BASICS OF COUNSELLING PSYCHOLOGY

V SEMESTER

CORE COURSE

B Sc COUNSELLING PSYCHOLOGY

(2011 Admission)

UNIVERSITY OF CALICUT
SCHOOL OF DISTANCE EDUCATION
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STUDY MATERIAL

Core Course

B Sc Counselling Psychology

V Semester

BASICS OF COUNSELLING PSYCHOLOGY

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Layout: Computer Section, SDE

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MODULE I

Definition and features of counseling psychology

Counseling psychology is a psychological specialty that facilitates personal and interpersonal functioning across the life span with a focus on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. Through the integration of theory, research, and practice, and with a sensitivity to multicultural issues, this specialty encompasses a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises, and increase their ability to live more highly functioning lives. Counseling psychology is unique in its attention both to normal developmental issues and to problems associated with physical, emotional, and mental disorders. Populations served by Counseling Psychologists include persons of all ages and cultural backgrounds.

Purpose and goals of counseling

The main objective of counseling is to bring about a voluntary change in the client. For this purpose the counselor provides facilities to help achieve the desired change or make the suitable choice. The goal of counseling is to help individuals overcome their immediate problems and also to equip them to meet future problems. Counseling, to be meaningful has to be specific for each client since it involves his unique problems and expectations. The goals of counseling may be described as immediate, long-range, and process goals. A statement of goals is not only important but also necessary, for it provides a sense of direction and purpose. Additionally it is necessary for a meaningful evaluation of the usefulness of it.

The counselor has the goal of understanding the behavior, motivations, and feelings of the counselee. The counselor has the goals are not limited to understanding his clients. He has different goals at different levels of functioning. The immediate goal is to obtain relief for the client and the long-range goal is to make him ‘a fully functioning person’. Both the immediate and long-term goals are secured through what are known as mediate or process goals. Specific counseling goals are unique to each client and involve a consideration of the client’s expectations as well as the environmental aspects. Apart from the specific goals, there are two categories of goals which are common to most counseling situations. These are identified as long-range and process goals. The latter have great significance. They shape the counselee and counselors’ interrelations and behavior. The process goals comprise facilitating procedures for enhancing the effectiveness of counseling.
The general public tends to view counseling as a remedial function and emphasizes immediate goals, such as problem resolution, tension reduction, and the like. Counselee may refer to the resolution of a particular conflict or problem situation. However, the goals of counseling are appropriately concerned with such fundamental and basic aspects such as self-understanding and self-actualization. These help provide the counselee with self-direction and self-motivation. Counseling in its spirit and essence is generative. It aims at assisting the individual to develop such that he becomes psychologically mature and is capable of realizing his potentialities optimally.

Counseling has no magical solutions. The only meaningful, sensible and realistic view of counseling is that it is not and cannot be everything to everybody. It is concerned with helping individuals find realistic and workable solutions to their problems by helping them gain an insight into themselves so that they are able to utilize their own potentialities and opportunities and thus become self-sufficient, self-directed and self-actualized.

**Professional counseling**

Professional counseling is the process whereby specially trained individuals provide academic, career or vocational guidance, provide problem-solving support and expertise, provide support and/or expertise specific to certain biological threats, or provide support and expertise to individuals, families, and communities as they strive towards optimum wellness. The requirements to be a professional counselor vary from one continent to another and from one township/village to another. Professional counselors are different from traditional sources of support or guidance in that they have received formal training and supervision in the practice of providing support or guidance and adhere to clear, expert-defined standards of practice. These standards of practice are often called Codes of Ethics.

**Counseling in India**

Counselling needs in the Indian context emerge against the background of tremendous social change. In addition, the last ten years of economic reform have enhanced the pace of these changes and further transformed life styles. Counselling services are poorly defined and presently anyone at all with little or no training can offer these services. Available counselling services are largely based on Western approaches to psychology. These approaches have been widely criticised as not being relevant to the Indian cultural context. A relevant and culturally valid counselling psychology therefore has remained a fledgling discipline. Psychological thought is not new to India, and ancient traditions present ideas and constructs that are rich in possibilities for application.
Ethical and Professional issues of counseling

Principles direct attention to important ethical responsibilities. Each principle is described below and is followed by examples of good practice that have been developed in response to that principle.

Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required. A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner’s obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

Fidelity: honouring the trust placed in the practitioner

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; 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.

Autonomy: respect for the client’s right to be self-governing

This principle emphasizes the importance of the client’s commitment to participating in counselling or psychotherapy, usually on a voluntary basis. Practitioners who respect their clients’ autonomy: ensure accuracy in any advertising or information given in advance of services offered; seek freely given and adequately informed consent; engage in explicit contracting in advance of any commitment by the client; protect privacy; protect confidentiality; normally make any disclosures of confidential information conditional on the consent of the person concerned; and inform the client in advance of foreseeable conflicts of interest or as soon as possible after such conflicts become apparent. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

Beneficence: a commitment to promoting the client’s well-being

The principle of beneficence means acting in the best interests of the client based on professional assessment. It directs attention to working strictly within one’s limits of competence and providing services on the basis of adequate training or experience. Ensuring that the client’s best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice. 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.

**Non-maleficence: a commitment to avoiding harm to the client**

Non-maleficence involves: avoiding sexual, financial, 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. Holding appropriate insurance may assist in restitution. Practitioners have a personal responsibility to challenge, where appropriate, the incompetence or malpractice of others; and to contribute to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon the profession.

**Justice: the fair and impartial treatment of all clients and the provision of adequate services**

The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics. 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.

**Self-respect: fostering the practitioner’s self-knowledge and care for self**

The principle of self-respect means that the practitioner appropriately applies all the above principles as entitlements for self. This includes seeking counselling or therapy and other opportunities for personal development as required. There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development. Guarding against financial liabilities arising from work undertaken usually requires obtaining appropriate insurance. The principle of self-respect encourages active engagement in life-enhancing activities and relationships that are independent of relationships in counselling or psychotherapy.
Transference

Transference is a concept in psychoanalysis that owes its origin and use to Sigmund Freud. It defines the unconscious revival of past psychological experiences with objects and other persons such as figures of authority (e.g., parents). The process involves the projection of these attitudes and feelings from earlier life into other people—such as the physician in cases of a counseling relationship set up. It may be termed as the patient’s active effort to re-enact or revive these attitudes and feelings from the past as though they belonged to the present time-time of analysis.

Counter-transference

Counter-transference in analysts can be demonstrated by situations which an analyst begins to feel excessively sympathetic to the client concerning how other people treat the client. This kind of sympathetic feelings may lead to empathy which may impel the analyst to do something active for the client such as offering suggestions or advice.

Failure to obtain informed consent

Failure to obtain legal consent is an issue that is related to counseling and psychotherapy, especially; in the management of the client’s records. This issue is closely related to client abandonment and cessation of practice. A practitioner whether still practicing or not, still has an ethical and legal obligation to maintain the records of his clients in confidentiality and adhere to obtaining of legal consent in the securing and disposition of a client’s records.
MODULE II

PRACTICAL SKILLS OF A COUNSELOR

The pattern of sessions has a predictable rhythm with an introduction, information gathering, discussion and a conclusion.

Active listening happens when you "listen for meaning". The listener says very little but conveys much interest. The listener only speaks to find out if a statement (or two or twenty) has been correctly heard and understood.

Body language takes into account our facial expressions, angle of our body, proximity of ourself to another, placement of arms and legs, and so much more. Notice how much can be expressed by raising and lowering your eyebrows.

You need to monitor the tone of your voice - in the same way that you monitor your body language. Remember, the person may not remember what was said, but they will remember how you made them feel.

An open question is one that is used in order to gathering lots of information – you ask it with the intent of getting a long answer. A closed question is one used to gather specific information - it can normally be answered with either a single word or a short phrase. Good counseling techniques to know.

Paraphrasing is when you restate what the speaker said. Often different works are used and the listener may be using this to draw attention to a particular concern or aspect. Sometimes paraphrasing is used to clarify.

Summarizing is focusing on the main points of a presentation or conversation in order to highlight them. At the same time you are giving the “gist”, you are checking to see if you are accurate.

Notetaking is the practice of writing down pieces of information, often in an shorthand and messy manner. The listener needs to be discreet and not disturb the flow of thought, speech or body language of the speaker.

Homework: When the person identifies a need or concern, she or he must be willing to work hard at addressing it.

Ethical standards of counselors

The concept of ethical standards in counselling is mentioned to indicate that there are indeed certain ways of doing things counselling ways which are in line with what is expected of a professional person on the job. What a counsellor says and does in counselling should be fully in line in the provision of the law. A practicing counselor is required to see that all his behaviour within the context of counselling functions are in line with the ethical standards of the profession.
Personal qualities to which counselors and psychotherapists are strongly encouraged to aspire include:

**Empathy:** The ability to communicate understanding of another person’s experience from that person’s perspective.

**Sincerity:** A personal commitment to consistency between what is professed and what is done.

**Integrity:** Commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.

**Resilience:** The capacity to work with the client’s concerns without being personally diminished.

**Respect:** Showing appropriate esteem to others and their understanding of themselves.

**Humility:** The ability to assess accurately and acknowledge one’s own strengths and weakness.

**Competence:** The effective deployment of the skills and knowledge needed to do what is required.

**Fairness:** The consistent application of appropriate criteria to inform decisions and actions.

**Wisdom:** Possession of sound judgment that inform practice.

**Courage:** The capacity to act in spite of known fears, risks and uncertainty.

**Legal consideration of counselors**

Counselors need to know that there are occasions when their misconduct or omission in the exercise of counselling may very well be actionable by their aggrieved clients and that occasions do exist too, when certain things they may do in counselling can be adjudged as unethical and which in cases of serious dimensions of misconduct may warrant their being proscribed from practicing counselling.

**The law about confidential relationship and privileged communications in counseling:** Shertzer and Stone (1980) said counselee usually reveal intimate, personal and painful experiences with the assumption that others will not have access to their disclosure without their express consent. This means that a confidential relationship exists making the professional person involved to become obliged to protect the best interests of the client by maintaining it.
The obligation here does not have only an ethical connotation but even a legal implication. What the law appears to require in this case is that the professional is not to disclose information shown to him under the setting of one-to-one counselling and also to maintain the professional confidence reposed on him in such relationship. The counselor is not to disclose such a confidential information (even where accurate) to individual not entitled to it. Also everything about the relationship in written records must be accurately done and strongly safeguarded.

However, the confidentiality of information revealed in counselling is indeed not absolute per SE. This is because the disclosure of facts relevant to a litigated issue usually takes precedence over confidentiality in counselling. Privileged communication is assumed to be almost absolute, the communication is usually known to lose its protection where it is discovered that it is for furtherance of crime or fraud.

That means counselors may be required to testify to knowledge they derive from their professional relationships with their clients.

**The law about confidentiality of counseling information in group therapy:**
One may want to ask whether the sanctity of information revealed in the context of one-to-one counselling relationship also applies to information revealed in the context of group guidance and counselling. In group counselling or therapy, the protection of privileged communication cannot be said to exist since under such a relationship, the presence of a third party is involved.

If the information to be concealed is already a shared information that is by persons that make up the group then the court is qualified to address a subpoena to get it testified especially where in doing so, the greater interest of justice is likely furthered. Counselors keep information revealed in group therapy for ethical reasons rather than legal considerations.

**The law about libel and slander in counseling:** A counsellor should know that there are certain things he may do or say in counselling which would usually be actionable by the aggrieved clients. Among these are the misconduct of libel and slander which is a form of defamation. This involves exposure of the victim to hatred, ridicule and contempt; and also damaging of reputation.

*Shertzer and Stone (1980)* pointed out that misconduct of defamation involves the invasion of people’s interest in their reputation and good name causing others to shun them or to have unpleasant or derogatory feelings about them. According to *Seitz (1964)* four categories of conditions may warrant the recovery of money as damages for slander. They are:

- Imputation of serious crime in the victim
- Imputation of certain loathsome disease in the victim
• Imputation of chastity in a woman

• Imputation affecting the victim in conducting business, trade or profession

Counsellors should remember that truth is the only defence for actions against libel and slander also truthful and sincere consultations about clients with professional colleagues would usually not be taken as instances of slander.

**Right of privacy law and problem of psychological testing in counselling:**

The right of privacy is the right to be left alone to be free of inspection and scrutiny of others. Invasion of privacy is the intrusion into one’s private affairs and/or exposure of one’s paper to the view of others. When it causes one emotional distress, it is actionable. While libel and slander involve false or malicious statement aimed at damaging the victim’s reputation, invasion of privacy usually arises from truthful but damaging publications.

Indeed one area of biggest threat of privacy which has been entertained against counsellors is the issue of use of personality tests in counselling. Personality tests probe deeply into feelings and attitudes which the individual normally conceals. A test could assess whether an adolescence boy resents authority or whether a mother loves her child or be asked to indicate the strength of sexual needs.

These are virtually all measures of personality that seek information in areas which the subject has every reason to regard as private in normal social intercourse. He is willing to admit the counsellor into these private areas only if he sees the relevance of the questions to the attainment of his goals in working with the counsellor. When the counsellor has a genuine need of the information obtained, he is not invading privacy. What we should note here is that a counsellor should seek the consent of his client before administering him a test even though such consent may always not be formal.

**Problem of counsellor malpractice and the law about negligent actions in counselling:** The term malpractice means any professional misconduct or any unreasonable lack of skill or fidelity in the performance of professional duties. A counsellor can offend the law in the area of criminal liability in four main ways (Shertzer and Stone, 1980).

• Becoming accessory to a crime after the fact

• Encouraging an illegal abortion

• Being a conspirator in a civil disobedience

• Contributing to the delinquency of a minor
These legal considerations help practicing counsellors to really be able to determine when they are working or not working under the provisions of the law; and indeed to help them to predict when a negative consequence may follow their actions due to their deliberate attempt to work against the limits set by law.

**Selection and training of counselors**

This can be a person’s designation, intended to prepare the individual for the leadership and responsibility of being a counselor. Although each program may have its own special requirements or features, they all have elements in common.

In order to be an effective counselor, guidelines help maximize the training experience:

1. Prepare for the job; research and practice activities you are unfamiliar with including certification in First Aid/CPR.
2. Understand the responsibilities and embrace others.
3. Pay attention during training and ask questions.
4. Make friends with other staff, so everybody gets along.
5. Become familiar with camp support groups and what they do: kitchen, medical, maintenance, etc.
6. Memorize the daily schedule.
7. Learn and use the first names of those in your group.
8. Spend time with each team member and determine their personality type.
9. Team build before members compete against each other.
10. Get feedback from your team members daily and adjust subsequent activities.
11. Use your time wisely, especially free time.

**Conception of a professional worker, Preparation for counselor**

Counselors work in diverse community settings designed to provide a variety of counseling, rehabilitation, and support services. Their duties vary greatly, depending on their specialty, which is determined by the setting in which they work and the population they serve. Although the specific setting may have an implied scope of practice, counselors frequently are challenged with children, adolescents, adults, or families that have multiple issues, such as mental health disorders and addiction, disability and employment needs, school problems or career counseling needs, and trauma. Counselors must recognize these issues in order to provide their clients with appropriate counseling and support.

*Educational, vocational, and school counselors* provide individuals and groups with career, personal, social and educational counseling. School counselors assist students of all levels, from elementary school to post secondary education. They advocate for students and work with other individuals and organizations to promote the academic, career, personal, and social development
of children and youth. School counselors help students evaluate their abilities, interests, talents, and personalities to develop realistic academic and career goals. Counselors use interviews, counseling sessions, interest and aptitude assessment tests, and other methods to evaluate and advise students. They also operate career information centers and career education programs. Often, counselors work with students who have academic and social development problems or other special needs.

**Elementary school counselors** provide individual, small-group, and classroom guidance services to students. Counselors observe children during classroom and play activities and confer with their teachers and parents to evaluate the children’s strengths, problems, or special needs. In conjunction with teachers and administrators, they make sure that the curriculum addresses both the academic and the developmental needs of students. Elementary school counselors do less vocational and academic counseling than high school counselors do.

**High school counselors** advise students regarding college majors, admission requirements, entrance exams, financial aid, trade or technical schools, and apprenticeship programs. They help students develop job search skills, such as resume writing and interviewing techniques. College career planning and placement counselors assist alumni or students with career development and job-hunting techniques.

School counselors at all levels help students to understand and deal with social, behavioral, and personal problems. These counselors emphasize preventive and developmental counseling to enhance students' personal, social, and academic growth and to provide students with the life skills needed to deal with problems before they worsen. Counselors provide special services, including alcohol and drug prevention programs and conflict resolution classes. They also try to identify cases of domestic abuse and other family problems that can affect a student’s development.

Counselors interact with students individually, in small groups, or as an entire class. They consult and collaborate with parents, teachers, school administrators, school psychologists, medical professionals, and social workers to develop and implement strategies to help students succeed.

**Vocational counselors**, also called employment counselors or career counselors, usually provide career counseling outside the school setting. Their chief focus is helping individuals with career decisions. Vocational counselors explore and evaluate the client’s education, training, work history, interests, skills, and personality traits. They may arrange for aptitude and achievement tests to help the client make career decisions. They also work with individuals to develop their job-search skills and assist clients in locating and applying for jobs. In addition, career counselors provide support to people experiencing job loss, job stress, or other career transition issues.
Rehabilitation counselors help people deal with the personal, social, and vocational effects of disabilities. They counsel people with both physical and emotional disabilities resulting from birth defects, illness or disease, accidents, or other causes. They evaluate the strengths and limitations of individuals, provide personal and vocational counseling, offer case management support, and arrange for medical care, vocational training, and job placement. Rehabilitation counselors interview both individuals with disabilities and their families, evaluate school and medical reports, and confer with physicians, psychologists, employers, and physical, occupational, and speech therapists to determine the capabilities and skills of the individual. They develop individual rehabilitation programs by conferring with the client. These programs often include training to help individuals develop job skills, become employed, and provide opportunities for community integration. Rehabilitation counselors are trained to recognize and to help lessen environmental and attitudinal barriers. Such help may include providing education, and advocacy services to individuals, families, employers, and others in the community. Rehabilitation counselors work toward increasing the person’s capacity to live independently by facilitating and coordinating with other service providers.

Mental health counselors work with individuals, families, and groups to address and treat mental and emotional disorders and to promote mental health. They are trained in a variety of therapeutic techniques used to address issues such as depression, anxiety, addiction and substance abuse, suicidal impulses, stress, trauma, low self-esteem, and grief. They also help with job and career concerns, educational decisions, mental and emotional health issues, and relationship problems. In addition, they may be involved in community outreach, advocacy, and mediation activities. Some specialize in delivering mental health services for the elderly. Mental health counselors often work closely with other mental health specialists, such as psychiatrists, psychologists, clinical social workers, psychiatric nurses, and school counselors. (Information on psychologists, registered nurses, social workers, and physicians and surgeons, which includes psychiatrists, appears elsewhere in the Handbook.)

Substance abuse and behavioral disorder counselors help people who have problems with alcohol, drugs, gambling, and eating disorders. They counsel individuals to help them to identify behaviors and problems related to their addiction. Counseling can be done on an individual basis, but is frequently done in a group setting and can include crisis counseling, daily or weekly counseling, or drop-in counseling supports. Counselors are trained to assist in developing personalized recovery programs that help to establish healthy behaviors and provide coping strategies. Often, these counselors also will work with family members who are affected by the addictions of their loved ones. Some counselors conduct programs and community outreach aimed at preventing addiction and educating the public. Counselors must be able to recognize how addiction affects the entire person and those around him or her.
Marriage and family therapists apply family systems theory, principles, and techniques to address and treat mental and emotional disorders. In doing so, they modify people’s perceptions and behaviors, enhance communication and understanding among family members, and help to prevent family and individual crises. They may work with individuals, families, couples, and groups. Marriage and family therapy differs from traditional therapy because less emphasis is placed on an identified client or internal psychological conflict. The focus is on viewing and understanding their clients’ symptoms and interactions within their existing environment. Marriage and family therapists also may make appropriate referrals to psychiatric resources, perform research, and teach courses in human development and interpersonal relationships.

Education and training requirements for counselors are often very detailed 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 organizations to determine which requirements apply.

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.
MODULE III

IMPORTANCE OF THERAPEUTIC RELATIONSHIP

The therapeutic relationship has several characteristics; however the most vital will be presented in this article. The characteristics may appear to be simple and basic knowledge, although the constant practice and integration of these characteristic need to be the focus of every client that enters therapy. The therapeutic relationship forms the foundation for treatment as well as large part of successful outcome. Without the helping relationship being the number one priority in the treatment process, clinicians are doing a great disservice to clients as well as to the field of therapy as a whole.

Rogers defines a helping relationship as , “ a relationship in which one of the participants intends that there should come about , in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual ( 1961).”

Important characteristics of a good therapeutic relationship include:

- **Trust** - the client needs to trust the therapist, and the therapist needs to trust the client, although building trust may take time.

- **Rapport** - the client needs to be able to talk openly and honestly, and the therapist needs to be able to listen without judgment.

- **Collaboration** - the therapist and the client must work as a team to develop mutual understanding, and to set and follow through on goals.

One of the most important aspects of training to be a counselor or psychotherapist is the establishment of sound therapeutic relationship, without this no therapy can take place.

Recent researches and the experience of psychotherapy practitioners suggest that no single psychotherapy or counselling approach is more effective than any other approach, every process has something to contribute.

It is the nature of the issues that the client is experiencing and the personality of the client that require a particular approach. Increasingly Therapists are required to be flexible and responsive to deliver psychotherapy to the client within the particular circumstances. According to the research, the therapeutic relationship is the key for the success of the therapy.

Training for counselor must encompass combined focus on the therapeutic relationship with a sound and coherent theoretical basis that can be flexible and responsive to client needs.
The working alliance

Also known as the therapeutic alliance, working alliance is not to be confused with the therapeutic relationship, of which it is theorized to be a component.

The working alliance may be defined as the joining of a client’s reasonable side with a therapist’s working or analyzing side. Bordin conceptualized the working alliance as consisting of three parts: tasks, goals, and bond.

Goals are what the client hopes to gain from therapy, based on his or her presenting concerns. Tasks are what the therapist and client agree need to be done to reach the client’s goals. The bond forms from trust and confidence that the tasks will bring the client closer to his or her goals.

Research on the working alliance suggests that it is a strong predictor of psychotherapy or counseling client outcome. Also, the way in which the working alliance unfolds has been found to be related to client outcomes. Generally, an alliance that experiences a rupture that is repaired is related to better outcomes than an alliance with no ruptures, or an alliance with a rupture that is not repaired. Also, in successful cases of brief therapy, the working alliance has been found to follow a high-low-high pattern over the course of the therapy.

The transference configuration

Of the concepts introduced by Freud to illuminate human nature, transference is the most encompassing. It occupies a pivotal position in every aspect of psychoanalysis. It is pictured as the tidal wave of the past that washes over the present, leaving its unmistakable residues. It is invoked to explain bizarre acts of aggression, painful pathological repetitions, and the tender and passionate sides of love and sex. First seen only as a resistance to psychoanalytic treatment, it was later acknowledged as its facilitator as well. Generations of analysts have sought to use transference to distinguish analyzable from non-analyzable patients. Finally, the concept of transference has been used to disparage cures obtained by non-psychoanalytic therapies and to excuse failures encountered in psychoanalytic treatments.

The real relationship

The concept of the real or personal relationship between client and therapist has existed since the earliest days of psychotherapy. Yet the real relationship with its twin components of genuineness (the intent to avoid deception, including self-deception) and realism (perceiving or experiencing the other in ways that befit the other) has often been misunderstood or ignored. Instead, psychotherapy research has focused largely on the concepts of the working alliance and of transference and counter-transference.
Empathetic understanding

According to Roger, empathetic understanding is that what a therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from the inside, as they seem to the client, and when he can that understanding to his client, then the third condition has been fulfilled.

Unconditional positive regard

Unconditional positive regard, a term popularly believed to have been coined by the humanist Carl Rogers, is basic acceptance and support of a person regardless of what the person says or does. Rogers believes that unconditional positive regard is essential to healthy development. People who have not experienced it may come to see themselves in the negative ways that others have made them feel. By providing unconditional positive regard, humanist therapists seek to help their clients accept and take responsibility for themselves. Humanist psychologists believe that by showing the client unconditional positive regard and acceptance, the therapist is providing the best possible conditions for personal growth to the client.

The concept of unconditional positive regard also has a simpler meaning outside of the therapist’s goal to elicit change. It is the simple act of one individual accepting all traits and behaviors in another individual, as long as it does not entail causing significant harm to oneself. The key word here is "significant". If one states that "This person's behavior annoys me, and thus is causing me 'significant' harm", then unconditional positive regard is made subject to so many objections that it cannot exist. Thus, finding a person's behavior/beliefs reprehensible when they pose no threat of harm to oneself or others, is incompatible with unconditional positive regard. To treat a flawed individual's otherwise harmless behavior or beliefs as cause to reject the individual's worth, morality and right to merit interaction with oneself, is a violation of the unconditional precept.

Congruence

Carl Rogers stated that the personality is like a triangle made up of the real self, the perceived self, and ideal self. According to Rogers, when there is a good fit between all three components, the person has congruence. This is a healthy state of being and helps people continue to progress toward self-actualization.

Non verbal behavior

Nonverbal behaviour refers to communication human acts distinct from speech. Since nonverbal behaviour includes every communicative human act other than speech (spoken or written), it naturally covers a wide variety and range of phenomena: 'everything from facial expression and gesture to fashion
and status symbol, from dance and drama to music and mine, from flow of affect to flow of traffic, form the territoriality of animals to the protocol of diplomats, form extra-sensory of violence to the rhetoric of topless dancers' (Harrison, 1973).

The nonverbal behaviour is taken generally to include facial and eye expressions, hand and arm gestures, postures, positions, use of space between individuals and objects, and various movements of the body, legs and feet. Since nonverbal behaviour is considered as distinct from speech, it also includes silence as well as dropping of elements form speech and/or the missing elements in speech utterances. There is a general consensus that, although nonverbal behaviour means acts other than speech, in a broader sense nonverbal behaviour includes also a variety of subtle aspects of speech variously called paralinguistic or vocal phenomena. These phenomena include fundamental frequency range, intensity range, speech errors, pauses, speech rate and speech duration. These features are of a nature that somewhat eludes explicit description when used in communicative contexts. In other words, these features are employed for implied meanings and are not explicitly describable and/or stated through/as linguistic units.

**Verbal behavior**

Skinner outlined his analysis of Verbal behaviour, which describes a group of verbal operants, or functional units of language. Skinner explained that language could be analyzed into a set of functional units, with each type of operant serving a different function. It includes both producing and responding to words, either written or spoken.

**Covert behavior**

Covert behavior is behavior that concealed, secret or disguised. Covert behavior is any mental, social, or physical action or practice that is not immediately observable. Some examples of covert behavior include deception and lying, systemic discriminatory practices against certain social groups, and political candidates omitting important information to make their case seem strong.

**Interpersonal manner**

Interpersonal manner means the process of sending and receiving information between two or more people. There are four basic elements. Sender—person who sends information. Receiver—person who receives the information sent. Message—content of information sent by sender and Feedback—response from receiver.
MODULE IV
COUNSELING RELATIONSHIP

The relationship between a counselor and client is the feelings and attitudes that a client and therapist have towards one another, and the manner in which those feelings and attitudes are expressed. The relationship may be thought of in three parts: transference/counter transference, working alliance, and the real- or personal-relationship.

Another theory about the function of the counseling relationship is known as the secure-base hypothesis, which is related to attachment theory. This hypothesis proposes that the counselor acts as a secure-base from which clients can explore and then check in with. Secure attachment to one's counselor and secure attachment in general have been found to be related to client exploration. Insecure attachment styles have been found to be related to less session depth than securely attached clients.

Counseling content and process counseling process requires you to take five-steps:

1. Start the session.
2. Create suitable conditions for the session.
3. Explore and understand the real (how the situation is now).
4. Move toward the ideal (where the counselee would like to be).
5. Monitor and follow up.

Start the Session. —To start the advising and counseling process, let the counselee know that you want to talk to him or her. In some cases, the counselee might come to you, in which case, he or she would be starting the session. Next choose a suitable place to meet; choose a place where you will have the least amount of interruptions. Then agree on a time to meet; allow enough time to conduct a proper and effective session.

Create Suitable Conditions for the Session. —To create suitable conditions for a session, prepare ahead of time. Try to ensure you won’t have to stop during the session to do something else. Make sure the meeting place will be physically comfortable; the office should have a quiet atmosphere and a comfortable place to sit. Help the counselee feel at ease; for example, you could serve coffee. Guarantee confidentiality within your legal bounds, and be attentive Explore and Understand the Real. —Start your session off by stating the reason for the counseling session. Let the counselee know of your concern
about the situation. Try to elicit information that might help you and the counselee understand the real (how the situation is now). Discuss the situation as fully as possible so that you both understand it.

**Move Toward the Ideal.** —Have the counselee state his or her ideal goal (how the counselee would like the situation to be) in solving the problem. State your realistic expectations about the counselee by expressing doubts and concerns; then identify any blocks that might prevent the counselee from solving the problem. Suggest sources of outside help. When you can, provide additional and professional help. Identify optional actions; for example, set an appointment at a helping outside resource or call the chaplain for an appointment. If you handle the situation correctly, the counselee will feel good about the session and feel resolving the situation is possible. Encourage the counselee to commit to the optional actions by keeping his or her appointments. Stress that the counselee must follow through on the actions he or she agrees to. State your positive expectations by stating the counselee’s abilities; that will build the counselee’s strengths and help him or her succeed in reaching the goal.

**Monitor and Follow Up.** —Agree on who is responsible for monitoring any changes that will occur throughout the counseling process. Your counselee has committed himself or herself to improve or make a change. Agree on what action you will take if the counselee carries out the commitment as planned.

**The variables affecting counselling process**

Counseling can be a difficult process and there many factors that can contribute towards the success of the engagement or otherwise lead to zero or negative gains.

**Client Factors**

The client is not a passive object who sits there and is treated in the manner of a traditional doctor-patient situation. A critical question is about what is going on in their heads and they hence need to be an active part of the process.

If they have positive expectation and faith in the counseling process and counselor, then their chances of success will increase. Likewise if they have willingly sought out the counselor and are truly seeking resolution then this will help too.

On the other hand, being depressed or otherwise negative may act to hinder the treatment, for example where they do not engage well or work to change their thoughts and actions. In such cases, the skill of the counselor becomes more critical.
Counselor Factors

The counselor has a significant effect on the outcomes of the sessions. They first should encourage and support the client in taking a positive viewpoint about the treatment and the outcomes.

A counselor who is warm and has an empathetic and positive regard for their clients, with a non-judgmental and accepting approach will be more likely to create the right conditions for success.

And of course the counselor should be expert in the methods that they practice, with a continuing concern for improving their ability in a discipline that is both science and art.

Contextual Factors

The environment in which the counseling takes place can have a significant effect. If it takes place where the client feels uncomfortable, for example where a school counselor speaks with a child in a feared classroom, then this may negatively affect the session.

Ideally the counseling takes place in a quiet, warm and comfortable place away from any distraction (including distant sounds) where the counselor and client can talk in comfort and safety.

Process Factors

There are many factors within the counseling process that may contribute towards success including:

♦ Understanding of client and counselor roles
♦ Bonding between client and counselor
♦ Open listening
♦ Unconditional acceptance
♦ Exploration of problems
♦ Insights and awareness of issues
♦ Periods of reflection and inner thought
♦ Opportunity for carthasis and emotional release
♦ Learning new models and ways of thinking
♦ Desensitization of sensitive issues
 Trial and adoption of new ways of thinking and acting

- Feedback on success of trials
- Ongoing practice and improvement

**Counselor’s skills**

Basic skills in counseling are amplifications of communication skills. Particularly listening skills. Listening and assertive communication are discrete skills that can be learned, and once learned, can be used to enhance any relationship.

In a professional relationship, basic skills in counseling are hopefully communicated by a counselor's enthusiasm, confidence, and belief in the client's ability to change.

Those counselor behaviors are incredibly important in client outcomes, perhaps more important than theory or technique.

**Listening Skills in Counseling**

Most counseling training describes the discrete skills of listening with similar words, but typically, a listener needs to attend to the speaker, which means position him or herself to indicate to the speaker that the speaker is the center of the listeners attention. Those behaviors can include eye contact, body position, even turning the head to the side, giving the client your ear, so to speak, encouraging comments from the listener, mirroring body positions. Since most communication occurs non verbally, the listeners nonverbal behaviors are critical in the establishment of trust and safety for the speaker, who may be revealing personal secrets never before revealed. So the listener needs to set in his or her mind an intention to create and sustain attending. And there will be times when your attention drifts. Reset your intention and come back to the session. Your speaker, who is watching you intently, will see your attention shift. You many need to say something about being struck by your speakers comment, and following it out of the session, and ask them to repeat it.

The next important part of listening is to capture the verbal and nonverbal communication of the speaker.

You will be listening for the story line or chronology typically, and I like to listen for patterns of speech, for example, the use of words like should, ought, and must, which can point to a pattern of thinking. Listening will involve hearing what was not said also. Listening will include observing the process or nonverbal communications. For example, a client may become particularly animated when mentioning one situation, or excited at another, and I want to be able to check with them about that nonverbal communication.
Empathy Skills in Counseling

Empathy to me means the ability to name the emotions I am observing and to ask the speaker if I am accurate in my perceptions. In other words, the do not need me to solve the problem, but to listen to and recognize their feelings.

The Discrete Skills associated with empathy include listening, and reflecting patient feelings and implicit messages, in an "I" statement usually.

Drab, in his The Top Ten Basic Counseling Skills, reports that this process of paraphrasing includes four steps.

1. Listen and recall. The entire client message to ensure you recalled it in its entirety. Repeat the speakers words in your own head, and this does take attention and intention, and is so important.

2. Get clear on the content of the message. Get the details down.

3. Rephrase or repeat back to the client an essential summary of details and feelings.

4. Ask if you have heard the message accurately.

Genuineness Skills in Counseling

The listener is congruent in their verbal and nonverbal behaviour, which indicates your comfort with the other human being in your presence. If counselor's nonverbal communication indicates incongruence, that is, the words are reassuring, but non verbals indicate tension, the speaker is less likely to feel safe.

Unconditional Positive Regard

Skills in counseling include an internal acknowledgment that the speaker is acceptable, and an acceptance is conveyed through nonjudgmental verbal and nonverbal behaviors.

Concreteness Skills in Counseling

Concreteness skill in counseling involves helping the client to identify and work on a specific problem from the various problems presented. It might also involve keeping the client on track with that problem in this session, clarifying facts, terms, feelings, goals, and uses a hear and now focus to emphasize issues in today's session.
MODULE V

COUNSELING PSYCHOLOGIST AS CAREER PSYCHOLOGIST

Career counseling and career coaching are similar in nature to traditional counseling. However, the focus is generally on issues such as career exploration, career change, personal career development and other career related issues. Typically when people come for career counseling they know exactly what they want to get out of the process, but are unsure about how it may work.

Career counseling is the process of helping the candidates to select a course of study that may help them to get into job or make them employable. A career counselor helps candidates to get into a career that is suited to their aptitude, personality, interest and skills. So it is the process of making an effective correlation between the internal psychology of a candidate with the external factors of employability and courses.

Career counselors work with people from various walks of life, such as adolescents seeking to explore career options, or experienced professionals contemplating a career change. Career counselors typically have a background in vocational psychology or industrial/organizational psychology.

The approach of career counseling varies, but will generally include the completion of one or more assessments. These assessments typically include cognitive ability tests, and personality assessments.

Career counselling and career intervention

A number of researchers (i.e., Oliver and Spokane (1988), Whiston, Sexton, and Lasoff (1998) have conducted meta-analyses of research studies on career counseling interventions to find out. Although these studies have clearly established that career counseling is effective when administered individually, in groups, to classes, or via computer-assisted guidance, they have shed less light on which interventions are most effective, with exception that self-directed interventions tend to be less effective. However, a meta-analysis described by Brown and Ryan Krane (2000) examined the components included in a large collection of research studies and found significant differences in effectiveness of interventions that include certain critical ingredients. Examining the components of 62 career intervention studies, 18 components were identified, from card Sorts to computerized systems (Brown et al, 2003). By comparing the effectiveness of these 62 studies based on the components used in the intervention, five components were found to make a significant contribution to the effectiveness of the intervention.
The five components that increased effectiveness were:

- workbooks or written exercises
- individualized interpretations and feedback
- world-of-work information
- modeling
- attention to building support

To help clients address career tasks in contemporary society, career practitioners should provide counseling-based career assistance and support to their students and clients. By expanding their career interventions in these ways, career counselors provide assistance that is sensitive to the career concerns of students and clients.

**Family and couple interventions**

It is a branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasizes family relationships as an important factor in psychological health.

The different schools of family therapy have in common a belief that, regardless of the origin of the problem, and regardless of whether the clients consider it an "individual" or "family" issue, involving families in solutions is often beneficial. This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include the ability to influence conversations in a way that catalyzes the strengths, wisdom, and support of the wider system.

In the field’s early years, many clinicians defined the family in a narrow, traditional manner usually including parents and children. As the field has evolved, the concept of the family is more commonly defined in terms of strongly supportive, long-term roles and relationships between people who may or may not be related by blood or marriage.

Family therapy has been used effectively in the full range of human dilemmas; there is no category of relationship or psychological problem that has not been addressed with this approach. The conceptual frameworks developed by family therapists, especially those of family systems theorists, have been applied to a wide range of human behaviour, including organizational dynamics and the study of greatness.
Techniques

Family therapy uses a range of counseling and other techniques including:

- communication theory
- media and communications psychology
- psycho education
- psychotherapy
- relationship education
- systemic coaching
- systems theory
- reality therapy

The number of sessions depends on the situation, but the average is 5-20 sessions. A family therapist usually meets several members of the family at the same time. This has the advantage of making differences between the ways family members perceive mutual relations as well as interaction patterns in the session apparent both for the therapist and the family. These patterns frequently mirror habitual interaction patterns at home, even though the therapist is now incorporated into the family system. Therapy interventions usually focus on relationship patterns rather than on analyzing impulses of the unconscious mind or early childhood trauma of individuals as a Freudian therapist would do - although some schools of family therapy, for example psychodynamic and inter generational, do consider such individual and historical factors (thus embracing both linear and circular causation) and they may use instruments such as the genogram to help to elucidate the patterns of relationship across generations.

The distinctive feature of family therapy is its perspective and analytical framework rather than the number of people present at a therapy session. Specifically, family therapists are relational therapists: They are generally more interested in what goes on between individuals rather than within one or more individuals, although some family therapists—in particular those who identify as psychodynamic, object relations, inter generational, EFT, or experiential family therapists—tend to be as interested in individuals as in the systems those individuals and their relationships constitute. Depending on the conflicts at issue and the progress of therapy to date, a therapist may focus on analyzing specific previous instances of conflict, as by reviewing a past incident and suggesting alternative ways family members might have responded to one another during it, or instead proceed directly to addressing the sources of conflict at a more abstract level, as by pointing out patterns of interaction that the family might have not noticed.

Family therapists tend to be more interested in the maintenance and/or solving of problems rather than in trying to identify a single cause. Some families may perceive cause-effect analyzes as attempts to allocate blame to one or more individuals, with the effect that for many families a focus on causation is of little or no clinical utility.
Counseling for substance abusers

Substance abuse counseling is a demanding form of community outreach that requires patience, compassion, and a keen desire to help others who in crisis. A good portion of the addict population are people who need help in many areas of their lives. Often these people are unaware of the kinds of assistance available, whether they are eligible, or how to go about finding help. Counselors refer patients to a variety of other services that may help provide a stable platform from which they can fight their drug addiction.

A substance abuse counselor will work with clients on their addiction to things like alcohol, marijuana, opiates, methamphetamine, or any other substance. Substance abuse counselors are commonly referred to as chemical dependency counselors or addictions counselors, too. A substance abuse counselor often works with clients on other addictions like sex and gambling, as well.

A substance abuse counselor is someone who has a bachelor's degree or above in a related social services field such as psychology, counseling, or social work and works directly with clients suffering from substance abuse or dependence. A substance abuse counselor may also be required to have certification or licensure, depending on your state’s laws.

A substance abuse counselor is used to help guide addicts through their recovery by leading groups, having individual sessions, and intensive case management. A substance abuse counselor will teach clients about early recovery skills, relapse prevention, the trigger cycle, and ways to live a more positive life while abstaining from drugs and alcohol.

A large part of being a substance abuse counselor is crisis intervention because oftentimes, a client will seek substance abuse counseling in the midst of active addiction when his or her life is in ruins. A substance abuse counselor will often encounter addicts who are homeless and unemployed, or in the middle of a divorce or criminal case. It is important for the substance abuse counselor to remember that these clients may need guidance in other areas outside of addiction such as mental health counseling or legal advice.

Something to keep in mind if you are looking into becoming a substance abuse counselor is that you will likely meet clients who do not want your help. Clients may be ordered into substance abuse counseling by the court, by a social services agency, or by the pleas of a loved one. Substance abuse counselors should be prepared to work with these clients and help lead them toward recovery just as they would any other client.

Child counseling

When doing child counseling, One way of encouraging a child or young person to talk is to make sure that they know you are listening. You can do this by just
being attentive and by showing with your body language that you are listening. Sometimes this will be by facing the child and making good eye contact. Sometimes sitting side by side (for example during a journey) will be less threatening. Try not to interrupt when the child/young person is talking. By occasionally nodding or quietly saying "yes" or "aha" the child/young person should be encouraged to open up. Reporting back to the child a short summary of what they have just said and asking them if you have got it right is another way of doing this. Make sure you look and sound calm, unhurried and caring.

**Try to ask more open questions than closed questions.**

An open question is one which cannot be answered with yes or no and which encourages a more detailed answer, for example:

“What are your feelings about this?”

“What are the advantages of doing things the way you have suggested?”

“What are the disadvantages?”

**Avoid closed questions such as:**

“Are you sad?”

“Are you looking forward to the school holidays?”

Another disadvantage of closed questioning is that the desired answer might be implied within the question and you might inadvertently steer the child/young person to give an answer that they wouldn’t otherwise have given. An example of this would be:

“Are you going to stop speaking to that boy who has been upsetting you?”

The implied expected answer here is quite clearly “yes”.

To encourage the flow of conversation it is important that you show respect by taking an accepting attitude. The message you are trying to get across is "I have respect for your opinions and your view of the world at this present time". This is not the same as saying that you agree with the child’s opinions or actions and it is okay for you to make it clear that your opinions and moral view are different, as long as this is done in a respectful way.

Limit the direct advice that you give during your conversation. This is more important for older than for younger children who clearly need more guidance. This is especially the case at the beginning of a piece of problem-solving conversation.
Group Counseling

Group counseling is a form of therapy, which posits that people benefit from shared experiences. While a therapist usually manages group counseling, contributions from other members in the group are considered valuable since all in the group share similar issues.

One of the main principals behind group counseling is the idea that dealing with specific issues may cause isolation, and a feeling that one is alone in facing one's problems. Group counseling attempts to counteract this isolation by assembling people with similar issues to enforce that difficulties are not singular to one person. Additionally, knowing other people with similar troubles can be comforting to each individual, who may not have access in their own family and friends to people with the same problem.

Group counseling may be highly organized, with people doing specific activities together and then sharing the results. Alternately, it may be more free form, where people share current issues related to the group's purpose. One person’s verbal contributions to a group might be discussed, validated, and provoke problem solving by other group members in a session. It might also be an entry into a discussion regarding a certain aspect of an illness or condition that is then primarily led by the therapist.

Group counseling may also embrace different psychological schools of thought. For example a Jungian-oriented group dealing with depression might evaluate symbols in dreams that could shed insight on each member’s condition. A Gestalt-oriented group might be encouraged to question a person’s motives and evaluate both verbal and body language. Confrontation in Gestalt therapy is considered a vital part of healing.

Some forms of group counseling take place in psychiatric hospitals. The success of such therapy often depends upon the diversity of people’s conditions. Other group counseling is more like A.A. meetings and may not be counselor directed, but may merely be a group of people meeting to help find their way out of addiction.

Many large therapy businesses now offer group therapy as an alternative to private therapy. Such groups might address subjects like living with anxiety, parenting the special needs child, living with grief, or living with depression. Some people find the group counseling experience a better alternative than private therapy because it tends to cost less. Frequently group counseling is covered by insurance, and many groups offer sliding scale fees for those without insurance.

Length of group therapy also varies. Group counseling may take place for a defined period of time. Conversely, it may be open-ended, allowing people to drop in as needed. Usually more free form groups are open to drop-ins, and may last for an indefinite period of time. More organized groups may last for a certain
period of time, and require materials, study books, or the like. These groups may require a time commitment and a payment upfront or registration.

Not all group counseling efforts are completely successful. Occasionally, group therapy suffers if a group is too large or small. Group therapy may also become problematic when one person appears to monopolize the group. Usually group counseling works best when an experienced counselor can redirect a person who is sharing too much, and allow equal time for people to share their ideas, problems or opinions.

People may vary in their need for therapy, and generally those who monopolize a group should not be despised but should be redirected to private counseling, where the person is the sole focus of attention. After some time in private sessions, a person may feel less need to monopolize a group counseling session.