

Principles of Counseling

Objectives of the Course

The intent of this course is to prepare the participants to offer help, support, understanding, and possible alternatives that could lead the client to the enjoyment of a more fulfilling and productive life. This course is not intended to replace or augment professional training in the area of counseling. It is not a course in psychotherapy whereby the therapist seeks to radically remold the personality. Rather, it is hoped that the course will prepare the lay counselor to render ready, sensible, initial help to those in need.

The Scope

This course will include the following areas:

- The Client and Counselor
- Counseling Theories
- Simple Counseling Techniques
- Ethical Issues
- Counseling Step-by-Step

The Approach

This course will adopt a Christian, Bible-based approach to counseling. Participants are encouraged to use the Bible as a resource.

About the Author

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INTRODUCTION

Counseling is a process, as well as a relationship, between persons. Contrary to what some people believe, counseling is not concentrated advice-giving. The aim of the counselor is usually to assist the person or persons (client or clients) in realizing a change in behavior or attitude, or to seek achievement of goals. Often there are varieties of problems for which the counselee may seek to find help.

Some forms of counseling include the teaching of social skills, effective communication, spiritual guidance, decision-making, and career choices. Counseling may sometimes be needed to aid one in coping with a crisis. Other types of counseling include premarital and marital counseling; grief and loss (divorce, death or amputation); domestic violence and other types of abuse; special counseling situations like terminal illness (death and dying); as well as counseling of emotionally and mentally disturbed individuals. Counseling could be short-term (brief counseling) or long-term.

The Setting (OH-1)

The counseling setting is of extreme importance. It is not necessary to have a large, expensively furnished office. **What is of extreme importance is privacy.** The constant ringing of the telephone or knocking on doors can be distracting and may cause difficulty in establishing rapport. One may counsel in a home, a park, a chapel, vestry, or any available vacant room. While privacy is very important, it is not wise to choose an out-of-the-way location where there are no humans in sight for miles. **A feeling of emotional and physical safety is necessary.**

While simplicity of furnishing is acceptable, comfort is necessary. If the room is pleasant and comfortable, the counselor and counselee will feel more relaxed and the sessions will be more productive.

Arrange the chairs in the room so that the client may be able to choose their seat. Avoid placing chairs in a position where the counselee cannot see you clearly. You also need to be able to see him or her.

Try to present a calm, pleasant, and prepared appearance. This will put your client at ease.

BASIC COUNSELING APPROACHES (OH-2)

It is good for us to be aware of the classical approaches to counseling. We do not stick to one approach. What is recommended is that we become familiar with all of the approaches and then perhaps blend the different ideas that appeal to us. There are some theories that we may not agree with. However, it is educationally beneficial for us to know them. Taking an idea from one approach and another idea from another approach to form our own counseling method is what is often done. The following are the basic counseling approaches:

- Psychoanalytic Therapy
- Adlerian Therapy
- Existential Therapy
- Person-centered Therapy
- Gestalt Therapy
- Transactional Analysis
- Behavior Therapy
- Rational-emotive Therapy
- Reality Therapy

Psychoanalytic Therapy (OH-3)

Psychoanalysis is a method of psychotherapy and personality theory with a philosophical approach to human nature. Sigmund Freud (1856-1939) was the originator of psychoanalysis. According to Freud, human beings are basically determined by psychic energy and early experiences. People's behavior is influenced by unconscious motives and conflicts. One is driven by sexual and aggressive impulses.

Freud stresses the importance of early development and developmental stages referred to as **psychosexual** stages: the oral stage (the first year of life), the anal stage (ages 1-3), the phallic stage (ages 3-6), the latency stage (ages 6-12), the genital stage (ages 12-18), the genital stage then continues throughout the rest of a person's life.

The counseling profession gives credit to the psychoanalytic theory for providing the tools for an in-depth understanding of a person's development. Freud contends that feelings of love and trust, dealing with negative feelings and developing a positive acceptance of sexuality, are social areas that are all cemented in the first six years of life. Later, personality development is built on this period of life.

Erik Erikson built on Freud's ideas and by extension stressed the social aspects of a person's development. These are called **psychosocial** stages: infancy (trust versus mistrust), early childhood (autonomy versus shame and doubt), preschool age (initiative versus guilt), school age (industry versus inferiority), adolescence (identity versus role confusion), young adulthood (intimacy versus isolation), middle age (generativity versus stagnation), and later life (integrity versus despair).

For Reflection

1. Can you apply any aspects of the psychoanalytic theory to your own personal growth?
2. What were some of your stereotypes or misconceptions of psychoanalysis before you read this information?
3. Based on what you have studied about Freud, can you think of anyone whose current problems may have been the result of experiences during his or her first six years of life? Discuss this.
4. How do you feel about the Freudian theory?

Adlerian Therapy (OH-4)

Alfred Adler (1870-1937) was not in agreement with Freud's basic theories. He thought that Freud was too narrow in his emphasis on the biological and sexual determination. Like Freud, however, Adler believed that the first six years of life influenced an individual. He did not focus on past events like Freud did. He was more interested in how one interpreted his past and its continuing influence on him.

Adler was basically opposed to the theories of Freud. It was Adler's belief that humans are motivated primarily by social urges rather than sexual urges.

For Reflection

What are some major differences between the theories of Freud and Adler?

Existential Therapy (OH-5)

The existentialist view leads us to be able to reflect and decide. This is made possible through our self-awareness. There is no single founder of the existential approach, but Viktor Frankl, Abraham Maslow, and Rollo May are key figures. Existential therapy is more of an approach to counseling than a theoretical model.

Existential therapy focuses on the nature of the human condition. Personality development is seen as being based on the uniqueness of each individual. Sense of self develops from infancy.

For Reflection

What does personal freedom mean to you? Would you say that you are what you are now because of your choices, or because of your circumstances?

Person-centered Therapy (OH-6)

The original founder of person-centered therapy is Carl Rogers (1902-1987). Because Rogers placed much emphasis on how people get, share, or surrender power and control over themselves and others, his theory became known as the *person-centered approach*. He developed what is known as *non-directive counseling*. Non-directive counselors do not share a great deal about themselves with their clients. They focus on reflecting and clarifying the verbal and non-verbal communications of clients.

According to the person-centered therapy, the relationship of the therapist and client is very important. Basic techniques include active listening, reflection of feelings, clarification, and "being there" for the counselee.

For Reflection

What within yourself might make empathetic understanding difficult for you? Can you recall personal life experiences that will help you identify with your client's struggles?

Gestalt Therapy (OH-7)

Frederick S. Perls (1893-1970) was the originator and developer of the Gestalt theory. This is an existential approach that stresses that people must find their own way in life and accept personal responsibility for maturity. By developing an *awareness* of what they are doing, clients can use this understanding to bring about change.

Much of the focus is on dealing with unfinished business from past traumatic experiences in the life of the client. Techniques include confrontation, dialogue with parties, role playing, reliving, and re-experiencing unfinished business in the forms of resentment and guilt. The emphasis of this therapy is on doing and experiencing rather than merely talking about one's feelings.

For Reflection

Gestalt therapy focuses on “reliving” traumatic experiences from the past rather than merely talking about one’s feelings. What are your impressions of this kind of therapy?

Transactional Analysis (TA) (OH-8)

The theory of transactional analysis was founded by Eric Berne (1910-1970). This therapy is very different from others in that it focuses on decisions and contracts made by the client. The basic philosophy is that the client has the potential for choice. A contract made by the client clearly states the directions and goals of the therapeutic process. Transactional Analysis (TA) therapy teaches that the personality is made up of *Parent, Adult, and Child*. Other keywords used in TA include *game, decision, life script, re-decision, stroke, and discounting*.

For Reflection

1. What are some games and strategies that you used as a child with your family that you are still aware of using in your present relationships with people?
2. Can you trace back some basic, early decisions that you made about yourself during your childhood? Are those decisions still operating in your present behavior?

Behavior Therapy (OH-9)

Behavior therapy is the most studied and most familiar of all the counseling approaches. There are a number of key figures associated with this theory: Arnold Lazarus, Albert Bandura, B.F. Skinner, M.J. Mahoney, David L. Watson, A.E. Kazdin. Behavior therapy uses many action-oriented methods to help people take steps to change what they are doing and thinking.

Terms that are frequently used in this therapy are *behavior modification* and *behavior therapy*. The focus is on overt behavior, precision in specifying the goals of treatment, and the development of specific treatment plans. The therapist is active and directive and functions as a teacher or trainer in helping clients to work on improving behavior.

For Reflection

Compare behavior therapy with the other approaches you have studied so far.

What are some of the distinct advantages, disadvantages, and limitations?

Rational-Emotive Therapy (RET) (OH-10)

Albert Ellis (b.1913) is the founder of Rational-Emotive Therapy. This therapy is a form of cognitively-oriented behavioral therapy and is based on the assumption that human beings are born with a potential for both rational or straight thinking, and irrational or crooked thinking.

Taking for granted that people are fallible, RET attempts to help them accept themselves as people who would continue to make mistakes, yet at the same time learn to live with themselves and be at peace with themselves. RET emphasizes thinking, judging, deciding, and doing.

Ellis stresses that people choose to be disturbed rather than be conditioned by external forces. It is the tendency of people to invent disturbing beliefs and keep themselves disturbed by these beliefs. RET also assumes that people have the capacity to change their cognitive, emotive, and behavioral processes; they can choose to react differently from their usual patterns and refuse to become upset, and train themselves so that their life pattern will be one of minimal disturbance.

For Reflection

Have you experienced that by repeating certain ideas to yourself, you began to believe them? Were those ideas pleasant or unpleasant?

Reality Therapy (OH-11)

William Glasser (b.1925) founded Reality Therapy. This therapy is a short-term approach with a focus on the present. The focus is on a person's strength and stresses that a client can learn more realistic behavior and therefore achieve success. Reality therapy assumes that we choose our behavior and are therefore responsible not only for what we are doing but also for how we think and feel.

The task of the counselor who employs this type of therapy is to establish an involvement with the client, which encourages him or her to assess the current style of living. By a process of honest self-examination, it is believed that the client can improve his or her quality of life.

After self-examination, clients decide on specific changes desired, plans are formulated and a commitment to follow through is established. A contract is often used. When the contract is fulfilled, therapy is terminated.

For Reflection

What might you do in a situation with a client who consistently refuses to make any plans to change? What would you do about clients who make plans to change but do not carry them out?

These counseling approaches offer insights and a background to counseling. No approach is complete in itself. When placed in perspective, these approaches can contribute to helping people in distress. Many use an integrative approach. From time to time, the term *eclectic counseling* will be encountered. By *eclectic counseling*, we mean selecting concepts and methods from a variety of theories or systems. According to Williamson, "Counseling... may be thought of as embracing a wide variety of techniques, from which repertoire the effective counselor selects...those which are relevant and appropriate to the nature of the client's problem and to other features of the situation..." (Williamson, E.g. quoted in *Counseling: An Introduction*, Dugald S. Arbuckle).

THE CLIENT

Clients go into counseling for various reasons. Some clients are ordered by the court. Prisoners or other offenders are sent so that they might receive help. Potential divorcees are sent for marital counseling by the court also. Others, upon examining their situations, feel the need for help or an improved life-style. Still some are referred for academic or vocational counseling. Others are driven by a crisis.

All clients have expectations of varying levels. Some clients expect rapid help and change. Others go into counseling with a mindset that nothing will make a difference in their outlook and behavior. They go in order to satisfy a requirement or to stifle a potential feeling of guilt.

One of the most difficult clients to work with is the reluctant client. The reluctant client is one who does not want to receive counseling but finds him or herself in the counseling situation. The conscious resolution not to cooperate makes change and results difficult to achieve. The new counselor can sometimes feel inadequate in the presence of resistance. Resistance need not be always viewed as negative. According to Dyer and Vriend, "Resistance is an

unavoidable process in every effective treatment, for that part of the personality that has an interest in the survival of the pathology actively protests each time therapy comes close to inducing a successful change." (p.94,95).

Reluctance may sometimes manifest itself in hostility of the client, absenteeism, non-cooperation, strained civility, and other creative forms. Some clients are reluctant because of suspicion. Others are reluctant because they do not want to change. Still others are afraid to admit to any possible flaws they might have.

Strategies for Dealing with the Reluctant Client (OH-12)

There is the temptation to feel rejected if a client does not cooperate with the counseling process. It is important not to allow feelings of personal rejection to surface. The following are some suggestions for dealing with reluctance on the part of the client:

1. Refuse to consider yourself the target of the reluctance. This will affect your approach to counseling the client.
2. Show confidence and do not be intimidated.
3. Do not ignore the feelings of the client. Try to find out why he or she is reluctant. **(OH-13)**
4. Try to interpret the reasons for the reluctance and use these as an opportunity for teaching the client greater self-understanding.
5. Show the client that counseling helps one to deal with feelings even if they are uncomfortable.
6. Patient exploration of the client's behavior can help reduce the reluctance.
7. Go straight to work on eliminating barriers. Ask the client, "Are you ready for us to do some things together to make your current life a happier one?" Another approach is "Can we set up a goal for you to tell everything about yourself that is really disturbing you?"

Realize that you will encounter many reluctant clients. The test of your strength is in keeping calm and showing that you will not take the responsibility of doing it all by yourself. You are committed to helping him or her, but only if you are allowed to. Above all, be professional in your behavior at all times.

PROFILE OF A COUNSELOR (OH-14)

One does not become an effective counselor by merely being a good person. There are some characteristics that all counselors are expected to have:

Have an identity. A counselor must know who he or she is. Know what you want out of life and what you believe. Stick to your values and Christian principles. A wavering personality is not able to help others effectively.

Appreciate the worth God has placed upon you. A counselor who recognizes that he or she is "of more value than many sparrows" is an asset to the cause. With your name engraved in the palm of God's hand, how could you not respect and appreciate yourself?

Be open to change. Do not be satisfied with your present state. Strive to learn more and be an investigator. Take risks and find out new methods. There is a wide world of opportunities and learning.

Develop your own counseling style. Use your strengths and skills to develop your own counseling style. Study appropriate material thoroughly. Read and view videos. Always, remember to be the best counselor you can be.

Be open, sincere, and honest. People recognize and hate insincerity. Let your words and actions coincide. Operate with integrity.

Develop your sense of humor. Laugh, especially at yourself. It helps you to put things in perspective.

Be sensitive to people's culture. Note that people are different and that is all right. Respect and have a high level of tolerance for people who are different from you. (OH-15)

Be an optimist. No one likes to be around a pessimist. We are sustained by the hope that we believe in. With Christ in our hearts, hope is always there.

Enjoy life. Learn to leave the problems behind and enjoy your own life. Do not perpetually carry around the cares and problems of clients. You need to experience your own periods of refreshing. This will make you more effective.

Have a caring spirit. Show a sincere interest in others. This concern must be based on respect, care, trust, and a valuing of others.

Have a reputation for confidentiality. A counselor must practice to have tightly-closed lips. No one wants a counselor who spreads information. A counselor's #1 quality is confidentiality. Clients like the assurance that their issues are not being discussed casually with others.

Be sensitive to human relationships. Try to understand people's feelings.

Have an objective attitude. Learn to become emotionally detached. Also do not allow yourself to become overly sympathetic.

Do not display a passion to reform everyone. Some persons are on a campaign to change the world. This attitude could turn people away from you. **(OH-16)**

Be natural. People are attracted to people who are simple and easy to associate with. Clients like to feel comfortable.

Show confidence in people and in their potential for growth. People like to be told, "You can do it."

Be a listener. One cannot counsel effectively if he/she does not listen. Listen to what is being said and what is implied. Do not put words into the client's mouth or try to anticipate him or her. Listen wholeheartedly, without fidgeting around with papers and other distracting material. Do not be afraid of silence. Sometimes the client will speak haltingly and make long pauses. Be patient and wait.

Observe boundaries. Keep a professional distance. Once you enter into a counseling relationship, your behavior must be strictly professional.

Keep God as your Guide. Claim the promise that God has given you. He has promised you wisdom. Just ask Him.

SIMPLE COUNSELING TECHNIQUES

Dr. Gary Collins, a competent counseling psychologist, remarks that often one who is faced with the counseling situation sometimes experiences "deep feelings of frustration, uncertainty, and even a sense of personal uselessness... when called upon to help." These feelings are natural. There are different types of counseling and the knowledge of some counseling techniques can be of great help to the lay counselor.

Types of Counseling (OH-17)

We shall look at some common types of counseling. With the exception of depth counseling **which should be used only by trained professionals**, the lay counselor, with some training could be of help in these areas.

Supportive Counseling is most often used with people who have difficulty standing alone amid their problems. At frequent intervals these persons may

need sustained guidance. In supportive counseling, the goal is not to create a chronic dependency upon the counselor, but to give temporary support and help the person to gain strength and the resources to cope.

Confrontational Counseling seeks to point out to the client his or her actions. The counselor guides the counselee into seeing what misdeeds were committed and to realize the hurt that might have been caused to others. The idea is that hiding one's immoral actions only creates guilt, frustration, and anxiety. As a Christian, the counselor must help the client to confess, forsake his sins, and accept the forgiveness of a loving Savior.

Educative Counseling focuses on teaching the client. Undesirable learned behavior may have to be unlearned. The counselor in this case is a teacher. People may come to the counselor with questions on social issues, religious issues, or even career problems. Often some clients may need help in making certain critical decisions.

Preventive Counseling is used to stop problems before they start or to prevent things from getting worse. Areas like "How to Keep Healthy," "How to Prepare for Retirement," or sessions in premarital counseling are examples of preventive counseling.

Spiritual Counseling is a great necessity, and the Christian often seeks the opportunity to show persons the way to Christ. Sometimes there will be persons who want to find spiritual answers. People may be seeking for a purpose in life. This is a chance for the Christian counselor to lead them to the Bible and to pray with them. Sometimes, through spiritual counseling the counselor may discover that the client also has some psychological issues that need to be dealt with.

Depth Counseling is a long-term relationship in which deep-seated problems of the counselee are uncovered and dealt with in detail. The counseling process is extended and demands the skills of a *counseling professional*. This type of

counseling is not for the layperson. **Do not play around with depth counseling** if you are not a professional therapist!

Informal Counseling takes place in a casual setting. Perhaps on a hospital visit, or during an informal home visit, the counselor may be drawn into a conversation where their help might be asked for. Or you may meet a friend on the street and ask, "How are you today?" Then you may be told of a problem that he or she is experiencing. Your time and concern could be of help at that time. Informal counseling may not seem very important, but it has helped many.

Counseling Plan of Action (OH-18)

The basic feature of a counseling process is the relationship that exists between the counselor and the client. The relationship is fostered by the client's trust in the integrity, honesty, competence, and general behavior of the counselor. Here are some considerations to help the counselor in his or her approach:

1. **Define the problem.** By this, the counselor helps the client to say what is really bothering him or her. Encourage the client to come to an understanding of what is going on inside of him or her. This often leads to a willingness of the client to work towards some goals. There are some skills that the counselor needs to practice before beginning to work with a client. These are called *attending skills*, which help the client to see that the counselor is interested in his or her problem.

The counselor should squarely face the client; lean toward the client to show that you are interested; maintain eye contact and keep the atmosphere relaxed. Other skills needed are respect for the client, genuineness, primary empathy, and concreteness.

- a. *Respect for the client* as a person of worth is important. We communicate our feelings on this either verbally or non-verbally. We must be sure to show respect for the client, regardless of their situation.
- b. *Genuineness* in our dealings shows that what we say and do are the same. If we say that we are interested in the client and act as if we do not care, that is not genuine, and the client will notice this.
- c. *Primary level empathy* is to show an understanding of the client's feelings: the hurts, anger, frustration, and helplessness.
- d. *Concreteness* is the art of keeping the client on the problem. Encourage the client to be specific rather than talking in generalities.

2. **Establish goals.** Help the client set goals for managing the problem, or at least a part of the problem. Do not give the client the goals. By defining the problem with him or her you will then be able to move on to guide him or her in the setting of goals. Let us examine some of the skills that are needed for this step:

- a. *More advanced empathy* helps the client to go deeper into revealing his or her feelings.
- b. *Self-disclosure* in which you let the client see you as a human being with problems and struggles. (**WARNING!** Do not disclose deeply personal and confidential issues about yourself). Be careful not to detract from the client's problems.
- c. *Confrontation* is another skill that is needed. This is the skill of being able to challenge attitudes, behaviors, and beliefs of the client.
- d. *Immediacy* is the ability to focus on the here and now. Resist the client's urge to keep fixated in the past. Although the client may need to refer to hurts and feelings related to the past, keep returning them to the here and now. The objective of the counselor is to help the client set reasonable goals toward solving the problem.

3. **Behavior change.** Now it is time for action. Action that will result in change in behavior is the focus here. Show the client that his or her problems are related to behaviors. Some things have to be unlearned, and others have to be learned. Note that behaviors are related to situations in life. Behaviors are also called *habits*. Habits which are learned, have to be unlearned if they are undesirable. The client will now be working toward his or her goals for behavior change. This is called *behavior modification*. Now an action plan is made and worked on. Designing and working on an action plan involves the following:

- a. *Identify* the circumstances in which the undesirable habits occur.
- b. *Control* those circumstances by avoiding or eliminating factors that reinforce the behavior.
- c. *Substitute* desirable behaviors in place of the undesirable ones.

ETHICAL ISSUES IN COUNSELING (OH-19)

Sometimes in one's zeal to help, ethical concerns are not considered. It is of utmost importance that a counselor pays strict attention to ethics in counseling.

Often the layperson is not as alert to the ethical responsibility of a counselor. Sometimes ignorance of some of the "rules of the game" can lead to trouble. When we talk about ethics we are really referring to good and bad practices in counseling. Carelessness regarding ethics can have very serious consequences. We will examine some ethical issues of which all who engage in any type of counseling must be aware:

The Rights of Clients (OH-20)

Counselors who demonstrate their respect for the rights of their clients build a good relationship with them. The following are some of the rights of clients:

The right of informed consent demands that clients be given enough information to make informed choices about entering and continuing the client/therapist relationship. A sample of an "informed consent form" could be obtained from any professional counseling agency. Issues that may affect the client's decision to enter counseling may include general goals of counseling, responsibilities of the counselor toward the client, limitations and exceptions to confidentiality, the qualifications and background of the therapist, the fees involved, the approximate length of sessions and the services one could expect.

Minors' rights. An important issue is a minor's right to treatment. Can a minor seek counseling without parental consent? What are the limits of confidentiality? There are different standards for different countries. In most places minors have to get parental consent before entering counseling, with a few exceptions like substance abuse, child abuse, and other crisis matters.

The right to a referral. When a counselor feels unqualified to handle a case, or believes that the type or duration of treatment at hand is too limited for what the client should receive, it is time to refer. The AACD (American Association of Counseling Development) gives the following guideline: "If the counselor determines an inability to be of professional assistance to the client, the counselor must either avoid initiating the counseling relationship or immediately terminate that relationship." Let the client know that you have his or her interest and heart, but you do not have the skills to give the help that is needed. Do not give the impression that you are trying to get rid of the client. By advance checking, you should be able to recommend a therapist who is qualified to take care of your client. Have information on that therapist that you could share. That will help the client to feel secure about the change in the counseling relationship.

Duty to warn and protect. There is a dual responsibility here for all counselors. The first duty is to protect other people from potentially dangerous clients. The second duty is to protect clients from themselves. These responsibilities are often brought to the attention of mental health practitioners. They are expected to warn the public of potentially dangerous clients, also to commit dangerous individuals. Prematurely discharging is also illegal. Generally, counselors ought to use sound professional judgment and seek consultation when they are in doubt about a particular situation.

SOCIAL AND PERSONAL RELATIONSHIPS WITH CLIENTS (OH-21)

A very delicate issue is how social and personal relationships mix with therapeutic ones. How can a counselor balance a friendship with a therapeutic relationship? Friendships can be therapeutic but it is difficult to be mainly concerned with a counseling relationship and maintain a personal relationship outside of sessions. This relationship is referred to as "dual relationships." Dual relationships pose some subtle problems. People who counsel friends or family members are often too close to them to be objective and sometimes their own needs are connected to the problems of their family or friends. Another potential problem is that because counselors are very powerful, it is easy for exploitation to take place when the relationships are other than professional. The AACD states, "Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation."

TOUCHING AS A PART OF THE COUNSELING RELATIONSHIP (OH-22)

Some therapists are concerned about the place of touching in a therapeutic relationship. Should a counselor touch the client or not? Some experts feel that non-erotic touching can be of benefit to the client. Here are some suggested guidelines for appropriate non-erotic touching:

- (1) In cases of counseling socially and emotionally immature clients, (e.g those with a history of maternal deprivation)
- (2) In counseling people in crisis, such as those suffering from grief or trauma
- (3) In giving general emotional support
- (4) In greeting or at the end of a session.

Sexual Contact with Clients

This is a major ethical issue. However, the rules are clear. All professional codes have specific statements declaring that sexual contact with clients is unethical,

and in several places, it is illegal. Sexual misconduct is one of the major causes for malpractice suits.

WHAT ABOUT SUICIDAL CLIENTS? (OH-23)

It is challenging to deal with suicidal clients. Laypersons are advised to refer them to professional therapists. However, there are steps that any counselor can take in dealing with suicidal persons. Confidentiality here is very limited. One should take a suicidal threat seriously and see that the client's life is at risk. Everyone should at least be acquainted with certain signs of suicide.

- Giving away prized possessions
- Making and discussing suicide plans
- Previous suicide attempts or gestures
- Expressions of hopelessness and helplessness
- Statements that family and friends would not miss them
- Sudden positive behavior change following a period of depression

Since failure to take action can result in liability for the counselor, it is helpful to have in place some possible courses of action in the event that a client threatens suicide: **(OH-24)**

If possible have the client agree to call you or a local emergency service in time of crisis.

- Disarm the client and remove all weapons or poisonous substances.
- Recommend a frequency of counseling sessions.
- Arrange a method for the client to call you frequently between sessions so that his or her emotional state can be monitored.
- Urge the client to seek medical help and hospitalization.
- Do not underestimate the power of prayer.

NOTE: Suicidal clients need to be referred to a professional therapist and psychiatrist.

CONFIDENTIALITY (OH-25)

Confidentiality is both a legal and ethical issue. The counselor should let the client know the extent of confidentiality in the relationship. Confidentiality must be broken when it becomes clear that the client may harm himself or others.

The counselor is also legally bound to break confidentiality when there is child abuse, abuse of the elderly, and dangers to others. Sometimes, information collected in a session may need to be discussed with others for professional purposes only and with persons who are clearly related to the case. Inform the client of this. Here are some circumstances that allow for the reporting of information:

- When clients pose a danger to themselves
- When the therapist believes that a client under the age of 16 has been the victim of rape, incest, child abuse, or some other crime
- When the counselor determines that the client needs hospitalization
- When information is made an issue in a court case

The importance of confidentiality cannot be overstressed. This is a pillar of the counseling relationship.

COUNSELING STEP-BY-STEP

Now that we have outlined some technical information, let us review some of what we have studied:

1. Pray daily for the guidance of the Holy Spirit.
2. Secure a room that is neat and comfortable.
3. Pay attention to the furniture, lighting, and privacy.
4. Have a system to record information about the client (name, sex, address, telephone number, email address, date of birth, marital status, occupation etc.). This gives a bit of a background and makes it easy for you to contact the client if you need to.
5. At the beginning of the session, greet the counselee in a friendly manner. Do not be over friendly or bubbly. Be natural and professional. Keep your professional stance throughout the sessions.
6. Introduce the counseling session with a few general questions like, "How are you today?" "Did you have difficulty finding my place?" You may also say something like, "So, what brings you here today?" Master the art of asking open-ended questions during the sessions. (Instead of asking "Do you think that was a fair statement?" Ask, "What were your feelings about that statement your husband made?")
7. Affirm the client and put him or her at ease by remarking, "I would like to congratulate you for deciding to come so that we could work on your situation."
8. Share your confidentiality rules with the client. "I assure you that our counseling relationship would be very confidential. I will not share anything you tell me **unless** it involves hurting yourself or another, or if the

- information you give is required by law for me to reveal." (*The information is listed in a previous section, explaining what cannot be kept confidential*).
9. Inform the client of what he or she could expect from you (including the right to refer).
 10. Do not be afraid to state that your approach is Bible-based.
 11. Listen to the problem carefully before coming to any conclusions.
 12. Be careful not to take sides. Instant blaming or endorsing clouds objectivity.
 13. Show a deep interest in what the client is saying and ask questions for clarification.
 14. Try to identify the problem. Three basic questions in counseling are the following: "What is going on?" "How do you feel about it?" "Do you want to change?"
 15. Ask questions like "How does that make you feel?" "What would you like us to accomplish here?" It is a good idea to encourage the client to set some goals. Avoid advice giving. You are merely to help the clients arrive at the decisions regarding the actions they should take.
 16. Avoid sounding judgmental in your approach.
 17. Listen, listen, listen.
 18. If the client is silent after you ask him or her a question, do not become impatient. Wait patiently until the client answers. Silence is okay.
 19. Do not become uncomfortable if your client cries. It is okay. You need to try to control *your* emotions, however.
 20. Observe ethical standards **at all times**. Inappropriate touching, sexual suggestions or anything that is suggestive is wrong. A hands-off policy, especially with clients of the opposite sex, is required. (*Study once more the section on ethics and sexual contact*).
 21. Refer if you notice that you cannot handle the situation. Do not attempt to deal with problems that require depth counseling. (*Study once more the section that explains this*).
 22. Always remember that you are not God. There are some problems that only God can fix. Teach the client to turn over the situation to God (James 1:5).

 23. Keep the Bible handy for any texts you may need as resources. Point the client to Jesus, the Wonderful Counselor (Isa. 9:6). (*See Appendix II for some Bible references*).

 24. Pray in your heart throughout the session.
 25. Inspire a sense of hope in the client. (Psa. 31:24; Deut.31:8, Luke 5:20,24; Joel 2:25; Isa. 44:22).
 26. Pray with the client at the end.

CONCLUSION (OH-26)

Christian counseling is more than a process. It is a ministry. It is a way of using the mind of Christ and a heart of love. Sin has brought misery and pain into this world, but God has made provision for healing and hope. Christian counselors are unique. They see a client as more than a subject for help. A client is a soul to be saved—a candidate for heaven. Although counselors may differ in method and approach, we are all followers of Christ. We have a common manual—the Bible. We have a Resource—Jesus. Our Model is the Wonderful Counselor. We have nothing to fear.

References

Collins, Gary. *Effective Counseling*. Card Stream, IL: Creation house, 1972.

Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy*. Pacific Grove, CA: Brook-Cole, 1991.

Dyer, Wayne and Vriend, John. *Counseling Techniques That Work*. USA: American for Counseling and Development, 1998.

Hubbard, Rueben. *The Lay Counselor*. Berrien Springs, MI: Andrews University, 1986.

Recommended Reading Material

- Backus, William. *Telling the Truth to Troubled People*. Minneapolis, MN: Bethany House, 1985.
- Collins, Gary R. *The Biblical Basis of Christian Counseling for People Helpers*. Colorado Springs, CO: NavPress, 1993.
- How to Be a People Helper*. Wheaton, IL: Tyndale House, 1995.
- Flather, Douglas R. *The Resource Guide for Christian Counselors*. Grand Rapids, MI: Baker House, 1995.
- Littauer, Fred and Littauer, Florence. *Freeing Your Mind from Memories That Bind*. Nashville: Thomas Nelson, 1988.
- Martin, Grant L. *Counseling for Family Violence and Abuse*. Dallas: Word, 1983.
- Phillips, Bob. *What To Do Until the Psychiatrist Comes*. Eugene, OR: Harvest House, 1995.
- Semands, David. *Healing for Damaged Emotions*. Wheaton, IL: Victor Books, 1981.
- Walker, Lenore, E. *The Battered Woman Syndrome*. New York: Springer, 1984.
- Walters, Candace. *Invisible Wounds*. Portland, OR: Multnomah Press, 1987.

APPENDIX I

Help from the Bible for Counselors

The following texts may be helpful in counseling situations:

<i>Abuse</i>	Rom. 12:10
<i>Adultery</i>	Matt. 5: 27-32; Luke 6: 16-18; John 8: 1-11
<i>Anger</i>	Matt. 5: 21-26; Eph. 4: 26-32
<i>Anxiety</i>	Psa. 16:11; Isa. 41: 10; Psa. 37: 1,7
<i>Bereavement</i>	Psa. 23: 1-6; Deut. 31:8; Psa. 30: 5
<i>Depression</i>	Psa. 42: 1-11; Isa. 40: 28,29
<i>Difficulties</i>	Rom. 8: 28; 2 Cor. 4: 17; Isa. 45: 2,3
<i>Fear</i>	Psa. 27: 1; Isa. 41: 10; Psa. 73: 23
<i>Forgiveness</i>	Psa. 51: 1-19; Matt. 6: 5-15
<i>Guilt</i>	I John 1: 7-9; Joel 2: 25
<i>Inferiority</i>	Psa. 139: 13-16; Isa. 49: 16
<i>Loneliness</i>	Isa. 41: 10; Isa. 43: 2
<i>Peace</i>	Psa. 3; John 14: 18
<i>Problems</i>	James 1: 5; Isa. 43: 19
<i>Relationships</i>	2 Cor. 6: 14-18; Pro. 17: 17-20
<i>Stress</i>	Rom. 5: 1-5; 1 Peter 5:7
<i>Terminal Illness</i>	Jer. 29:11; 2 Cor. 12:9
<i>Worry</i>	Psa. 40: 1-3; Phil. 4: 4-9; Matt. 6: 25-34

APPENDIX II

Discussion Questions

1. What steps would you take if someone called you on the phone and threatened to commit suicide?
2. A thirteen-year-old comes to you and says she would like counseling. How would you deal with this request?
3. Someone you have been counseling seems to be romantically interested in you. How do you plan to handle this counseling relationship?
4. What is meant by 'depth counseling?' Give examples of cases that require this type of counseling. What should you do?
5. You find a counseling situation too challenging for you. How do you go about referring this case?
6. How do you think you would help a terminally ill person cope with the reality of his or her impending death?
7. A member of your church complains to you about having frequent episodes of panic attacks. How would you handle this?
8. You are a member of a committee that is considering appointing a leader for the children's division. You know that the person who is about to be appointed is a sex offender. What do you think you ought to do in this situation?