is a generalised service because teachers, lecturers, advisors, deans, parents and elders, all play a part in guidance.

It is a generic term as it includes information giving and research activities. It is a specialised service because specially qualified personnel as counselors, psychiatrists, psychologists join hands to help individuals to adjust to the environment.

Thus we see that guidance is more information oriented and addresses the developmental issues. On the other hand, counseling is more remedial in nature, aimed at helping the person deal with the problems and conflicts in his life.

1.2.3 Counseling and Psychotherapy

Psychotherapy, or personal counselling with a psychotherapist, is an intentional interpersonal relationship used by trained psychotherapists to aid a client or patient in problems of living. Traditionally it focuses on serious problems associated with intrapsychic, internal, and personal issues and conflicts. Characteristically, it emphasises the following issues:

- The past more than the present
- Insight more than change
- The detachment of the therapist
- The therapist's role as an expert

Psychotherapy usually involves a long term relationship that focuses on reconstructive change. It is provided in both outpatient and inpatient settings whereas counseling deals with minor problems of daily living and is usually provided in outpatient settings.

Self Assessment Questions

- 1) Define counseling.

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2) Discuss the difference between guidance and counseling.

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3) What is the difference between psychotherapy and counseling?

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4) Discuss the characteristics of guidance.

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1.3 HALLMARKS OF A COUNSELLOR

Effective counseling is a two way street. It takes a cooperative effort by both the person receiving counseling and the counselor and it takes a commitment to make sometimes difficult changes in behaviour or thinking patterns.

The term counselor has numerous meanings. Most often it is used to describe someone who is a therapist, which could mean a licensed clinical social worker, a marriage and family counselor, a psychologist or even a psychiatrist who conducts regular therapy sessions. Counselor is also a term used to describe lawyers, who advocate for others in court or give legal advice, a person working as a representative of a state, a person working at a children's camp, at a school to give academic advice, or for a church.

An effective counselor can identify negative thinking patterns such as feelings of sadness, depression or anxiety. By encouraging you to build upon personal strengths and suggesting skills that can overcome self inflicted feelings of hopelessness, a counselor can help you develop a more positive attitude.

A good counselor can assist you in making positive changes in your relationships with others, helping you recognise behaviours that may be contributing to a troublesome relationship. Your counselor can teach you effective ways of communicating, clearing the way for honest exchanges with people in your life who may be causing you emotional pain.

Counselor skills would certainly include knowledge of the psychological theories underpinning our understanding of the human experience. Without that understanding, using the techniques proponents of a particular theory offer becomes robotic, and can diminish a client's experience of counseling. Counselor must have an awareness of theories of personality and abnormal personality. Counselor should be aware of multi-cultural issues.

1.4 CHARACTERISTICS OF A COUNSELOR

A counselor's personality is a crucial ingredient in determining the effectiveness of counseling. The skills needed for effective counseling are non-negotiable and not open to compromise: all are necessary and when understood and internalised, form the value base for our profession.

Effective counselling requires an understanding of self and a detailed awareness of the impact of oneself on others.

A counselor needs to be equipped with advanced listening skills. They must be able to recognise the various levels of empathy of their responses, (i.e. reflecting an accurate understanding of the feeling being expressed by the client). It is necessary to develop the ability to listen with an open mind, to refrain from judgmental responses and to actively check with the client that the understanding of the feelings being expressed is correct.

Counselling demands a process of negotiation and problem solving. A clear goal needs to be set so that the client is able to take appropriate action in their own life space and also to take responsibility for the consequences of their action.

Self disclosure is a powerful tool that can be used by an effective communicator but when it is used within the constraints of the therapeutic encounter it needs to be done with considerable care.

An understanding of the complexity of communication is a basic foundation within the development of an effective counselling framework. An ability to read, interpret and respond non-verbally is critical. The use of conscious use of paralinguistic signals, postures and gestures to pace a distressed client for a sense of greater emotional self-control are just some examples of skills required.

Counselling will generally use a conversational style. As Eric Berne pointed out there is plenty left if you remove the solemn face and the big words. Counselors need not be afraid of ordinariness.

The effective counsellor requires the skills of assertiveness and the ability to confront a client when it is therapeutically appropriate.

Counsellors must be competent in their communication to be credible and must be able to self- monitor – they must have the ability to concentrate their messages so that they are immediate i.e. they relate to the here and now) and refer to concrete interpersonal issues.

He or she has an internal source of motivation and drive and seeks growth instead of external approval.

Counselors must recognise the impact of their own personal values, attitudes and self-esteem. The effective counsellor must develop and use the ability to model his or her behaviour for the client; this is one of the most potent media for personal growth and change. This brings us to the all important question of values.

Confidentiality is the key of successful counseling. The ability to uphold a therapist-patient relationship in which you do not talk about your clients outside of your office or in a professional setting with your colleagues is required as a practicing counselor. The American Counseling Association reminds that “clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur . . . the counselor must take care neither to threaten the therapeutic relationship nor to leave obligations unfulfilled.”

The little time you spend with your client each week should allow him to feel he can express his concerns and feelings without reservation. Whether you are in school training towards your degree or you are running a private practice, you should always respect your client’s privacy as if it were your own.

Empathy allows you to see the situation from the other person’s view. It provides a grounding effect on the plan of action, ensuring that it is feasible and achievable from the perspectives of the employer and employee.

Counselors achieve credibility by being honest and consistent in their statements and actions.

Counselors take risks everyday and face rejection by their clients or face clients or situations they may not be prepared to face.

He or she is not racist and does not discriminate against others who are different from himself or herself.

He or she is not ego-centered but chooses to help others out of concern for others and not for glorification of the self.

1.4.1 Educational Qualifications of a Counselor

Education and training requirements for counselors are often very detailed in the Western countries and vary by State and specialty, but a master’s degree usually is required to become a licensed counselor. Prospective counselors should check with State and local governments, prospective employers, and national voluntary certification organisations to determine which requirements apply.

1.4.2 Education and Training

Education requirements vary with the occupational specialty and State licensure and certification requirements. A master’s degree usually is required to be licensed or certified as a counselor. Counselor education programs in colleges and universities often are found in departments of education, psychology, or human services. Fields of study may include college student affairs, elementary or secondary school counseling, education, gerontological counseling, marriage and family therapy, substance abuse or addictions counseling, rehabilitation counseling, agency or community counseling, clinical mental health counseling, career counseling, and related fields. Courses frequently are grouped into core areas, including human growth and development, social and cultural diversity,

relationships, group work, career development, counseling techniques, assessment, research and program evaluation, and professional ethics and identity. In an accredited master's degree program, 48 to 60 semester hours of graduate study, including a period of supervised clinical experience in counseling, typically are required.

Some employers provide training for newly hired counselors. Others may offer time off or tuition assistance to complete a graduate degree. Often, counselors must participate in graduate studies, workshops, and personal studies to maintain their certificates and licenses.

The processes involved in the training of counselors are given below:

- 1) Ability to explain the micro skills.
- 2) Demonstrate the skills involved in commencing the counselling process.
- 3) Evaluation of non verbal responses and minimal responses.
- 4) Demonstrate reflection of content, feeling.
- 5) Demonstrate the appropriateness of both content and feeling in the counselling process.
- 6) Develop different questioning techniques.
- 7) Understand risks involved with some types of questioning.
- 8) Show how to use various micro skills including summarising, confrontation, and reframing.
- 9) Demonstrate self destructive beliefs and show methods of challenging them, including normalising.
- 10) Explain how counselling a client can improve their psychological well-being through making choices, overcoming psychological blocks and facilitating actions.
- 11) Demonstrate effective ways of terminating a counselling session and to explain ways of addressing dependency.

As for the student trainees

- 1) They have to report on an observed counselling session, simulated or real.
- 2) Identify the learning methods available to the trainee counsellor.
- 3) Demonstrate difficulties that might arise when first learning and applying micro skills.
- 4) Identify why trainee counsellors might be unwilling to disclose personal problems during training.
- 5) Identify risks that can arise for trainee counsellors not willing to disclose personal problems.
- 6) Discuss different approaches to modelling, as a form of counselling .
- 7) Evaluate verbal and non verbal communication in an observed interview.

- 8) Identify the counsellor's primary role (in a generic sense).
- 9) Show how to use minimal responses as an important means of listening with intent.
- 10) Explain the importance of different types of non verbal response in the counselling procedure.
- 11) Report on the discussion of a minor problem with an anonymous person which that problem relates to.
- 12) Identify an example of paraphrasing as a minimal response to reflect feelings.
- 13) Discuss the use of paraphrasing in counselling.
- 14) Differentiate catharsis from confused thoughts and feelings.
- 15) Identify an example of reflecting back both content (thought) and feeling in the same phrase.
- 16) Demonstrate/observe varying responses to a variety of closed questions in a simulated counselling situation.
- 17) Demonstrate/observe varying responses to a variety of open questions in a simulated counselling situation.
- 18) Compare student's use of open and closed questions in a counselling situation.
- 19) Student should identify the main risks involved in asking too many questions.
- 20) Learn to explain the importance of avoiding questions beginning with 'why' in counselling.
- 21) Identify in observed communication (written or oral), the application of different micro skills which would be useful in counselling.
- 22) The student should demonstrate examples of when it would be appropriate for the counsellor to use confrontation.
- 23) List the chief elements of good confrontation and discuss appropriate use of confrontation, in case studies.
- 24) The student should show how reframing can be used to change a client's perspective on things.
- 25) The student must develop a method for identifying the existence of self destructive beliefs (SDB's) and identify self destructive beliefs (SDB's) amongst individuals within a group. They should be able to explain the existence of self destructive beliefs in an individual. They should be able to list methods that can be used to challenge SDB's.
- 26) Explain what is meant by normalising, in a case study. Be able to demonstrate precautions that should be observed when using normalising.
- 27) The student should be able to determine optional responses to different dilemmas and evaluate those optional responses to different dilemmas.
- 28) The student should develop the ability to explain how the 'circle of awareness' can be applied to assist a client, in a case study.

- 29) Explain why psychological blockages may arise, and demonstrate how a counsellor might help a client to overcome psychological blockages.
- 30) Describe the steps a counsellor would take a client through to reach a desired goal, in a case study.
- 31) The student should be able to identify inter dependency in observed relationships and explain why good time management is an important part of counseling.
- 32) The student should know the difference between terminating a session and terminating the counseling process and be able to compare the same.
- 33) Demonstrate dangers posed by client counsellor inter-dependency and explain how dependency can be addressed and potentially overcome. Also the student should explain any negative aspects of dependency in a case study.

The students will gain a range of skills and knowledge necessary to apply counselling concepts to a range of situations as given below:

- Family support services
- NGOs
- Government agencies
- Community Health centers
- Outreach services
- Women health centers
- Counselling young people and children.
- Issues in family therapy
- Substance abuse: alcohol and drugs counselling
- The elderly. Death and bereavement counselling
- Counselling at work

Some of skills that the students will learn in the process include Cognitive Behaviour Therapy and Counselling clients with AIDS.

1.4.3 Licensure

Licensure requirements differ greatly by State, occupational specialty, and work setting. Some States require school counselors to hold a State school counseling certification and to have completed at least some graduate coursework; most require the completion of a master's degree. Some States require school counselors to be licensed, which generally entails completing continuing education credits. Some States require public school counselors to have both counseling and teaching certificates and to have had some teaching experience.

Counselors working in certain settings or in a particular specialty may face different licensure requirements. For example, a career counselor working in private practice may need a license, but a counselor working for a college career center may not. In addition, substance abuse and behaviour disorder counselors generally are governed by a different State agency or board than are other

counselors. The criteria for their licensure can vary greatly, and in some cases these counselors may need only a high school diploma and certification. Those interested in entering the field must research State and specialty requirements to determine what qualifications are necessary.

In India, the Rehabilitation Council of India provides these services for licensing persons with the appropriate qualifications to serve as counselors. The Rehabilitation Council of India (RCI) was set up as a registered society in 1986. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broadbased. The mandate given to RCI is to regulate and monitor services given to persons with disability, to standardise syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.

RCI trains master trainers, rehabilitation professionals and personnel for creating better service delivery facilities for the persons with disability. However, it does not offer any direct benefit, financial or material help to the persons with disability.

One of the main functions of the Council is to standardise the training courses for various categories of Professionals/Personnel for ensuring quality services to the people with disabilities. The Council keeps on modifying/revising the existing syllabus and adopt new training programmes incorporating new developments.

The Council has so far standardised 80 Long Term/ Short Term Training Courses, which include 11 Courses developed during the current year, with the help of respective Expert Committees constituted by the Council.

These RCI sponsored Training Courses are being adopted from time to time by various Universities/Institutions.

The persons registered with RCI shall be entitled to practice as a rehabilitation professionals/ personnel in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances or any fees to which he may be entitled. There are certain conditions also attached to these personnel who are working as rehabilitation professionals and these are given below:

No person, other than the rehabilitation professionals/ personnel who possess a recognised rehabilitation qualification and is enrolled on the Central Rehabilitation Register:

- 1) Shall hold office as rehabilitation professional or any such office (by whatever designation called) in Government or in any institution maintained by a local or other authority;
- 2) Shall practice as rehabilitation professional anywhere in India;
- 3) Shall be entitled to sign or authenticate any certificate required by any law to be signed or authenticated by a rehabilitation professional.
- 4) Shall be entitled to give any evidence in any court as an expert under Section 45 of the Indian Evidence Act, 1872 on any matter relating to the handicapped:

RCI is responsible for development and standardisation of training courses in the field of Disability Rehabilitation and Special Education and to update and upgrade the knowledge and skills of professionals working in different areas of disability.

The information regarding Continuing Rehabilitation Education (CRE) topics and programmes being conducted at selected RCI approved training institutions nationwide is given underneath for the Rehabilitation professionals and personnel working in disability areas, so that they can join the nearby centre to upgrade their skills.

The Council supports relevant CRE programmes with the following objectives :

To upgrade the knowledge and skills of in service and practicing Rehabilitation Professionals and Personnel already registered with the RCI u/s 19 of the RCI Act of 1992.

To update Professional knowledge of masters trainers working in the field of Rehabilitation and Special Education

1.4.4 Other Qualifications

In other countries aside from India, people interested in counseling should have a strong desire to help others and should be able to inspire respect, trust, and confidence. They should be able to work independently or as part of a team. Counselors must follow the code of ethics associated with their respective certifications and licenses. Counselors must possess high physical and emotional energy to handle the array of problems that they address. Dealing daily with these problems can cause stress.

1.4.5 Certification and Advancement

In advanced countries, some counselors elect to be certified by the National Board for Certified Counselors, which grants a general practice credential of National Certified Counselor. This national certification is voluntary and is distinct from State licensing. However, in some States, those who pass the national exam are exempt from taking a State certification exam. The board also offers specialty certifications in school, clinical mental health, and addiction counseling.

The Commission on Rehabilitation Counselor Certification offers voluntary national certification for rehabilitation counselors. Many State and local governments and other employers require rehabilitation counselors to have this certification. To become certified, rehabilitation counselors usually must graduate from an accredited educational program, complete an internship, and pass a written examination.

Certification requirements vary, however, according to an applicant's educational history. Employment experience, for example, is required for those with a counseling degree in a specialty other than rehabilitation. To maintain their certification, counselors must successfully retake the certification exam or complete 100 credit hours of acceptable continuing education every 5 years.

Other counseling organisations also offer certification in particular counseling specialties. Usually, becoming certified is voluntary, but having certification may

enhance one's job prospects. Prospects for advancement vary by counseling field. School counselors can become directors or supervisors of counseling, guidance, or pupil personnel services; or, usually with further graduate education, they may become counselor educators, counseling psychologists, or school administrators.

Some counselors choose to work for a State's department of education. Some marriage and family therapists, especially those with doctorates in family therapy, become supervisors, teachers, researchers, or advanced clinicians in the discipline. Counselors also may become supervisors or administrators in their agencies. Some counselors move into research, consulting, or college teaching or go into private or group practice. Some may choose to pursue a doctoral degree to improve their chances for advancement.

1.4.6 Counsellor and Values

Each of us comes to the counselling encounter with a complex and hard won set of values. Both client and counsellor will hold certain principles to do with interpersonal conduct. Not only that, but counsellor and client actually have different value systems. It is important to note that anyone's value system is likely to contain inherent contradictions, that is the contradictions which if exposed can result in high levels of anxiety and the need to grow. Inevitably the counselling encounter will be dealing with the client's inability to decide between possible causes of action and this will mean that they will need to explore, and if necessary, modify their own value system.

This in turn means that if the counsellor is to be at all helpful she must be able to enter the world of the client's value system so that she is able to understand potential sources of conflict. It is imperative that the Counselor is able to do this non judgmentally, that is, she needs to be able to entertain her own "disbeliefs" and, to the extent that she is able, to either model or suggest alternatives which will be effective as well as minimally disruptive.

If the counsellor has a sense of missionary zeal, or a desire to impose a set of beliefs other than those inherent in the skills listed above, she is likely to, at best, be ineffective and at worst highly destructive to the well being of her client. In relation to the notion that counselling is simply effective communication it should be noted that highly skilled communicators are often in the business of persuasion, such as for example Adolf Hitler was and so are sales people, politicians, and media representatives.

Effective counselling implies that the inherent values of tolerance, acceptance and respect for the individual often do not ensure effective communication. What we can say is that effective communicators are able to use many of the basic skills of counselling in order to "get their message across", but this has nothing to do with the value or otherwise of the message itself.

Both communication and counselling call upon knowledge, including an understanding of action based techniques, to promote constructive interpersonal dynamics. But this knowledge can be also used quite destructively. For clients, who are usually at their most vulnerable when attending counselling, it is imperative that counselors use their skills in a way that protects the fragile client from further "abuse" through misuse of authority and status. Effective counselors hold ethical values that effective communicators often do not have.

Self Assessment Questions

- 1) What educational qualification you need to become a counselor?

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- 2) Why license is mandatory for a counselor?

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- 3) Explain why does a counselor need to be aware of his value system?

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1.5 LET US SUM UP

In this unit you learned about the concept of counseling and characteristics of an effective counsellor. An effective counsellor does require more than effective communication skills. Counselling is definitely a discipline of its own. It is our belief that one can not be an effective counsellor without being an effective communicator. However, effective counselor goes beyond effective communication. Effective counselors have a strong knowledge base, an awareness of their own human vulnerability, a desire to continue searching and awareness that they are often dealing with vulnerable and easily influenced people. They are trained and many training and refresher programmes are organised for them so that they are in touch with the latest trends and their skills and knowledge are updated. Counsellors can be responsible for their clients' emotional life and death, which is indeed a very heavy burden to shoulder and one which is taken up consciously and willingly. If this is not the case then it is possible the counsellor may be just an effective communicator.

1.6 UNIT END QUESTIONS

- 1) Differentiate counseling and guidance.
- 2) Explain the concept of counselor in counseling profession.

- 3) Discuss the various characteristics of an effective counselor and compare the same with that of guidance personnel.
- 4) How does the values of a counselor influence the counseling client relationship?
- 5) What are the certification and license requirement for a counselor?
- 6) Give a note on Rehabilitation Council of India and its role in licensing counselors.

1.7 SUGGESTED READINGS

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UNIT 2 PROCESS OF COUNSELLING

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 The Process of Counseling
 - 2.2.1 Counseling Process
 - 2.2.2 Steps in Counseling Process
 - 2.2.3 Stages of Counseling Process
 - 2.2.4 Counselling Process Followed by Counselors
 - 2.2.5 Procedure in the Counseling Process
 - 2.2.6 Developing a Relationship
 - 2.2.7 Working in a Relationship
 - 2.2.8 Terminating a Relationship
- 2.3 Factors Influencing Counseling Process
 - 2.3.1 Structure
 - 2.3.2 Initiative
 - 2.3.3 Setting
 - 2.3.4 Client Qualities
 - 2.3.5 Counsellor's Qualities
- 2.4 Let Us Sum Up
- 2.5 Unit End Questions
- 2.6 Suggested Readings

2.0 INTRODUCTION

This unit deals with the counseling process. It starts the definition of the counseling process, what it is and the typical features of the counseling process. This is followed by steps in counseling process and the typical processes followed by counselors in this process. Then we discuss the procedures involved in the counseling process and how developing a relationship is important in this process. Then we describe the working of the counselor and the client within the relationship and then we present the termination of this relationship when the counseling process reaches its goal. The next section deals with the factors influencing counseling process which includes in it the structure, initiative to be taken by the client, the setting in which the counselling process takes place, the client's and the counsellor's qualities.

2.1 OBJECTIVES

After completing this unit, you will be able to:

- Define the process of counseling;
- Elucidate the steps/stages involved in the process of counseling;
- Describe the key components involved in the different stages of counseling;
- Discuss the steps involved in the termination process of counseling; and
- Explain important factors influencing the counseling process.

2.2 THE PROCESS OF COUNSELLING

In process of counseling, the goal is established by the client. He is encouraged and assisted by the counselor to be as specific about the goal as possible. The more specific the goal, the easier the process. Since humans are generally considered to be goal oriented, the more specific the goal, the more likely the client and the counsellor will keep themselves on the path to that goal. The client narrates their experiences and problems and thus create a focus on their fear and their goal in order to assist their mind to assist them. It is also of value to the counselor to guide them in identifying their fears and apprehensions. In the process of identifying the fear the counselor offers some alternatives while attempting to avoid interfering in the clients' decision.

Some of the fears are:

- a fear of abandonment,
- a fear of rejection,
- a fear of not being enough

2.2.1 Counseling Process

Counseling can help client learn to make better decisions. It can help improve personal skills, develop greater confidence in the person's academic or work performance, define career directions and acquire a keener awareness and appreciation of the client's needs and those of other people. With counseling, clients can improve their communication with a special person, establish more meaningful relationships, or cope more effectively with feelings of depression or anxiety. Any personal, academic, or career concern may be explored in counseling.

During counseling, the client will be helped to clarify feelings and needs. The client and the counselor will work together to define realistic goals and explore available options. As the client discovers ways to make changes, he will be better able to direct his choices. Counseling is an active process, both during sessions and outside of counseling, as the client implements new skills and insights. Depending upon the intensity of concern(s), and level of involvement in making needed changes, clients are generally able to resolve difficulties in four to eight counseling sessions.

The client's personal commitment to helping him or herself is crucial to an effective counseling process. Counselors can help the clients only if they are willing to receive help, attend scheduled sessions, and engage in new ways of thinking and acting outside of the counseling setting.

Counseling is a process with a beginning, a middle and an end, where the counsellor facilitates an individual to consider the aspects of their life they wish to change.

The whole idea is to enable the client to explore a difficulty or distress which they may be experiencing, assisted by the counsellor whose main role is to facilitate the client to make his or her own decisions on how to proceed. It is not an environment where the counsellor will say what has to be done or even give advice. However, through this process the counsellor will endeavour to guide

the client from feeling a victim of circumstances to feeling that they have more control over their life.

There are different models of counselling, differing routes or tools to enable the client to change. Transactional Analysis (TA) is a model for understanding personality, relationships and communication. In TA counselling, people talk about their Parent, Adult and Child. These are distinctive parts of us all, available and necessary for living as a whole, integrated person. TA holds that everyone has intrinsic dignity and worth; they are 'OK'. Everyone has the capacity to think. There is a commitment to change, to making decisions and taking personal responsibility for personal outcome.

Clarifying the problem and the desired change encourages the person to decide how they wish to be. Often unpacking one problem may reveal its connection to another. When people start the process of counselling they begin to experience the recurring patterns in their lives, to identify their negative feelings and how they play games and thereby limit themselves. A decision to make positive change is a further step. Someone may know what their goal is, but they have to decide to take positive action to achieve that goal.

The Counsellor offers support and facilitation on the basis that the client has decided what he or she feels.

2.2.2 Steps in Counseling Process

The basic steps of counselling involve people in:

- gaining recognition for their skills and experience
- being confronted, from a caring position, by the ways they used to discount themselves and others
- re-experiencing, in the present, any relevant events from the past. This can help them to obtain emotional release from feelings or beliefs to which they may be clinging, that are stopping them from meeting their immediate needs.

Emphasis is given to feelings and thoughts, as stimuli for action and change. Support, challenge and practice are essential to enable all these steps to be achieved.

Counselling may comprise a few sessions, or it may take longer, but it does not go on for ever. In the end, the clients are helped to find the tools to enable them to think, feel and behave in the way they desire.

2.2.3 Stages of Counselling Process

Effective leaders use the counseling process. It consists of four stages:

- Identify the need for counseling.
- Prepare for counseling.
- Conduct counseling.
- Follow up.

Counselling is a process that focuses on enhancing the psychological well being of the client, such that the client is then able to reach their full potential. This is

achieved by the counsellor facilitating the client's personal growth, development, and self understanding, which in turn empowers the client to adopt more constructive life practices.

Counselling may be helpful in a number of ways. It can enable the client to develop a clearer understanding of his or her concerns and help the client acquire new skills to better manage personal and educational issues. The counsellor can offer a different perspective and help the client to think of creative solutions to problems. For the client, sharing his thoughts and feelings with someone not personally involved in his life can be most helpful.

The counsellor treats all the information that the clients share as confidential material. The counsellors are involved in case consultations and supervision for the purposes of best practice. These meetings involve discussion of clients concerns with the aim of formulating the best possible assessment and intervention plan. Where possible, the identifying personal information is removed from the discussion.

2.2.4 Counselling Process Followed by Counsellors

The counselling process will depend on the individual counsellor, the individual client and the specific issue. However, there is a general counselling process that the counsellors will follow:

- 1) Background information collection
- 2) Identification of core issues
- 3) Case formulation
- 4) Goal setting for the therapeutic process
- 5) Implementation of intervention
- 6) Evaluation of intervention
- 7) Closure

Prior to the initial interview, reception staff will ask the client to complete a personal data sheet. During the initial interview, the counsellor will discuss the client's concerns with him and explore with him the alternative services if indicated. By the end of the initial interview the client and the counsellor may decide on one of the following options:

- *no further counselling* is required at this time, if during the initial interview the client has been able to clarify his concerns and plan an appropriate course of action.
- *further appointments* are needed to continue to explore the issues before reaching a decision. A second appointment will be made with the client either by the counsellor or by reception.
- *alternative services* are appropriate and the counsellor will assist the client to identify specific resources to consider and pursue.

Counsellors work from differing theoretical approaches. Different counsellors will place varying levels of emphasis on behaviour, on thinking and/or on emotional aspects. All counsellors have the central goal to assist the client in increasing his or her sense of well being.

Change does not happen quickly for most of us. The length of treatment depends on a number of variables. Variables include:

- the severity of the problem,
- the motivation of the client,
- the type of problem and
- the age of the client.
- The more focused and limited the problem being addressed, the shorter treatment can be.
- The more the treatment addresses healing emotional injuries, the longer it is likely to take.

If the client feels dissatisfied with any aspect of the Counselling Services, they are encouraged to discuss their concerns with the Senior Counsellor.

2.2.5 Procedure in the Counseling Process

- 1) Establish a safe, trusting environment
- 2) Help the person put their concern into words.
- 3) Active listening: find out the client's agenda
 - a) paraphrase, summarize, reflect, interpret
 - b) focus on feelings, not events
- 4) Transform problem statements into goal statements.
- 5) Explore possible approaches to goal
- 6) Help person choose one way towards goal
- 7) Make a contract to fulfill the plan (or to take the next step)
- 8) Summarize what has occurred, clarify, get verification
- 9) Get feedback and confirmation

In general, a counsellor will listen to the client without butting in or imposing their own values and beliefs on him or her. They will give the client the needed space to explore their thoughts, feelings, or behaviour, whatever they are. People can find it helpful just to have their concerns taken seriously.

The counsellor may also employ a variety of techniques to help the clients understand their feelings. For instance, the counsellor may ask questions designed to reflect back to the clients their thought processes and to help them make sense of their feelings. The client thus might explore and implement changes in the way he or she does things, and then can go on to enhance his life or his relationship.

Counselling is a process guided by theory. Process can refer to what the counselor does with the client as well as how change occurs within the client. The process of counseling develops in definable stages with recognisable transitions. There is a natural progression that takes place within the context of the helping relationship. This process enables the counselor and the client to build a relationship, assess the situation, set goals and come up with a plan to bring about the desired results. This progression is known as the counseling process.

The process of counseling is dynamic in nature. The effectiveness of counseling ultimately depends upon how the process of counseling happens. It can be said to start with rapport establishment, then progress through problem identification, goal setting, intervention and then finally follow up.

Broadly, three major stages in the process can be described as follows:

- 1) Developing a relationship
- 2) Working in a relationship and
- 3) Terminating a relationship

Each stage has its own universal qualities and problems associated with it. Counselors must be aware of the problems involved in the process of counseling. Now let us discuss each stage in the process of counselling.

2.2.6 Developing a Relationship

Building a relationship, the first stage in the process of counselling, is a continuous process. It begins by having the counsellor win the battle for structure and client win the battle for initiative. In such situations both parties are winners. The client wins by becoming more informed about the nature of counselling and learning what to expect. The counsellor wins by creating an atmosphere where the client is comfortable about sharing thoughts and feelings.

In order to develop positive helping relationships with the client, the counsellor has to connect with them. This can only happen when they are made to feel like the counsellor genuinely care about the clients well being and that the counsellor understands why the clients are coming and the causes thereof. It is about behaving and demonstrating the core conditions of genuineness, respect and empathy. To develop solid relationships, the counsellor needs to create a safe environment where they will feel comfortable enough to open up and talk to the counselor about anything that is on their minds. The counsellor also needs to help them see that despite their circumstances they have strengths.

Early stages of the counselling relationship afford the chance to build counsellor understanding of client and issues faced. The counsellor is advised to use listening skills and attend to non verbal communication. The counsellor should not be judgmental in his decisions and jump to conclusions immediately. Certain tasks to be taken care of by the counsellors are:

- Laying foundations for trust
- Establishing the structure and form the relationship will take
- Informed consent process
- Articulating roles of counselor and client and developing a collaborative working alliance
- The “getting to know you” phase is the most critical stage of the relationship. The counselor should work on the following things during this stage:
 - 1) Developing Rapport and Building Trust
 - 2) Create core conditions necessary for counselling

1) **Developing Rapport and Building Trust**

i) ***Predictability and consistency***

During the first stage of the relationship, it is critical to be both predictable and consistent. If the counsellor schedules an appointment to meet the client at a certain time, it's important to keep it. It is understandable that at times things come up and appointments cannot be kept. Consistency is the key to speed up the trust building process.

ii) ***Testing***

Young people generally do not trust adults. As a result, they use testing as a coping or defense mechanism to determine whether they can trust the counsellor. They will test to see if the counsellor really cares about them. A client might test the counsellor by not reaching for a scheduled meeting to see how the counsellor will react.

iii) ***Establish confidentiality***

During the first stage of the relationship, it is important to establish confidentiality with one's client. This helps in developing trust. The counsellor should let the client know that whatever he or she wants to share with the counsellor will remain confidential, as long as (and it's important to stress this point) what the client tells the counsellor is not going to harm the client or someone else. It's helpful to stress this up front, within the first few meetings with the client. Later on if the counsellor needs to break the confidence because the information the client shared was going to harm him or her or someone else, the client will not feel betrayed.

iv) ***Goal setting (transitions into Stage 2)***

It is helpful during Stage 1 to take the time to set at least one achievable goal together for the relationship. What do the client and counsellor want to get out of this relationship? It is also good to help the client set personal goals. Sometimes the client does not know how to set goals, and this will provide them with the opportunity to set goals and work toward achieving them.

2) **Core Conditions Necessary for Successful Counselling**

Rogers (1957) originally proposed core conditions needed in building a relationship:

- i) **Empathetic understanding:** Empathy promotes rapport and relationship.
- ii) **Unconditional positive regard:** Considering Client as person of worth, and is separate from actions.
- iii) **Congruence:** Showing Genuine self in client interaction

Carkuff (1969) adds to these...

- i) **Respect:** It strengthens the focus.
- ii) **Confrontation:** It promotes realistic and accurate view.
- iii) **Immediacy:** Consideration of problem with Here and Now attitude.

- iv) **Concreteness:** Paying attention on what is practical in the process.
- v) **Self disclosure:** Promoting positive perception and appropriate focus in counseling relationship.

2.2.7 Working in a Relationship

The successful outcome of any counselling process depends on a working alliance between counsellor and the client. This occurs after clients and counsellors have established a relationship and explored possible goals towards which to work. Once trust has been established, the relationship moves into Stage 2. These phases are facilitated by mutual interaction between the individuals involved. The counsellor can help the client by appropriate leads, challenges to perception, multi focused responding, accurate empathy, self disclosure, immediacy, confrontation, contacts and rehearsal.

i) *Changing Perceptions*

Clients often come to counsellor as a last resort when they think that situation is not only serious but hopeless. Counsellors can help clients change their distorted or unrealistic perceptions by offering them an opportunity to explore thoughts within a safe, accepting and in a non judgmental atmosphere. Perceptions commonly change through the process of reframing which offers the client another probable and positive viewpoint of what a situation is or why an event might have happened.

ii) *Leading*

Changing client's perceptions requires a high degree of persuasive skill and some direction from the counselor. Such input is known as leading.

iii) *Accurate Empathy*

Use of empathy is one of the most vital elements in the counseling. Empathy is the counsellor's ability to experience the client's world as if it were your own without ever using the quality.

Two Components of Empathy are:

- a) **Empathic rapport.** This refers to accurately sensing and being able to see the client's world the way they do.
- b) **Communicative attunement.** This refers to verbally sharing one's understanding with the client.

There are two types of Empathy:

- 1) **Primary Empathy.** The ability to respond in such a way that is apparent to both client and counsellor that the counsellor has understood the client's major themes.
- 2) **Advanced empathy.** It is a process of helping a client explore themes, issues and emotions new to his or her awareness.

iv) *Self Disclosure*

Self disclosure is an important way to let clients know the counsellor as a person. Self disclosure at a moderate level is seen more positively by clients than

disclosure at a high or low level (Edwards & Murdock, 1994). In moderation, it is helpful for the counsellor to disclose facts about himself, if it serves the needs of the session / client.

Self disclosure takes the following forms:

- The counsellor's own problems
- Facts about the counsellor's role
- The counsellor's reactions to the client (feedback)
- The counsellor's reactions to the counselor-client relationship

v) ***Positive Regard***

Client revelations must be protected from counsellor's "personal reactions," especially rejection or disdain. The counsellors should express appreciation of the client as a unique and worthwhile person and embrace the client's ethnic self as well as other experiences that have shaped the client's worldview.

vi) ***Responding Styles***

Counselling is often perceived as just focusing on feelings but it is not true. While counselling helps people work through feelings, how one responds and communicates with others will affect how the counsellor responds to the client. There are different Responding Styles of the clients;

- 1) Affective Responding. This focuses on feelings;
- 2) Behavioural Responding. This focuses on actions and behaviours;
- 3) Cognitive Response. This focusses on thoughts and cognitions. The counsellor will balance these throughout the session with a client.

vii) ***Immediacy***

This involves a counselor's understanding and communicating of what is going on between the counsellor and client within the helping relationship.

There are 2 types of immediacy

- 1) Relationship immediacy. (Between client & counsellor); 2)
- 2) "Here & Now" immediacy focuses on some particular event in the session.

viii) ***Humor***

Humor can have a positive effect on the counselling process when used properly. It must be used with sensitivity and timing. It does not demean and is supportive. A session is not a time to try out a new joke heard at lunch.

ix) ***Confrontation***

This is not skill at putting the client down for doing something wrong. This is an invitation to the client to look more closely at behaviour that is not working or interfering with growth, change, or healthy functioning.

x) ***Transference and Counter-transference***

A concept as old as Freud, transference and counter-transference are issues that affect all forms of counselling, guidance, and psychotherapy.

Transference: This is the client's projection of past or present feelings, attitudes, or desires onto the counsellor. It can be direct or indirect and will cause the client to react to the counselor as they would in the past or present relationship.

Counter-transference: This is the counsellor's projected emotional reaction to or behaviour towards the client. It can take on many forms, from a desire to please the client, to wanting to develop a social or sexual relationship with the client. When this happens, supervision or counseling for the counsellor is called for.

2.2.8 Terminating a Relationship

Termination is an important, though often misunderstood phase of counselling. This is often ignored or taken for granted. Yet successful termination is vital for the well being of client as well as counsellor. Termination is the end of the professional relationship with the client when the session goals have been met. It is a phase of counselling that can determine the success of all previous phases and must be handled skillfully. A formal termination serves three functions:

- Counselling is finished and it is time for the client to face their life challenges.
- Changes which have taken place have generalised into the normal behaviour of the client.
- The client has matured and thinks and acts more effectively and independently.

Timing of Termination

There is no one answer when termination is to take place. Questions the counselor may wish to ask concerning termination include:

- Have clients achieved behavioural, cognitive, or affective goals?
- Can clients concretely show where they have made progress in what they wanted to accomplish?
- Is the counselling relationship helpful?
- Has the context of the initial counselling arrangements changed?

Resistance to Termination

Clients and Counsellors may not want counseling to end. In many cases this may be the result of feelings about the loss and grief or insecurities of losing the relationship. For clients, this is something to process. For counsellors, this is an issue for supervision.

Premature Termination

Client

Many clients may end counselling before all goals are completed. This can be seen by not making appointments, resisting new appointments etc. It is a good idea to try and schedule a termination/review session with the client so closure may take place. At this time a referral may be in order.

Counsellors

At times, counsellors have to end counselling prematurely. Whatever the reason for the termination, a summary session is in order and referrals are made, if appropriate, to another counsellor.

Referrals

At times, a counsellor needs to make a referral. When this is done, specific issues need to be addressed with the client.

Reasons for the referrals

Note specific behaviours or actions which brought the need for a referral.

Have the names of several other counsellors ready for referral.

It is important to remember that the counselor cannot follow up with the new counsellor to see if the client followed through (Confidentiality issue).

Follow Up

At times, a follow-up may be scheduled for various reasons including evaluation, research, or checking with client. It needs to be scheduled so as to not take the responsibility of change away from the client.

Self Assessment Questions

- 1) List out the things to be taken care of during the first stage of developing a relationship.

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- 2) Describe the different core conditions necessary for successful counselling.

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- 3) Describe the different responding styles of the client.

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- 4) Discuss the different issues related to terminating a relationship.

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- 5) When does premature termination occur? What are the things to be kept in mind during premature termination.

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2.3 FACTORS INFLUENCING COUNSELLING PROCESS

The counselling process is influenced by several factors. The counselor need to know these so that he can help it be to make the counseling time a productive one both for the client and counsellor. The major factors which influence the counselling process are as follows.

2.3.1 Structure

Structure in counselling is defined as the “joint understanding between the counsellor and client regarding the characteristics, conditions, procedures, and parameters of counselling” (Day & Sparacio, 1980, p.246). It helps in clarify the counsellor client relationship and give it direction. It protects the rights, roles and obligations of both counsellors and clients and ensure the success of counselling.

Structure gives form to what the formal process will look like. Practical guidelines are part of building structure. They include time limit of the session, action limits for the prevention of destructive behaviour, role limits and procedural limits. Counselling moves forward when client and counsellor know the boundaries of the relationship and what is expected.

Structure is provided throughout all stages of counselling but is especially important at the beginning. Its importance is most obvious when the client arrives for counselling with unrealistic expectations or with no idea what to expect. Counsellors need to stay flexible and continually negotiate the nature of structure with their clients.

2.3.2 Initiative

Initiative can be thought of as the motivation to change. Majority of the clients who visit the counsellors are reluctant to some degree. Such clients lack initiative. Some counsellors become impatient, irritated and insensitive and may ultimately give up trying to work with such clients. Many counsellors end up blaming either themselves or their clients. A role reversal exercise can help the counsellor to understand the mental state of the involuntary, reluctant and resistant client.

A reluctant client is one who has been referred by the third party and is frequently unmotivated to seek help. They do not wish to be in counselling. Many reluctant clients terminate counselling prematurely and report dissatisfaction with the process.

A resistant client is one who is unwilling or opposed to change. Such an individual may actively seek counselling but does not wish to go through the pain that change demands.

There are several ways in which counsellors can help clients to win the battle for initiative and achieve success in counselling. One way is to anticipate the anger, frustration and defensiveness that some clients display. A second way is to show acceptance, patience, and understanding as well as non judgmental attitude. A third way is to use persuasion and the fourth way is through confrontation.

2.3.3 Setting

Counselling can happen anywhere, but some physical settings promote the process better than others. Among the most important factors that help or hurt the process is the place where the counselling occurs. The room should be comfortable and attractive with soft lighting, quiet colors, an absence of clutter, and harmonious and comfortable furniture. The professional generally works in a place that provides Privacy, Confidentiality, Quiet and Comfort. When working with a client, the counselor must want to send a message that he is listening. This can be done by being attentive both verbally and nonverbally. A distance of 30 to 39 inches is the average range of comfort between counsellor and clients of both genders.

In addition to the above arrangements the counsellors should not be interrupted during sessions. The counsellor should keep in mind the SOLER technique. SOLER is an acronym which serves to remind the counselors how to listen:

- S:** Face the client squarely; that is, adopt a posture that indicates involvement.
- O:** Adopt an open posture. Sit with both feet on the ground to begin with and with your hands folded, one over the other.
- L:** As you face your client, lean toward him or her. Be aware of their space needs.
- E:** Maintain eye contact. Looking away or down suggests that you are bored or ashamed of what the client is saying. Looking at the person suggests that you are interested and concerned.
- R:** As the counselor incorporates these skills into the attending listening skills, relax.

2.3.4 Client Qualities

Counselling relationship starts with first impressions. The way the counsellor and the client perceive one another is vital to the establishment of a productive relationship. Counsellors generally like to work with clients who are most like them. They are influenced by the physical characteristics of one's best work to all clients.

The client: Clients come in all shapes and sizes, personality characteristics, and degree of attractiveness. The most successful candidates are said to be YAVIS: Young, Attractive, Verbal, Intelligent, and Successful (Schofield, 1964). Less successful clients are seen as HOUND: Homely, Old, Unintelligent, Nonverbal, and Disadvantaged; or DUD: Dumb, Unintelligent and Disadvantaged (Allen, 1977).

A counsellor must consider a client's body gestures, eye contact, facial expressions and vocal quality to be as important as verbal communication. Cultural background of the client should keep in mind while evaluating the non verbal communication.

2.3.5 Counsellors Qualities

The personal and professional qualities are very important in building up relationship with the client. Okun (1992) lists five important characteristics that counsellors must possess:

- Self awareness,
- Honesty,
- Congruence,
- Ability to communicate, and
- Knowledge.

Clients depending on their culture initially like to work with counsellors who are perceived as Experts, Attractive and Trustworthy. Expertness is the degree to which a counsellor is perceived as knowledgeable and informed about his or her specialty. Attractiveness is a function of perceived similarity between a client and a counsellor. Counsellors can make themselves attractive by speaking in clear, simple sentences and offering appropriate self disclosure. Trustworthiness is related to the sincerity and consistency of the counsellor. The counsellor is genuinely concerned about the client and shows it over time by establishing a close relationship with the client.

Self Assessment Questions

- 1) Describe the importance of providing structure to the counselling process.

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- 2) Describe the different aspects related to the setting of counselling.

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2.4 LET US SUM UP

The process of counselling develops in definable stages with recognisable transitions. There is a natural progression that takes place within the context of the helping relationship. There are certain important factors that influence the counselling process. The major are: Structure, Initiative, Setting, Client Qualities, and Counselor Qualities. The process of counselling occurs in stages like, developing a relationship, working in a relationship, terminating a relationship. The counsellor has to keep certain tasks in mind such as laying foundations for trust, establishing the structure and form the relationship will take, in its first stage of building relationship. Empathetic understanding, Unconditional positive regard and Congruence are certain core conditions which are mandatory for successful counselling. The last phase includes termination which is the end of the professional relationship with the client when the session goals have been met. It is a phase of counselling that can determine the success of all previous phases and must be handled skillfully. Counselling can not be considered complete and successful without the follow-up procedure.

2.5 UNIT END QUESTIONS

- 1) Differentiate between a reluctant and a resistant client.
- 2) What is SOLER technique?
- 3) List qualities of a client needed for successful counselling relationship.
- 4) What is transference and counter transference?
- 5) Explain Empathy and its components.
- 6) Discuss the significance of termination in counselling relationship.

2.6 SUGGESTED READINGS

Corey, G. (2008): *Theory and Practice of Counseling and Psychotherapy*. USA: The Thompson Brooks.

Welfel & Peterson (2004): *The Counseling Process: a Multi-theoretical Integrative Approach*. Thomson/Brooks/Cole.

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UNIT 3 THEORETICAL APPROACHES TO COUNSELING

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Psychoanalytic and Adlerian Approach
 - 3.2.1 Psychoanalytic Approach
 - 3.2.2 The Phenomenological (*Adlerian*) Approach
- 3.3 Person-Centered, Existential and Gestalt Approaches
 - 3.3.1 Person-Centered Approach
 - 3.3.2 Existential Approach
 - 3.3.3 Gestalt Approach
- 3.4 Rational Emotive Therapy and Transactional Analysis
 - 3.4.1 Rational Emotive Therapy
 - 3.4.2 Transactional Analysis
- 3.5 Behavioural Approach
- 3.6 Reality Therapy
- 3.7 Let Us Sum Up
- 3.8 Unit End Questions
- 3.9 Suggested Readings

3.0 INTRODUCTION

In this unit we will be dealing with theoretical approaches to counseling. We start with psychoanalytic and Adlerian Approach, and put forward the view of human nature within which the concepts of psychoanalytical theory such as the id, ego and super ego are presented. Then we take up the role of counselor in psychoanalytical approach the goals and techniques in which we present the free association, dream analysis, analysis of transference and interpretation. Then we take up the phenomenological approach that is of Adler and discuss the theory in terms of counseling. We consider the view of human nature in this theory, the role of counselor, goals of the phenomenological approach and the techniques thereof. This is followed by person centered, Existential and Gestalt Approaches and here too we consider the view of human nature and indicate how it is differently viewed as compared to the psychoanalytical theory. We then consider the role of counsellor in person centered approach the goals and techniques in the same. The next section deals with rational emotive therapy and transactional analysis and how these are used in counseling. Finally we take up the behavioural approach, its principles, goals and techniques. Then we take up the reality therapy and discuss how counselors use the same.

3.1 OBJECTIVES

After completing this unit, you will be able to:

- Discuss the need of theoretical approaches to counseling;

- Define psychoanalytic approach to counseling;
- Differentiate between cognitive and behavioural approach to counseling;
- Explain the views of human nature proposed by different approaches;
- Distinguish the role of a counselor in different counseling techniques; and
- Explain the techniques used in different theoretical approaches.

3.2 PSYCHOANALYTIC AND ADLERIAN APPROACH

There are many theoretical models of psychology and counselling. Some are best utilised for particular situations and needs. Often, an eclectic approach, or the utilisation of several approaches is best for the resolution of problems. Effective counselors scrutinise all theories and match them to personal beliefs about the nature of people and change. Since the 1950s, psychologists have adopted a number of diverse approaches to understanding human nature and behaviour. Most counselling approaches fall within four broad theoretical categories: psychoanalytic, affective, cognitive and behavioural. In addition to these, there are Cognitive Behavioural approaches also which are gaining importance in recent years.

Different approaches exist because there are different ways of explaining the phenomena, for example, emotions can be explained in terms of the thoughts associated with them or the physiological changes they produce. Psychologists try to explain psychological phenomena from a range of different perspectives, and so use different approaches.

3.2.1 Psychoanalytic Approach

This approach developed by Sigmund Freud in the early 1900s, involves analysing the root causes of behaviour and feelings by exploring the unconscious mind and the conscious mind's relation to it. Psychoanalysis can take on a variety of forms, varying from practitioner to practitioner. Psychoanalytical and psychodynamic therapies are based on an individual's unconscious thoughts and perceptions that have developed throughout their childhood, and how these affect their current behaviour and thoughts.

Psychoanalysis focuses on an individual's unconscious, deep rooted thoughts that often stem from childhood. Through free association, dreams or fantasies, clients can learn how to interpret deeply buried memories or experiences that may be causing them distress.

i) *View of Human Nature*

The Freudian view of human nature is dynamic. According to him, human nature could be explained in terms of a conscious mind, a sub conscious and an unconscious mind. The conscious mind is attuned to the events in the present, to an awareness of the outside world. The subconscious mind is an area between the conscious and unconscious mind which contains aspects of both. Within the subconscious are hidden memories or forgotten experiences that can be remembered if a person is given the proper cues. Finally beneath the subconscious mind is the unconscious mind, the most powerful and least understood part of

the personality. The instinctual, repressed and powerful forces of the personality exist in the unconscious.

ii) *Id, Ego and Super Ego*

Id is a concept equivalent to a demanding child and it is ruled by the pleasure principle. It refers to the raw, unorganised, inherited part of the personality. Its main goal is to reduce tension created by our primitive drives such as hunger, sex, aggression and irrational impulses.

Ego is a concept analogous to a traffic policeman and it is ruled by the reality principle. Ego's job is to meet the needs of the id, while taking into consideration the reality of the situation. The ego is sometimes called "the executive" of an individual's personality. It is responsible for the higher cognitive functions such as intelligence, thoughtfulness and learning.

Superego is the third concept which can be equaled to that of a judge and it is ruled by the moral principle. Superego represents the rights and wrongs of the society. It has two subparts: the conscience and the ego-ideal. The conscience prevents us from doing morally wrong or bad things. The ego ideal is that part of the superego that includes the rules and standards for good behaviours. These behaviours include those that are approved of by parental and other authority figures. Obeying these rules leads to feelings of pride, value, and accomplishment. The ego ideal motivates the person to do what is morally proper. The superego helps to control the id impulses, making them less selfish and more morally correct.

iii) *Ego-Defense Mechanisms*

Ego-defense mechanisms are normal behaviours which operate on an unconscious level and tend to deny or distort reality. They help the individual to cope up with anxiety and prevent the ego from being overwhelmed. They have adaptive value if they do not become a style of life to avoid facing reality. Some of the major defense mechanisms described by psychoanalysts are the following:

- 1) **Repression:** It is the withdrawal of an unwanted idea, affect, or desire from consciousness by pushing it down, or repressing it, into the unconscious part of the mind.
- 2) **Reaction formation:** It is the fixation of an idea, affect, or desire in consciousness that is opposite to a feared unconscious impulse.
- 3) **Projection:** It is a form of defense in which unwanted feelings are displaced onto another person.
- 4) **Regression:** When confronted by stressful events, people sometimes abandon coping strategies and revert to patterns of behaviour used earlier in development.
- 5) **Sublimation:** It is the diversion or deflection of instinctual drives, usually sexual ones, into non-instinctual channels. It allows us to act out unacceptable impulses by converting these behaviours into a more acceptable form.
- 6) **Denial:** It is used to describe situations in which people seem unable to face reality or admit an obvious truth.
- 7) **Rationalisation:** It is the substitution of a safe and reasonable explanation for the true, but threatening cause of behaviour.

- 8) **Displacement:** Displacement involves taking out our frustrations, feelings and impulses on people or objects that are less threatening.
- 9) **Intellectualisation:** It allows us to avoid thinking about the stressful, emotional aspect of the situation and instead focuses only on the intellectual component.

iv) *Role of a Counselor*

Counselors who practice psychoanalysis play the role of experts. They encourage their clients to talk about whatever comes in their mind, especially childhood experiences. After a few face to face interactions such an environment is created, often have the client lie down while the analyst remains out of view, in which the client feels free to express difficult thoughts. The role of the analyst is to let the clients gain insight by reliving and working through the unresolved past experiences that come into focus during sessions. The development of transference is encouraged to help clients deal realistically with unconscious material. Psychoanalytic counselors also use diagnostic labels to classify clients and help develop appropriate plans for them.

v) *Goals*

The goal of psychoanalysis varies according to the client, but they focus mainly on personal adjustment, usually inducing a reorganisation of internal forces within the person. In most cases, a primary goal is to help the client become more aware of the unconscious aspects of his or her personality, which include repressed memories and painful wishes. A second major goal is to help a client work through a developmental stage, not resolved in primary goal. If accomplished, clients become unstuck and are able to live more productively. A final goal is helping clients cope with the demands of the society in which they live. Psychoanalysis stresses environmental adjustment, especially in the areas of work and intimacy.

vi) *Techniques*

Free Association: Client reports immediately without censoring any feelings or thoughts. The client is encouraged to relax and freely recall childhood memories or emotional experiences. In this way, unconscious material enters the conscious mind, and the counselor interprets it. At times clients resist free association by blocking their thoughts or denying their importance. Psychoanalysts make the most of these moments by attempting to help clients work through their resistance.

Dream Analysis: Dream analysis is considered the first scientific approach to the study of dreams. In this clients report dreams to counselor on regular basis. Freud believed that dreams were a main avenue to understanding the unconscious. Counselor uses the “royal road to the unconscious” to bring unconscious material to light. Clients are encouraged to remember dreams. The counselor analyse two aspects; The Manifest Content (obvious meaning), and the Latent Content (hidden but true meaning).

Analysis of Transference: Transference is the client’s response to a counselor as if the counselor were some significant figure in the client’s past, usually a parent figure. This allows the client to experience feelings that would otherwise be inaccessible. The counselor encourages this transference and interprets positive or negative feelings expressed. Analysis of transference allows the client to achieve insight into the influence of the past. **Counter-transference:** It is the reaction of the counselor towards the client that may interfere with objectivity.

Interpretation: Interpretation should consider part of all above mentioned techniques. When interpreting, the counselor helps the client understanding the meaning of the past and present personal events. It consists of explanations and analysis of a client's thoughts, feelings and actions. Counselor points out, explains, and teaches the meanings of whatever is revealed. Counselors must carefully time the use of interpretation.

3.2.2 The Phenomenological (Adlerian) Approach

Alfred Adler attempts to view the world from the client's subjective frame of reference e.g. how life is in reality is less important than how the individual believes life to be. The basic premise is that human beings are always "becoming," that we're always moving toward the future, and our concerns are geared toward our subjective goals rather than an objective past. We are constantly aiming towards what Adler calls superiority. When we have unrealistic or unattainable goals, this can lead to self-defeating behaviours and discouragement which may foster neurosis, psychosis, substance abuse, criminal behaviour, or suicide.

i) *View of Human Nature*

He emphasised that it is not the childhood experiences that are crucial but it is our present interpretation of these events. He thought that people are primarily motivated by social interest. It is Adler's most significant and distinctive concept which refers to an individual's attitude toward and awareness of being a part of the human community. He measured mental health by the degree to which we successfully share with others and are concerned with their welfare. He explained how happiness and success are largely related to social connectedness.

Another major component of his theory is that people strive to become successful. Each person strives for growth and has a need for wholeness. If this need is fulfilled, the person develops a superiority complex otherwise the person can develop inferiority complex. His theory places considerable emphasis on birth order and sibling relationships. Adler's explained five psychological positions:

Oldest child receives more attention, spoiled, center of attention.

Second of only two behaves as if in a race, often opposite to first child.

Middle often feels squeezed out.

Youngest is being considered as the baby.

Only - does not learn to share or cooperate with other children, learns to deal with adults.

ii) *Role of Counselor*

Adlerian counselors function primarily as diagnosticians, teachers and models in equalitarian relationships they establish with their clients. They try to assess why clients are oriented to a certain way of thinking and behaving. The counselor makes an assessment by gathering information on the family constellation and client's earliest memories. The counselor then shares interpretations, impressions, opinions and feelings with clients. The client is encouraged to examine and change a faulty life style by developing social interest.

iii) **Goals**

The goals of Adlerian counseling revolve around helping people develop healthy life styles. One of the major goals is to develop social interest. The four major goals of the therapeutic process:

- Establishment and maintenance of an egalitarian counseling relationship.
- Analysis of a client's life style.
- Interpretation of client's life style in such a way that [promotes insight].
- Re-orientation and re-education of the client with accompanying behaviour change.

iv) **Techniques**

To establish above mentioned goals and to accomplish behaviour change, counselors use following techniques:

- 1) **Confrontation:** The counselor challenges clients to consider their own private logic. When clients examine this logic, they often realise they can change it and their behaviour.
- 2) **Asking the question:** The counselor asks, "what would be different if you were well?" The question is often asked during the initial interview, but it is appropriate any time.
- 3) **Encouragement:** Counselors encourage their clients by stating their beliefs that behaviour change is possible. It is the key to make productive life style changes.
- 4) **Acting "as if":** Clients are instructed to act as if they are the persons they want to be.
- 5) **Task Setting:** Clients initially set short term range, attainable goals and eventually work up to long term and realistic objectives.
- 6) **Catching oneself:** Clients learn to become aware of self destructive behaviours or thoughts. At first counselor may help in this process, but eventually this responsibility is taken over by clients.
- 7) **Push Button:** Clients are encouraged to realise that they have choices about what stimuli in their lives they pay attention to. The technique is like pushing the button because clients can choose to remember negative or positive experiences.

Self Assessment Questions

- 1) Differentiate between id, ego and superego.

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2) Describe the different defense mechanisms.

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3) Explain the different types of goals in psychoanalysis.

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4) How does Adlerian approach view human nature?

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5) Describe the importance of birth order and sibling relationship in Adlerian theory.

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3.3 PERSON-CENTERED, EXISTENTIAL AND GESTALT APPROACHES

3.3.1 Person Centered Approach

Person-Centered approach, founded by Carl Rogers in the 1940's, is based on the belief that people have the capacity and the right to move toward self-actualisation. This approach views people as rational, forward-moving, and realistic beings. He contended that negative, antisocial emotions are the result of frustrated basic impulses. This approach views the client as their own best authority on their own experience, and the client is fully capable of fulfilling their own potential for growth.

i) *View of Human Nature*

Rogers believed that people are essentially good. Humans are characteristically positive, forward-moving, constructive, realistic and trustworthy. Each of us has the innate ability to reach our full potential. As infants we are born with it, but because of early experiences, we may lose our connection to it. The self concept we develop in response to our early experiences may tend to alienate us from our true self. In this theory there is no such thing as mental illness. It is just a matter of being disconnected from our self-potential. This approach is often considered the most optimistic approach to human potential.

Rogers views the individual from a phenomenological perspective, that is according to him the important aspect is the person's perception of reality rather than an event itself. His ideas are often referred to as "Self Theory". The self is an out growth of what a person experiences, and an awareness of self helps a person differentiate him or herself from others.

ii) *Role of a Counselor*

The counselor's role is a holistic one. He or she sets up and promotes a climate in which the client is free and is encouraged to explore all aspects of self. The counselor strives to develop a greater degree of independence and integration for individuals in their surroundings and the people in their lives. Clients are prepared to be open to the experience of counseling, to have trust in themselves, to evaluate themselves internally, and pursue a willingness towards continued growth. Clients will experience this technique differently depending on perceptions of both the past and the possibilities of future events. Exploring a wider range of beliefs and feelings help clients in this process. It helps clients to better appreciate who they are and what they are capable of accomplishing.

iii) *Goals*

The goals of person centered counseling considers the client as a person, not his or her problem. Rogers emphasises that people need to be assisted in learning how to cope with situations. The client moves towards the goals of realisation, fulfillment, autonomy, self determination, and perfection by becoming more realistic in their perceptions. The aim is to make them more confident, more self directed, more positively valued by themselves and less likely to be upset by stress. They should be healthier, integrated, and well functioning persons in their personality structure.

iv) *Techniques*

The counselor as a person is vital to person centered counseling. Counsellors display openness, empathic understanding, independence, spontaneity, acceptance, mutual respect and intimacy. They encourage clients to work toward achieving these same conditions as ultimate counselling goals. The primary techniques are the counsellor's attitudes toward people in the following:

- 1) **Unconditional positive regard:** It means that the counsellor accepts the client unconditionally and non judgmentally. The client is free to explore all thoughts and feelings, positive or negative, without danger of rejection or condemnation. Crucially, the client is free to explore and to express without having to do anything in particular or meet any particular standards of behaviour to 'earn' positive regard from the counsellor.

- 2) **Empathic understanding:** It means that the counsellor accurately understands the client's thoughts, feelings, and meanings from the client's own perspective. When the counsellor perceives what the world is like from the client's point of view, it demonstrates not only that that view has value, but also that the client is being accepted.
- 3) **Congruence:** It means that the counsellor is authentic and genuine and transparent to the client. There is no air of authority or hidden knowledge, and the client does not have to speculate about what the counsellor is 'really like'.

Rogers mentioned the following six core conditions for personality change:

- Two persons are in psychological contact.
- The client is in a state of incongruence.
- The counsellor is congruent and involved in the relationship.
- The counsellor experiences unconditional positive regard for the client.
- The counsellor experiences understanding of the client's frame of reference.
- The communication of empathic and positive regard is achieved.

Methods that help promote the counselor client relationship include:

- Active and passive listening
- Reflection of thoughts and feelings
- Clarification
- Summarizing
- Confrontation of contradictions
- General or open leads that help client self exploration.

3.3.2 Existential Approach

Existential approach can be described as a philosophical approach that is not designed to cure people but instead helps the client reflect and search for value and meaning in life. Existentialism understands the human to be challenged by the reality of temporary existence, and the view that life has no inherent meaning and that the meaning had to be constructed. Authentic human beings are those who could face existential futility and yet still go on to construct a meaningful life.

The existential perspective was introduced into the US by Rollo May. He believed that individuals can only be understood in terms of their subjective sense of self. May was concerned with people's loss of faith in values. If we lose our commitment to a set of values we will feel lonely and empty. Life will be meaningless. Viktor Frankl, a famous existentialist, believed that the prime motive of human behaviour is the "will to meaning". In order to find a meaning in our troubled existence we need to discover meaning through values and we discover our values through work, through love for others and through confrontation with our own suffering.

i) *View of Human Nature*

According to the existentialists, human beings form their lives by the choices they make. They focus on the freedom of choice and the action that goes with it.

We have no existence apart from the world. Being in the world is man's existence. The basic issue in life is that life inevitably ends in death. Thus we experience angst or anguish because of our awareness of death's inevitability. According to Frankl (1962), the meaning of life always changes but it never ceases to be. We can discover life's meaning in three ways:

- By doing a deed. That is, by achieving or accomplishing something.
- By experiencing a value. As for instance experience the value of work of nature, culture or love.
- By Suffering. That is, finding a proper attitude towards unalterable fate.

ii) ***Role of a Counsellor***

Existential counsellors are focused on helping the client achieve and expand their self awareness. It is assumed that once self awareness is achieved the client can examine new ways of dealing with problems and accept the responsibility of choosing. The role of the counsellor is to facilitate the client's own encounter with himself or herself, to work alongside him in exploring and understanding better his values, assumptions and ideals. The counsellor is concerned about what matters most to the client and to avoid imposing her own judgments, and to help the client to elaborate on his own perspective.

The counsellor's responsibility is to be aware of his or her own biases and prejudices. The counsellors' goal is to understand the client's meaning rather than their own and recognising the client's assumptions and underlying life themes. The counsellor must be sensitive to and help the client explore his weaknesses, limitations and responsibilities as well as his strengths, opportunities and freedoms.

iii) ***Goals***

The goal of this technique is not to cure people of disorders, not to simply get rid of symptoms. Rather it is to help them become aware of what they are doing and encourage them to act, make life changing decisions etc. It is aimed at helping people get out of their rigid roles and see more clearly the ways in which they have been leading a narrow and restricted existence. The specific goals of existential counselling are:

- To enable people to become more truthful with themselves.
- To help the clients to reflect upon and understand their existence.
- To increase self awareness and authentic living.
- To take responsibility for decisions.
- To encourage clients to find their own meanings and truths.
- To help people examine roots of some of their anxieties and learn how to better cope with them.
- To get the person to believe to experience life and to live more fully in each moment

iv) ***Techniques***

Existential therapy is not considered as a system of highly developed techniques. Subjective understanding of clients is primary and techniques are secondary. It

is not technique oriented. The interventions are based on philosophical views about the nature of human existence. It is free to draw techniques from other orientations. The use of counsellor's self is the core of therapy. It is commonly integrated within other frameworks.

The most effective and powerful technique counsellors have is the relationship with the client. They also make use of confrontation. Existential counsellors borrow some techniques such as imagery exercises, awareness exercises goal setting activities etc., from other models.

3.3.3 Gestalt Approach

Gestalt approach is an integrative orientation in that it focuses on whatever is in the client's awareness. This term was first used as the title of a book, written by Fritz Perls, et.al (1951), "Gestalt," a German word meaning "whole". It operates as a therapy by keeping the person in what is known as the here and now. In this approach, feelings, thoughts, body sensations and actions are all used as a guide to understanding what is central for the client in each moment. The centrality of whatever is in the client's awareness is an ideal way to understand the world of the client. Unresolved conflicts are worked out in the counseling session as if they are happening in that moment. An emphasis is placed on personal responsibility for one's own well being.

i) *View of Human Nature*

Human nature is rooted in existential philosophy, phenomenology, and field theory. Individuals have the capacity to self regulate in their environment. Gestalt counsellors believe that human beings work for wholeness and completeness in life. Self actualising tendency emerges through interaction in environment. Each person tries to integrate self into healthy, unified whole. Overdependence on intellectual experience and inability to resolve unfinished business causes problems, such as the client may lose contact with environment, or become over involved, may encounter unfinished business, or become fragmented.

ii) *Role of a Counselor*

Gestalt counsellor can help their client to both work through and move beyond their painful emotional blocks. By following their client's ongoing process, with special attention to both the therapeutic relationship and the client's style of interrupting that process, the counsellor uses appropriate techniques. The counsellor must pay attention to clients' awareness, to clients' body language, nonverbal language, and inconsistency between verbal and nonverbal message (e.g., anger and smile). The counselors must create atmosphere that promotes growth. The counselor is exciting, energetic, fully human and personally involved.

iii) *Goals*

The main goal is to increase the client's awareness of "what is." Awareness includes knowing the environment, knowing oneself, accepting oneself, and being able to make contact. Stay with their awareness, unfinished business will emerge. Change occurs through a heightened awareness of what the client is experiencing moment to moment. The approach stresses present awareness and the quality of contact between the individual and the environment.

Four Major Principles of Gestalt Therapy are:

Holism interested in the whole person emphasis on integration thoughts, feelings, behaviours, body, & dreams.

Field Theory organism must be seen in its environment or its context as part of a constantly changing field-relational, in flux, interrelated and in process

Figure Formation Process how individual moment to moment organises environment:

- 1) Background=undifferentiated field or ground
- 2) Figure=Emerging focus of attention
- 3) Organismic self-regulation =-restore equilibrium or contribute to growth and change

iv) **Techniques**

Some of the most innovative techniques ever developed are found in Gestalt therapy. These techniques take two forms:

- i) Exercise and
- ii) Experiments.

Exercises are readymade techniques such as enactment of fantasies, role playing, psychodrama, dream work, empty chair, confrontation such as what and how, making the rounds, exaggeration.

Experiments on the other hand are activities and grow out of the interaction between counsellor and clients. They are not planned. The experiments are to assist clients self awareness of what they are doing and how they are doing it.

Gestalt experiments include the following:

- Internal dialogue exercise,
- Making the rounds,
- Reversal technique,
- Rehearsal exercise,
- Exaggeration exercise,
- Staying with the feelings.

Self Assessment Questions

- 1) Discuss the role of counselor in the person-centred approach.

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2) Describe the goals of counseling in existential approach.

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3) Explain the major principles of Gestalt therapy.

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3.4 RATIONAL EMOTIVE THERAPY AND TRANSACTIONAL ANALYSIS

3.4.1 Rational Emotive Therapy

Albert Ellis started Cognitive Behaviour Therapy in 1955. This technique assumes that cognitions, emotions, and behaviours interact and have a reciprocal cause and effect relationship. It is very directive and concerned as much with thinking as with feeling. It also teaches that our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations. It is an educational process in which clients learn to identify and dispute irrational beliefs that are maintained by self indoctrination and replace ineffective ways of thinking with effective and rational cognitions.

i) *View of Human Nature*

RET assumes that we all are born with a potential for both rational and irrational thinking. There is a biological and cultural tendency to think crookedly and to needlessly disturb ourselves. Humans are self talking, self evaluating and self sustaining. We develop emotional and behavioural problems when we mistake simple preferences (love, approval, success) for dire needs. There is a tendency to invent disturbing beliefs and keep ourselves disturbed through our self talk. Humans have the capacity to change their cognitive, emotive, and behavioural processes.

ii) *Role of a Counsellor*

Counsellors are active and direct in this approach. They act as instructors who teach and correct client's cognitions. Therefore they must listen carefully for illogical and faulty statements from the clients and challenge their beliefs. The counsellor focusses on the thoughts and beliefs of the client trying to identify those, which create problems. Ellis identifies several characteristics desirable for counsellors.

They need to be:

- bright,
- knowledgeable,
- empathetic,
- persistent, and
- scientific.

iii) *Goals*

The primary goal of RET is to focus on helping people realise that they can live more rational and productive lives and to change the way clients think by using their automatic thoughts to reach the core schemata and begin to introduce the idea of schema restructuring. Another goal of RET is to help people change self defeating habits of thought or behaviour. One way of teaching them through ABC of RET

A = existence of fact, event, behaviour, attitude of individual.

B = person's belief

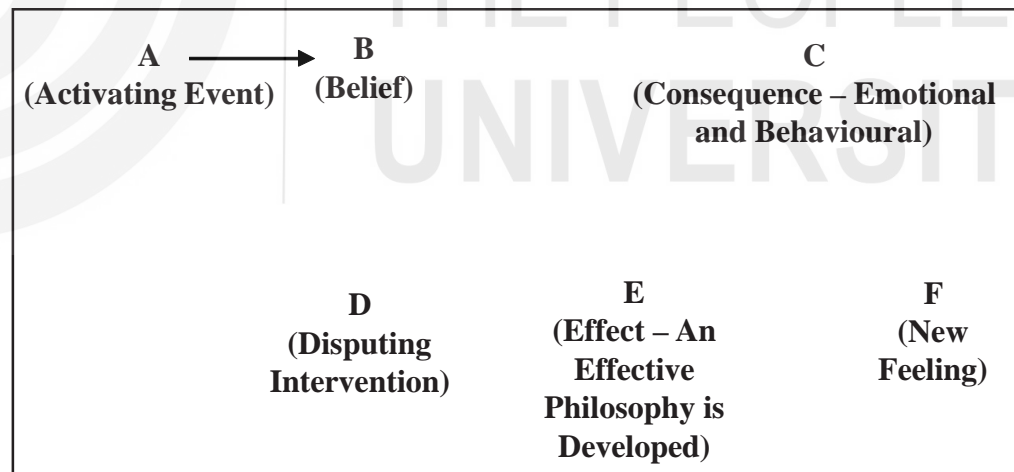
C = emotional & behavioural consequence or reaction of individual

D = disputing intervention-challenge beliefs

E = effective philosophy after disputing

F = new set of feelings

Human beings are largely responsible for creating their own emotional reactions and disturbances. Goal is to show people how to change irrational beliefs that directly "cause" disturbed emotional consequences.



iv) *Techniques*

RET encompasses a number of diverse techniques. Two primary ones are teaching and disputing. In the first few sessions, counsellors teach their clients the anatomy of an emotion, that feelings are a result of thoughts, not events and that self talk influences emotion. Disputing thoughts take one of three forms: cognitive, imaginal and behavioural.

Cognitive disputation involves the use of direct questions, logical reasoning, and persuasion. It also uses syllogisms, that is a deductive form of reasoning.

Imaginal disputation depends on the client's ability to imagine and explore a technique known as rational emotive imagery (REI).

Behavioural disputation involves behaving in a way that is opposite of the client's usual way. Two other powerful techniques are confrontation and encouragement.

3.4.2 Transactional Analysis

Transactional analysis is another cognitive theory formulated by Eric Berne in the early 1960s. He believed that the majority of our life experiences are recorded in our subconscious minds in an unaltered fashion and become a part of the way we behave. The behaviour is subconsciously designed to get reactions and determine how others feel about us. It is a method of dealing with behavioural disorders and can be used to manage classroom behaviour if we understand that children's acceptable and unacceptable behaviour is designed to ascertain how others feel about them. He believed that there were three states of mind in all humans, no matter how old they were, called the ego states.

Berne believed that a lot of people get stuck in one ego state more than the other two and that this may be due to early childhood experiences. His theory was that in childhood we have a life position assigned to us, because of the experiences we have from birth onwards. He thinks there are four possible life positions:

I'm not OK, You're OK; I'm not OK, You're not OK; I'm OK, You're not OK; I'm OK, You're OK.
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i) *Views of Human Nature*

Transactional analysis is an optimistic theory based on the assumption that people can change despite an unfortunate events of the past. It focuses on four methods of understanding and predicting human behaviour:

- Structural analysis: understanding what is happening within the person.
- Transactional analysis: describing what happens between two or more people
- Game analysis – understanding transactions that lead to bad feelings
- Script analysis – understand a person's life plan

ii) *Role of a Counsellor*

The counsellor initially plays the role of a teacher. The counsellor helps the client obtain the tools necessary for change in the present. Counsellors work contractually on solving “here and now” problems and focuses on creating productive problem solving behaviours. Using transactional analysis, counsellors establish an egalitarian, safe and mutually respectful working relationship with their clients. This working relationship provides tools which the clients can utilise in their day to day functions to improve the quality of their lives.

iii) *Goals*

The primary goal of TA focuses on helping clients transform themselves from “frogs” into “princes and princesses”.

Others goals are:

- to learn the language and concepts underlying Transactional analysis,
- to learn analyse relationships with one another in terms of TA, and
- to develop our ability to engage in straight, effective communication with one another on a daily basis.

iv) **Techniques**

TA has initiated a number of techniques for helping clients to reach their goals. The most common are structural analysis, transactional analysis, game analysis and script analysis. Other techniques include: Treatment Contract, Interrogation, Specification, Confrontation, Explanation, Illustration, Confirmation, Interpretation and Crystallisation.

Self Assessment Questions

- 1) Describe the assumptions of Rational Emotive Therapy about human nature.

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- 2) Explain the A B C D E F model of Rational Emotive Therapy.

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- 3) Describe the four life positions as mentioned in transactional analysis.

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3.5 BEHAVIOURAL APPROACH

This approach is based on the premise that primary learning comes from experience and applies learning principles to the elimination of unwanted behaviours. The initial concern is to help the client analyse behaviour, define problems, and select goals. Behavioural Therapy is effective for individuals who

require treatment for some sort of behaviour change, such as addictions, phobias and anxiety disorders. It concentrates on the 'here and now' without focusing on the past to find a reason for the behaviour. The behavioural approach says that people behave in the way that their environment has taught them to behave, e.g., through rewards and punishments, modeling, etc. So this approach attempts to change the way the environment reinforces particular behaviour and works at applying learning principles to help people to learn new behaviours by behavioural experiments, role playing, assertiveness training, and self management training.

Four Aspects of Behaviour Therapy

1) **Classical Conditioning**

In classical conditioning certain respondent behaviours, such as knee jerks and salivation, are elicited from a passive organism.

2) **Operant Conditioning**

It focuses on actions that operate on the environment to produce consequences. If the environmental change brought about by the behaviour is reinforcing, the chances are strengthened that the behaviour will occur again. If the environmental changes produce no reinforcement, the chances are lessened that the behaviour will recur.

3) **Social Learning Approach**

It gives prominence to the reciprocal interactions between an individual's behaviour and the environment.

4) **Cognitive Behaviour Therapy**

It emphasises cognitive processes and private events (such as client's self-talk) as mediators of behaviour change.

i) ***View of Human Nature***

As the behaviourist views human nature, humans are neither good nor bad but are living organisms capable of experiencing a variety of behaviours. Their personality is composed of traits. The behaviourist believes that people can conceptualise and control their behaviour and have the ability to learn new behaviours. In addition, people can influence the behaviour of others as well as be influenced by the behaviour of others. Behaviourists concentrate on behavioural processes as they are closely associated with overt behaviour and believe that all behaviour is learned, whether it is adaptive or maladaptive. They also believe that learning and development occur in one of the three ways:

- respondent learning,
- operant conditioning and
- social modeling.

ii) ***Role of a Counsellor***

A counsellor may take one of the several roles, depending on his or her behavioural orientation. The counsellor functions as a consultant, teacher, advisor and facilitator. The behaviour counsellor tries to help the individual to learn new and more adaptable behaviours and to unlearn old non adaptable behaviours. The behaviour counsellor focuses attention on the individual's ongoing behaviours

and their consequences in his own environment. He tries to restructure the environment so that more adaptable patterns of behaviour can be learned and non adaptable patterns of behaviour can be unlearned. An effective behavioural counsellor operates from a broader perspective and involves the client in every phase of counselling.

iii) **Goals**

Basically behavioural counsellors want to help clients make good adjustments to life circumstances and achieve personal and professional objectives. A major step is to reach mutually agreed upon goals. Blackham and Silberman(1971) suggests four steps in this process:

1) **Defining the problem**

The clients are asked to specify when, where, how and with whom the problem arises.

2) **Take a developmental history**

Knowledge about how the client has handled past circumstances.

3) **Establish specific goals**

Counselors help clients break down goals into small, achievable goals.

4) **Determine the best method for change**

Helping the client to reach desired goal by choosing the appropriate method. Continuous assessment of the effectiveness of method is must.

iv) **Techniques**

General behavioural techniques are applicable to all behaviour theories, although a given technique may applicable to a particular approach at a given time in a specific circumstance.

Systematic desensitisation: This is a technique used specifically with phobias. It helps the client to pair relaxation with previously feared stimuli.

Aversive therapy: It is almost the opposite of systematic desensitisation and has the client pair some aversive stimuli (e.g., nausea, pain, disturbing images, etc.) with some behaviour that he/she is having difficulty giving up. For example, a person trying to quit drinking might take a drug that makes her nauseous whenever she drinks alcohol. Both systematic desensitisation and aversive therapy make use of classical conditioning learning principles—learning that occurs when things get paired together. Systematic desensitisation “teaches” the client a new thing by pairing relaxation with something they fear whereas Aversive therapy “teaches” a new thing by pairing a bad experience with some behaviour they want to eliminate.

Behaviour Modification programs: These approaches try to increase positive behaviour and decrease negative behaviour by using reinforcements and punishments in the most effective ways based on learning principles. The counselor will try to help the parents identify in what ways the undesired behaviour is being reinforced and eliminate that reinforcement and help them develop ways to reinforce desired behaviour.

Use of Reinforcers: Reinforcers are those events which increase the probability of occurrence of a desired behaviour in the future by applying consequences that depend on the behaviour in question.

Positive Reinforcement: The administration of positive consequences to workers who perform desired behaviours- Pay, promotions, interesting work, praise, awards.

Negative Reinforcement: The removal of negative consequences when workers perform desired behaviours-Nagging, complaining.

Punishment: Administering negative consequences to undesirable behaviours in an effort to decrease the probability that the behaviour will occur again in the future.

Shaping: It is a process in which undifferentiated operant behaviours are gradually changed into a desired behaviour pattern by the reinforcement of success approximations, so that the behaviour gets closer and closer to the target behaviour.

Extinction: When pairing of conditioned and unconditional stimulus stops then association weakens and conditioned response becomes less frequent till it disappears.

Generalisation: Conditioned response occurs in response to stimuli which are similar to the conditioned stimulus.

Discrimination: Conditioned response does not occur to all possible similar stimuli-learned difference between stimuli

The cognitive behavioural approach examines the patient's beliefs and behaviours. Individuals hold beliefs about themselves and relationships that affect behaviour. Negative beliefs lead to maladaptive behaviours. By examining and challenging these beliefs with new information, subsequent new behaviours can change. This approach also examines behaviours directly so that new, more adaptive behaviours can be developed. This approach is especially beneficial for changing habits, learned behavioural patterns, phobias, and many forms of depression.

3.6 REALITY THERAPY

Counselling approach developed by psychiatrist William Glasser helps people gain control over their lives by self-evaluating their behaviour, then choosing behaviour that meets their needs effectively and responsibly. It is based on choice theory that how we deal with unsatisfying relationships. Clients choose their behaviours to cope with unsatisfying relationships (depressing, obsessing, and worrying). We often mistakenly choose misery in our best attempt to meet our needs. We act responsibly when we meet our needs without keeping others from meeting their needs. Two basic needs which are important are:

- 1) To love and to be loved, and
- 2) To feel worth.

i) *View of Human Nature*

William Glasser's Reality technique focuses on consciousness that human beings operate on a conscious level and that they are not driven by unconscious forces

or instincts. A second belief about human nature is that there is a health or growth force within everyone. The force manifests at two levels, viz. (i) physical and (ii) psychological.

Physical needs or survival needs like food, water, shelter etc. are automatically controlled by the body. The four primary psychological needs are:

- Belonging – the need for friends, family and love;
- Power – the need for self esteem, recognition and competition;
- Freedom – the need to make choices and decisions; and
- Fun – the need to play, laughter, learning and recreation.

Behaviour is purposeful because it is destined to close the gap between what we want and what we perceive we are getting. All behaviour has four components:

Acting, Thinking, Feeling, and Physiology

ii) ***Role of a Counsellor***

The counselor basically serves as a teacher and model, accepting the client in a warm and involved way while focusing the client on the control of displayed thoughts and actions. The counsellor assists the client in dealing with present and establishes satisfying relationship. The counsellor is a role model of a human who knows what life is all about and is also one who is successful in dealing with life and not afraid to discuss any subject with their clients, teaches them to behave in more effective ways and helps client look for better choices.

iii) ***Goals***

- 1) The primary goal of reality technique is to make their clients psychologically strong and rational. They must learn to be responsible for their own behaviour that affects themselves and others.
- 2) The second goal is to help clients in knowing what they want in life. It is vital to know the goals of life if we want to act responsibly.
- 3) Other goals are to help clients to get connected or reconnected with people they have chosen to place in their quality world;
- 4) To teach clients choice theory and to teach client to behave in more effective ways.

iv) ***Technique***

Reality therapy is an action oriented technique. Some of its more effective and active techniques are:

- teaching,
- employing,
- humor,
- confrontation,
- role playing,
- involvement and
- contracts.

- W. Wants: What do you want to be and do?
- D. Doing and Direction: What are you doing? Where do you want to go?
- E. Evaluation: Does your present behaviour have a reasonable chance of getting you what you want?
- P: Planning – “SAMIC”- Simple, Attainable, Measurable, Immediate and Controlled.

There are eight steps in reality therapy that strategically incorporates its goals and techniques and these are given below:

- 1) Develop a relationship with client. (Involvement).
- 2) Focus on behaviour. Ask “what are you doing”?
- 3) Client evaluates his/her behaviour. Ask “is your behaviour helping you or getting you what you want”?
- 4) If not, make a plan to change your behaviour.
- 5) Get a commitment to carry out plan. Perhaps sign contract.
- 6) Accept no excuses when plan is not carried out. Simply remind client of plan. Perhaps revise plan.
- 7) Do not punish. Clients who fail already have a failure identity. Punishment does no good.
- 8) Never give up.

Self Assessment Questions

- 1) Discuss the role of counselor in behaviour therapy.

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- 2) How does reality therapy view human nature?

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- 3) Explain the technique of reality therapy.

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3.7 LET US SUM UP

There are many theoretical models of psychology and counseling. Most counseling approaches fall within four broad theoretical categories: psychoanalytic, affective, cognitive and behavioural. The Freudian view of human nature is dynamic. According to him, human nature could be explained in terms of a conscious mind, a sub conscious and an unconscious mind whereas Adler focuses on our present interpretation of the events. He thought that people are primarily motivated by social interest. Existentialism understands the human to be challenged by the reality of temporary existence, and the view that life has no inherent meaning; meaning had to be constructed.

The person centered approach views the client as their own best authority on their own experience, and the client is fully capable of fulfilling their own potential for growth. In Gestalt approach, feelings, thoughts, body sensations and actions are all used as a guide to understand client behaviour in each moment. The centrality of whatever is in the client's awareness is an ideal way to understand the world of the client.

The behaviour approach is based on the premise that primary learning comes from experience and applies learning principles to the elimination of unwanted behaviours. Reality approach is based on choice theory that how we deal with unsatisfying relationships. Clients choose their behaviours to cope with unsatisfying relationships. Each theory has its own benefits and limitation. The counselor should use an integrative approach depending upon the problem of the client.

3.8 UNIT END QUESTIONS

- 1) Define psychoanalytic approach and its view on human nature.
- 2) Describe the different techniques of psychoanalysis.
- 2) Explain Adler's perspective.
- 3) Discuss the goals and techniques involved in behaviour approach to counselling.
- 4) What is Transactional Analysis? Explain the role of counsellor in this technique?
- 5) Describe the techniques involved in Person Centered Approach.
- 6) Describe the important features of Existential therapy.
- 7) How do counselors use Rational Emotive therapy approach.

3.9 SUGGESTED READINGS

Corey, G. (2008): *Theory and Practice of Counseling and Psychotherapy*. USA: The Thompson Brooks

Narayana Rao (2008): *Counseling and Guidance*. New Delhi: Tata Mc-Graw Hill

Samuel T. Gladding (2004): *Counseling Theories: Essential Concepts and Applications*. Publisher: Prentice Hall

Baruth & Robinson (1987): *An Introduction to the Counseling Profession*. Prentice-Hall

UNIT 4 ETHICS IN COUNSELING

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 What are the Ethics?
 - 4.2.1 Reasons for Ethical Codes
- 4.3 Ethical Principles of Counseling
- 4.4 Professional Codes of Ethics
 - 4.4.1 ACA Code of Ethics: Purpose
- 4.5 The ACA Eight Main Sections
 - 4.5.1 Section A: The Counseling Relationship
 - 4.5.2 Section B: Confidentiality, Privileged Communication and Privacy
 - 4.5.3 Section C: Professional Responsibility
 - 4.5.4 Section D: Relationships with Other Professionals
 - 4.5.5 Section E: Evaluation, Assessment, and Interpretation
 - 4.5.6 Section F: Supervision, Training, and Teaching
 - 4.5.7 Section G: Research and Publication
 - 4.5.8 Section H: Resolving Ethical Issues
- 4.6 Let Us Sum Up
- 4.7 Unit End Questions
- 4.8 Suggested Readings

4.0 INTRODUCTION

In this unit we will be dealing with ethical issues in counseling. First we define what are Ethics and why there is a need for ethical code. This is followed by ethical Principles of Counseling and in this we elucidate the principles of ethics in counseling. Then we take up professional codes of ethics and then almost reproduce the American counseling Association's ethical principles and codes, widely used and as defined in their 8 different sections. The ethics are related to the relationship between the counselor and the client, in regard to confidentiality, professional responsibility, relationship with other professionals and ethics as related to evaluation etc. The next section deals with ethical issues related to supervision, training and teaching, research and publication.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- Discuss the concept of ethics;
- Explain the need for ethical issues;
- Describe Kitchener's main principles;
- Explain purpose of ACA Code of Ethics; and
- Discuss main sections of American Counseling Association.

4.2 WHAT ARE THE ETHICS?

Counseling is not a value free or neutral activity rather it is a profession based on values which are orienting beliefs about what is good and how that good should be achieved. On the basis of the values, counselors and clients take directions in the counseling process and make decisions. Counselors are guided in their thoughts and actions by moral values, professional and personal ethics, and legal precedents and procedures. Counselors who are not aware of their values, ethics and legal responsibilities as well as those of clients they can cause harm to their clients despite their good intentions. It is, therefore, vital for counselors to have knowledge of professional counseling guidelines. Ethical counselors display care and wisdom in their practice.

The term is often used synonymously with morality, in some case the two terms overlap. Both deal with what is good and bad or study of human conduct and values. Yet each has a different meaning.

Kitchener (1986): Ethics involves “making decisions of a moral nature about people and their interaction in the society”.

Van Hoose (1985): Ethics is generally defined as a philosophical discipline that is concerned with human conduct and moral decision making.

Ethics are normative in nature and focus on principles and standards that govern relationship between counselors and clients.

Morality, on the other hand, involves judgment and evaluation of action. It is associated with such words as good, bad, right, wrong, ought and should (Brandt, 1959).

4.2.1 Reasons for Ethical Codes

Ethical standards exist for many reasons. They are designed to provide some guidelines for the professional behaviour of members. One of the primary reasons is that “without a code of established ethics, a group of people with similar interests can not be considered a professional organisation” (Allen, 1986). Van Hoose and Kottler(1985) offer three reasons for the existence if ethical codes:

Ethical standards protect the profession from the government. They allow the profession to regulate itself and function autonomously.

Ethical standards help control internal disagreement and bickering, thus promoting stability within the profession.

Ethical standards protect practitioners from the public. Especially in malpractice cases. If professionals behave according to ethics, the behaviour is judged to be in compliance with the standards.

In addition, these provide clients with some protection from incompetent counselors.

Certain other reasons are:

- 1) Ensuring competent professional behaviour

- 2) Responsibility to public trust
- 3) Professionals monitor their own and other members' professional behaviour
- 4) Controversies over the development of ethical codes
- 5) Ethical dilemmas
- 6) Character and virtue
- 7) ACA Ethics code
- 8) Aspirations and Guidelines
- 9) Standards

4.3 ETHICAL PRINCIPLES OF COUNSELING

Kitchener (1984) has identified five moral principles which often help to clarify the issues involved in a given situation. The five principles are: autonomy, justice, beneficence, non-maleficence.

- 1) **Being trustworthy (fidelity):** It involves the notions of loyalty, faithfulness, and honoring commitments. Being trustworthy is regarded as fundamental to understanding and resolving ethical issues. Practitioners who adopt this principle: act in accordance with the trust placed in them; strive to ensure that clients' expectations are ones that have reasonable prospects of being met; honor their agreements and promises; regard confidentiality as an obligation arising from the client's trust; restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed.
- 2) **Autonomy:** The essence of this principle is allowing an individual the freedom of choice and action. This principle emphasises the importance of developing a client's ability to be self-directing within therapy and all aspects of life. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values. There are two important considerations in encouraging clients to be autonomous. First, helping the client to understand how their decisions and their values may or may not be received within the context of the society in which they live, and how they may impinge on the rights of others. The second consideration is related to the client's ability to make sound and rational decisions. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.
- 3) **Beneficence:** The principle of beneficence means acting in the best interests of the client based on professional assessment. Beneficence reflects the counselor's responsibility to contribute to the welfare of the client. Simply stated it means to do good, to be proactive and also to prevent harm when possible (Forester-Miller & Rubenstein, 1992). It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished

because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints.

- 4) **Non maleficence:** Nonmaleficence is the concept of not causing harm to others. Often explained as “above all do no harm”, this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight (Kitchener, 1984; Rosenbaum, 1982; Stadler, 1986). This principle reflects both the idea of not inflicting intentional harm, and not engaging in actions that risk harming others (Forester-Miller & Rubenstein, 1992). Non-maleficence involves avoiding sexual, financial, and emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication. The practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended.
- 5) **Justice:** The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. Justice does not mean treating all individuals the same. Kitchener (1984) points out that the formal meaning of justice is “treating equals equally and unequals unequally but in proportion to their relevant differences” (p.49). It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Practitioners have a duty to strive to ensure a fair provision of counselling and psychotherapy services, accessible and appropriate to the needs of potential clients. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating this individual differently.

Self Assessment Questions

- 1) Differentiate between ethics and morality.

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- 2) Explain the importance of having ethical code.

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3) What are the different ethical principles of counseling?

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4.4 PROFESSIONAL CODES OF ETHICS

A professional code of ethics is a set of standards of conduct based upon an agreed-on set of values by which professionals in a given occupation such as counseling or psychology.

The American Counseling Association (ACA) is a nonprofit professional and educational organisation dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association representing professional counselors in various practice settings. ACA is instrumental in setting professional and ethical standards for the counseling profession. The Association has also made considerable strides in accreditation, licensure, and national certification.

In ACA, ethical standards are arranged under topical section headings. There are five main purposes and eight major sections of standards.

4.4.1 ACA Code of Ethics: Purpose

The ACA Code of Ethics serves five main purposes:

- i) The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
- ii) The Code helps support the mission of the association.
- iii) The Code establishes principles that define ethical behaviour and best practices of association members.
- iv) The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilising counseling services and best promotes the values of the counseling profession.
- v) The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

Rehabilitation Council of India Code of Ethics for Counsellors

RCI Code of Ethics Adopted July 17, 2001 Revised March 28, 2006

Introduction

The standards contained in this Code of Ethics are statements of ethical principles having broad applicability to members and registrants of RCI. However, the

enumeration of particular duties and the proscription of certain conduct do not negate the existence of other obligations logically flowing from such principles. Conduct deemed unethical may be construed to include lesser offenses, such as aiding and abetting.

Members and registrants of RCI should also recognise that their profession and their practice may be governed by various laws and regulations regarding professional registration and the conduct of trade. It is their responsibility, therefore, to be familiar with those laws and regulations and to conduct themselves accordingly.

General Obligations Members and registrants shall maintain and further their knowledge of the science and profession of roofing, waterproofing, and the building envelope, and shall maintain the highest possible standard of professional judgment and conduct.

Obligations to the Public

Members and registrants should uphold the letter and spirit of the ethical standards governing their professional affairs and should consider the full impact of their actions on the community at large.

Thus, a member or registrant shall: i). Engage only in accurate, appropriate and truthful promotion of his/her practice; ii) Be respectful of the rights of others in obtaining professional work or employment; and iii) Make only accurate, truthful and appropriate statements or claims about his/her professional qualifications, experiences or performance.

Obligations to the Client

Members and registrants shall conduct themselves in a fashion which brings credit to themselves, their employers and their profession. In addition to upholding the behavioural standards described above, a member or registrant:

- i) Shall preserve the confidence of his/her client or employer and serve each in a professional and competent manner.
- ii) Shall exercise unprejudiced and unbiased judgment and conduct when performing all professional services;
- iii) Shall practice only in his/her area of competence;
- iv) Shall decline any activity or employment, avoid any significant financial or other interest, and decline any contribution if it would reasonably appear that such activity, employment, interest, or contribution could compromise his or her professional judgment or conduct, or prevent him/her from serving the best interest of his/her client or employer, without making full disclosure to the client and obtaining the client's consent thereto;
- v) Shall neither offer nor make any payment or gift to any public official, private client or industry representative with the intent of influencing that person's judgment or decision in connection with an existing or prospective project in which the member/registrant is interested; and
- vi) May contribute his services or anything of value to those endeavors which the member deems worthy. Further, a member or registrant has the right to participate in the political process and to contribute time and money to political campaigns.

Members and registrants shall:

- i) Recognise the value and contributions of others engaged in the design and construction process, and refrain from making false statements about the work of others, and shall not maliciously injure or attempt to injure the prospects, practice, or employment position of others; and
- ii) Encourage professional education and research, as well as the development and dissemination of information relating to the design and construction of roofing, waterproofing, and building envelope systems.

Further, the following practices are not in themselves unethical, unprofessional, or contrary to any policy of RCI, and RCI members and registrants are free to decide for themselves whether to engage in any of these practices:

- i) Submitting competitive bids or price quotations, including in circumstances where price is the sole or principle consideration in the selection of a consultant;
- ii) Providing discounts; or
- iii) Providing free services.

4.5 THE ACA EIGHT MAIN SECTIONS

Section A: The Counseling Relationship

Section B: Confidentiality, Privileged Communication, and Privacy

Section C: Professional Responsibility

Section D: Relationships with Other Professionals

Section E: Evaluation, Assessment, and Interpretation

Section F: Supervision, Training, and Teaching

Section G: Research and Publication

Section H: Resolving Ethical Issues

Each section of the ACA Code of Ethics begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behaviour and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the ACA Code of Ethics. When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process.

Reasonable differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

ACA (1995) reproduced below:

4.5.1 Section A: The Counseling Relationship

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return.

A.1) Welfare of Those Served by Counselors

- A.1.a) Primary Responsibility
- A.1.b) Records
- A.1.c) Counseling Plans
- A.1.d) Support Network Involvement
- A.1.e) Employment Needs

A.2) Informed Consent in the Counseling Relationship

- A.2.a) Informed Consent
- A.2.b) Types of Information
- A.2.c) Developmental and Cultural
- A.2.d) Inability to Give Consent

A.3 Clients Served by Others

A.4 Avoiding Harm and Imposing Values

- A.4.a) Avoiding Harm
- A.4.b) Personal Values

A.5) Roles and Relationships with Clients

- A.5.a) Current Clients
- A.5.b) Former Clients
- A.5.c) Nonprofessional Interactions or Relationships
- A.5.d) Potentially Beneficial
- A.5.e) Role Changes in the Professional Relationship

A.6) Roles and Relationships at Individual, Group, Institutional, and Societal Levels

- A.6.a) Advocacy
- A.6.b) Confidentiality and Advocacy

A.7) Multiple Clients

A.8) Group Work

- A.8.a) Screening
- A.8.b) Protecting Clients

A.9) End-of-Life Care for Terminally Ill Clients

- A.9.a) Quality of Care
- A.9.b) Counselor Competence, Choice, and Referral
- A.9.c) Confidentiality

A.10) Fees and Bartering

- A.10.a) Accepting Fees from Agency Clients
- A.10.b) Establishing Fees
- A.10.c) Nonpayment of Fees
- A.10.d) Bartering
- A.10.e) Receiving Gifts

A.11) Termination and Referral

- A.11.a) Abandonment Prohibited
- A.11.b) Inability to Assist Clients
- A.11.c) Appropriate Termination
- A.11.d) Appropriate Transfer of Services

A.12) Technology Applications

- A.12.a) Benefits and Limitations
- A.12.b) Technology-Assisted Services
- A.12.c) Inappropriate Services
- A.12.d) Access
- A.12.e) Laws and Statutes
- A.12.f) Assistance
- A.12.g) Technology and Informed Consent
- A.12.h) Sites on the World Wide Web

ACA made several additions to this section in 2005. In the 1995 ethical code, there was an emphasis on the need to avoid any type of non professional relationship with clients, but in 2005 code speaks of potentially beneficial interaction between counselors and clients. This goes beyond the traditional professional counseling relationship. Another change is in regard to the boundary issues related to having sexual or romantic relationships with ex clients for 2-5 years. Now this ex clients includes one's family members, romantic partners etc. A significant addition is in regard to guidance to counselors serving terminally ill clients. It directs the counselors to take measures that enable clients to obtain high quality end of life care; to exercise the highest degree of self determination possible, to be given every opportunity to engage in informed decision making regarding their end of life care; to receive complete and adequate assessment regarding their ability to make competent rational decision on their own behalf from a professional experienced in end of life care practice.

4.5.2 Section B: Confidentiality, Privileged Communication, and Privacy

Introduction

Counselors recognise that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1) Respecting Client Rights

- B.1.a) Multicultural/Diversity Considerations
- B.1.b) Respect for Privacy
- B.1.c) Respect for Confidentiality
- B.1.d) Explanation of Limitations

B.2) Exceptions

- B.2.a) Danger and Legal Requirements
- B.2.b) Contagious, Life-Threatening Diseases
- B.2.c) Court-Ordered Disclosure
- B.2.d) Minimal Disclosure

B.3) Information Shared With Others

- B.3.a) Subordinates
- B.3.b) Treatment Teams
- B.3.c) Confidential Settings
- B.3.d) Third-Party Payers
- B.3.e) Transmitting Confidential Information
- B.3.f) Deceased Clients

B.4) Groups and Families

- B.4.a) Group Work
- B.4.b) Couples and Family

B.5) Clients Lacking Capacity to Give Informed Consent

- B.5.a) Responsibility to Clients
- B.5.b) Responsibility to Parents and Legal Guardians
- B.5.c) Release of Confidential Information

B.6) Records

- B.6.a) Confidentiality of Records
- B.6.b) Permission to Record
- B.6.c) Permission to Observe
- B.6.d) Client Access
- B.6.e) Assistance with Records

- B.6.f) Disclosure or Transfer
- B.6.g) Storage and Disposal after Termination
- B.6.h) Reasonable Precautions

B.7) Research and Training

- B.7.a) Institutional Approval
- B.7.b) Adherence to Guidelines
- B.7.c) Confidentiality of Information Obtained in Research
- B.7.d) Disclosure of Research Information
- B.7.e) Agreement for Identification

B.8) Consultation

- B.8.a) Agreements
- B.8.b) Respect for Privacy
- B.8.c) Disclosure of Confidential Information

One major change in section B is an increased discussion of privacy and confidentiality when working with clients who are minors or adults who cannot give informed consent. Standardss B.5.a,b and c outline the need for counselors to protect the confidentiality of such clients and to include clients in all decisions. Counsellors are expected to work to establish as appropriate collaborative relationships with parents / guardians to best serve clients. There is a significant change related to family counseling. Standard B.2.b (family counseling) of 1995 stated that information about one family member cannot be disclosed to another member without permission. In 2005 code, (couples and family counseling) Ethics requires the counselors to clearly define who is considered the “client” and discuss expectations and limitations of confidentiality. They have to seek agreement and then document in writing the agreement involving all members in the counseling and preserve the confidentiality of information known.

4.5.3 Section C: Professional Responsibility

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

Counselors advocate promoting change at the individual, group, institutional, and societal levels that improves the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered.

Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1) Knowledge of Standards

C.2) Professional Competence

- C.2.a) Boundaries of Competence
- C.2.b) New Specialty Areas of Practice
- C.2.c) Qualified for Employment
- C.2.d) Monitor Effectiveness
- C.2.e) Consultation on Ethical Obligations
- C.2.f) Continuing Education
- C.2.g) Impairment
- C.2.h) Counselor Incapacitation or Termination of Practice

C.3) Advertising and Soliciting Clients

- C.3.a) Accurate Advertising
- C.3.b) Testimonials
- C.3.c) Statements by Others
- C.3.d) Recruiting Through Employment
- C.3.e) Products and Training Advertisements
- C.3.f) Promoting to Those Served

C.4) Professional Qualifications

- C.4.a) Accurate Representation
- C.4.b) Credentials
- C.4.c) Educational Degrees
- C.4.d) Implying Doctoral-Level Competence
- C.4.e) Program Accreditation Status
- C.4.f) Professional Membership

C.5) Nondiscrimination

C.6) Public Responsibility

- C.6.a) Sexual Harassment
- C.6.b) Reports to Third Parties
- C.6.c) Media Presentations
- C.6.d) Exploitation of Others
- C.6.e) Scientific Bases for Treatment Modalities

C.7) Responsibility to Other Professionals

- C.7.a) Personal Public Statements

2005 modification states that in addition to counselors being responsible to seek assistance for problems that reach the level of professional impairment, the counselors are now ethically obligated to assist colleagues or supervisors in recognising their own professional impairment and provide consultation and assistance when warranted. Another addition is to c.6.e. that is scientific bases

for treatment modalities. 1995 code directed the counsellors to monitor their effectiveness, but did not speak of their responsibility to base techniques and treatment plans on theory and empirical or scientific results. The 2005 modification requires that the counselors define the techniques and procedures and explain the potential risks and ethical considerations of using such techniques and procedures and take steps to protect clients from possible harm.

4.5.4 Section D: Relationships with Other Professionals

Introduction

Professional counselors recognise that the quality of their interactions with colleagues can influence the quality of services provided to clients.

They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1) Relationships with Colleagues, Employers, and Employees

- D.1.a) Different Approaches
- D.1.b) Forming Relationships
- D.1.c) Interdisciplinary Teamwork
- D.1.d) Confidentiality
- D.1.e) Establishing Professional and Ethical Obligations
- D.1.f) Personnel Selection and Assignment
- D.1.g) Employer Policies
- D.1.h) Negative Conditions
- D.1.i) Protection from Punitive Action

D.2) Consultation

- D.2.a) Consultant Competency
- D.2.b) Understanding Consultees
- D.2.c) Consultant Goals
- D.2.d) Informed Consent in Consultation

2005 modifications: Counsellors across work settings are part of interdisciplinary teams. There are several new standards that address responsibilities to develop and strengthen relationships with colleagues from other disciplines to best serve clients (standard D.1.b) The 2005 modification requires the counselors to keep the focus on the well being of clients by drawing on the perspectives, values and experiences of the counselling profession and those of colleagues from other disciplines and to clarify professional roles, parameters of confidentiality and ethical obligations of the team and its members.

4.5.5 Section E: Evaluation, Assessment and Interpretation

Introduction

Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors

promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological, and career assessment instruments.

E.1) General

E.1.a) Assessment

E.1.b) Client Welfare

E.2) Competence to Use and Interpret Assessment Instruments

E.2.a) Limits of Competence

E.2.b) Appropriate Use

E.2.c) Decisions Based on Results

E.3) Informed Consent in Assessment

E.3.a) Explanation to Clients

E.3.b) Recipients of Results

E.4) Release of Data to Qualified Professionals

E.5) Diagnosis of Mental Disorders

E.5.a) Proper Diagnosis

E.5.b) Cultural Sensitivity

E.5.c) Historical and Social Prejudices in the Diagnosis of Pathology

E.5.d) Refraining From Diagnosis

E.6) Instrument Selection

E.6.a) Appropriateness of Instruments

E.6.b) Referral Information

E.6.c) Culturally Diverse Populations

E.7) Conditions of Assessment Administration

E.7.a) Administration Conditions

E.7.b) Technological Administration

E.7.c) Unsupervised Assessments

E.7.d) Disclosure of Favorable Conditions

E.8) Multicultural Issues/ Diversity in Assessment

E.9) Scoring and Interpretation of Assessments

E.9.a) Reporting

E.9.b) Research Instruments

E.9.c) Assessment Services

E.10) Assessment Security

E.11) Obsolete Assessments and Outdated Results

E.12) Assessment Construction

E.13) Forensic Evaluation: Evaluation for Legal Proceedings

- E.13.a) Primary Obligations
- E.13.b) Consent for Evaluation
- E.13.c) Client Evaluation Prohibited
- E.13.d) Avoid Potentially Harmful Relationships

2005 modifications: One noteworthy change in this section is the terminology used. The word tests used in 1995 code has been replaced with the word assessment which has a broader and more holistic meaning. In E 13.a and in E.13.d. the counselors are required to understand their primary obligations when conducting forensic evaluations, how these obligations differ from those involved in counseling and their responsibility to explain to the clients. The new standards also prohibit counselors from conducting forensic evaluations with clients they are counseling or have counseled so as to avoid potentially harmful professional or personal relationships with family members, romantic partners and close friends of individuals they are evaluating or have evaluated in the past. (Standard E 13.d)

4.5.6 Section F: Supervision, Training and Teaching

Introduction

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

F.1) Counselor Supervision and Client Welfare

- F.1.a) Client Welfare
- F.1.b) Counselor Credentials
- F.1.c) Informed Consent and Client Rights

F.2) Counselor Supervision Competence

- F.2.a) Supervisor Preparation
- F.2.b) Multicultural Issues/Diversity in Supervision

F.3) Supervisory Relationships

- F.3.a) Relationship Boundaries with Supervisees
- F.3.b) Sexual Relationships
- F.3.c) Sexual Harassment
- F.3.d) Close Relatives and Friends
- F.3.e) Potentially Beneficial Relationships

F.4) Supervisor Responsibilities

- F.4.a) Informed Consent for Supervision
- F.4.b) Emergencies and Absences
- F.4.c) Standards for Supervisees
- F.4.d) Termination of the Supervisory Relationship

F.5) Counseling Supervision Evaluation, Remediation, and Endorsement

- F.5.a) Evaluation

- F.5.b) Limitations
- F.5.c) Counseling for Supervisees
- F.5.d) Endorsement

F.6) Responsibilities of Counselor Educators

- F.6.a) Counselor Educators
- F.6.b) Infusing Multicultural Issues/ Diversity
- F.6.c) Integration of Study and Practice
- F.6.d) Teaching Ethics
- F.6.e) Peer Relationships
- F.6.f) Innovative Theories and Techniques
- F.6.g) Field Placements
- F.6.h) Professional Disclosure

F.7) Student Welfare

- F.7.a) Orientation
- F.7.b) Self-Growth Experiences

F.8) Student Responsibilities

- F.8.a) Standards for Students
- F.8.b) Impairment

F.9) Evaluation and Remediation of Students

- F.9.a) Evaluation
- F.9.b) Limitations
- F.9.c) Counseling for Students

F. 10) Roles and Relationships between Counselor, Educators and Students

- F.10.a) Sexual or Romantic Relationships
- F.10.b) Sexual Harassment
- F.10.c) Relationships with Former Students
- F.10.d) Nonprofessional Relationships
- F.10.e) Counseling Services
- F.10.f) Potentially Beneficial Relationships

F.11) Multicultural/Diversity Competence in Counselor, Education and Training Programs

- F.11.a) Faculty Diversity
- F.11.b) Student Diversity
- F.11.c) Multicultural/Diversity Competence

2005 modifications: This section has been reorganised since 1995 and greatly expanded in terms of noting ethical obligations of counselors who supervise counseling students, trainees and staff. This section F focusses on counselor supervision and client welfare across settings, informed consent in the supervisory

relationship. It also deals with competence of counseling supervisors, supervisor responsibilities and potentially harmful or beneficial relationships between supervisors and supervisees. It also deals with the relationship between faculty members and students, students welfare and orientation, self growth experiences, impairment of counseling students and supervisees. It also presents the requirement of ethical evaluation of the performance of supervisees and students and endorsement of supervisees and students.

4.5.7 Section G: Research and Publication

Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1) Research Responsibilities

- G.1.a) Use of Human Research Participants
- G.1.b) Deviation from Standard Practice
- G.1.c) Independent Researchers
- G.1.d) Precautions to Avoid Injury
- G.1.e) Principal Researcher Responsibility
- G.1.f) Minimal Interference
- G.1.g) Multicultural/Diversity

G.2) Rights of Research Participants

- G.2.a) Informed Consent in Research
- G.2.b) Deception
- G.2.c) Student/Supervisee Participation
- G.2.d) Client Participation
- G.2.e) Confidentiality of Information
- G.2.f) Persons Not Capable of Giving Informed Consent
- G.2.g) Commitments to Participants
- G.2.h) Explanations after Data Collection
- G.2.i) Informing Sponsors
- G.2.j) Disposal of Research

G.3) Relationships with Research Participants

- G.3.a) Non professional Relationships
- G.3.b) Relationships with Research Participants
- G.3.c) Sexual Harassment and Research Participants
- G.3.d) Potentially Beneficial Interactions

G.4) Reporting Results

- G.4.a) Accurate Results
- G.4.b) Obligation to Report Unfavorable Results
- G.4.c) Reporting Errors
- G.4.d) Identity of Participants
- G.4.e) Replication Studies

G.5) Publication

- G.5.a) Recognising Contributions
- G.5.b) Plagiarism
- G.5.c) Review/Republication of Data or Ideas
- G.5.d) Contributors
- G.5.e) Agreement of Contributors
- G.5.f) Student Research
- G.5.g) Duplicate Submission
- G.5.h) Professional Review

2005 modifications: The term research subjects has been replaced by the terms research participants. According to new standards G.1.c. the independent researchers have an ethical obligation to consult with researchers who are familiar with Institutional Review Board requirements in order to provide appropriate safeguards for research participants. This section also deals with issues related to publication. The new standards specifically state that the counselors do not plagiarise the work of others. The professional review has also been expanded in the new code.

4.5.8 Section H: Resolving Ethical Issues**Introduction**

Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that these standards are upheld.

Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1) Standards and the Law

- H.1.a) Knowledge
- H.1.b) Conflicts Between Ethics and Laws

H.2) Suspected Violations

- H.2.a) Ethical Behaviour Expected

- H.2.b) Informal Resolution
- H.2.c) Reporting Ethical Violations
- H.2.d) Consultation
- H.2.e) Organisational Conflicts
- H.2.f) Unwarranted Complaints
- H.2.g) Unfair Discrimination against Complainants and Respondents

H.3) Cooperation with Ethics Committees

2005 modifications: The 2005 code provides greater clarity to counselors about ways to address potential conflicts between ethical guidelines and legal requirements. Standard H.1.b. notes that in such situations counselors make known their commitment to the code of ethics and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations or other governing legal authority. Another change in this section is the expanded list of potential agencies and organisations to which information regarding suspected or documented ethical violations may be reported to include “state or national certification bodies, state licensing boards or appropriate institutional authorities. (standard H.2.c.) Finally there is a new standard (H.2.g) that protects the rights of ACA members who have made or been the subject of an ethics complaint.

4.6 LET US SUM UP

The challenge of working ethically means that counselors will inevitably encounter situations where there are competing obligations. Counselors are having code of ethics to guide them in the practice of helping others. Counselors generally consult ethical standards of ACA when they face ethical dilemmas. In making ethical decisions, counselors rely on personal values as well as ethical standards. They also consult with professional colleagues. It is imperative that counselors become well informed regarding ethics for their as well as their client’s welfare. Counselors should have academic and working knowledge of ethics.

These ethics are intended to be of assistance in such circumstances by directing attention to the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more useful. No statement of ethics can totally alleviate the difficulty of making professional judgments in circumstances that may be constantly changing and full of uncertainties. By accepting this statement of ethics, members of the American Counseling Association are committing themselves to engaging with the challenge of striving to be ethical, even when doing so involves making difficult decisions or acting courageously.

4.7 UNIT END QUESTIONS

- 1) Define Ethics.
- 2) Discuss the ethical principles of counseling.
- 3) What are the purposes of ACA code of ethics?
- 4) Explain Section C of ACA.

- 5) Explain the meaning of Beneficence and Nonmaleficence.
- 6) What are professional codes of ethics?

4.8 SUGGESTED READINGS

Corey, G. (2008): *Theory and Practice of Counseling and Psychotherapy*. USA: The Thompson Brooks.

Narayana Rao (2008): *Counseling and Guidance*. New Delhi: Tata Mc-Graw Hill.

Tim Bond (2000): *Standards and Ethics for Counselling in Action*. SAGE Publication

Samuel T. Gladding (2009): *Counseling: A Comprehensive Profession*. Publisher: Pearson/Merrill Prentice Hall.

