

# Counseling

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# Definition

The Macquarie dictionary says that counselling is “ giving advice “ that is “opinion or instruction given in directing the judgment or conduct of another “



# Definition

In **clinical context** counselling can be defined :

‘the therapeutic process of helping a patient to explore the nature of their problem in such a way that they determine their decisions about what to do, without direct advice or reassurance from the counsellor’



# Aims of counseling

Provides emotional security and comfort .

Promotes insight .

Generates self awareness

Facilitates confidence

# Who do you think people mostly go to for counseling?

- 1. GP
- 2. Psychologists
- 3. Social workers
- 4. Marriage guidance counselors
- 5. Clergy



People do not generally tell the doctor or even realise that counselling is exactly what led them to come to the doctor in the first place.

**The GP is, therefore, ideally placed in the community to make the most significant contribution to fill the community's needs in this area.**

# Because:

- They have the opportunity to observe and understands patients and their environment .
- They are ideally placed to treat the whole patient .
- They can provide treatment in comfortable and familiar surroundings including the doctor's room and the patient home .
- They are skilled at working as a member of a professional team and directing patients to more expert members of the team as necessary .
- They fit comfortably into continuing patient care with appropriate follow up treatment programs

To be an effective counsellor the GP must  
prepare for this role, HOW?

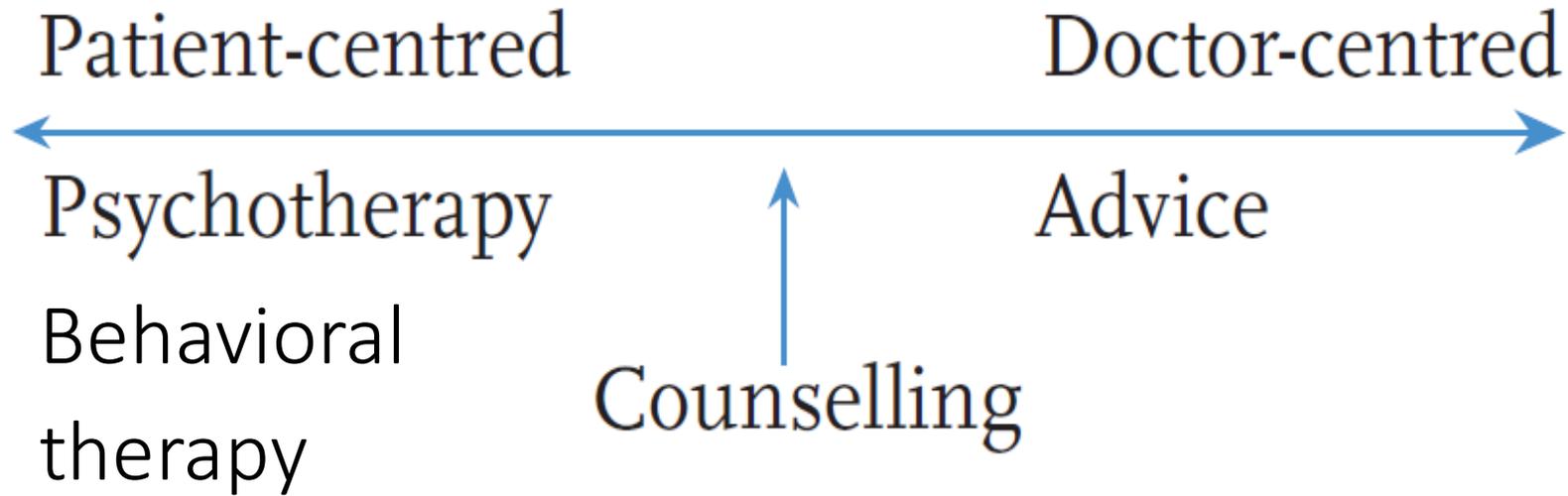
First by making a commitment to it's importance

Then by acquiring ,attending workshops and discussing cases with  
colleague who are skilled in counselling .

# Best type of counseling?

- 1. Patient-centered
- 2. Doctor-centered

as an activity in general practice,  
can be represented by a moving point  
between these two extremes



- **Doctors can respond to patients' problems and distress**
  - **by a spectrum of behaviors from doctor-centred,**
- **directive behavior or advice at one end, to patient centred, non-directive behavior at the other.**

# Features of counseling?

\*an educational process where patient learn new activity

\*change and developmental process for the patient

\* cooperative solving problem process

\*it's goal directed activity

\*it's a sensitive response to problem within a caring relationship

advantages

disadvantages

leads to more  
accurate diagnosis

encourages patients  
to attain  
understanding and  
personal growth  
themselves

Time consuming  
process



# A problem-solving approach



1. Listen to the problem of first presentation

2. Define the problem, if possible in behavioral terms

3. Establish a contract for counselling, with an agreed number of visits initially

4. Define short-term and long-term goals for action

5. Decide on one option — 'experimental action'.

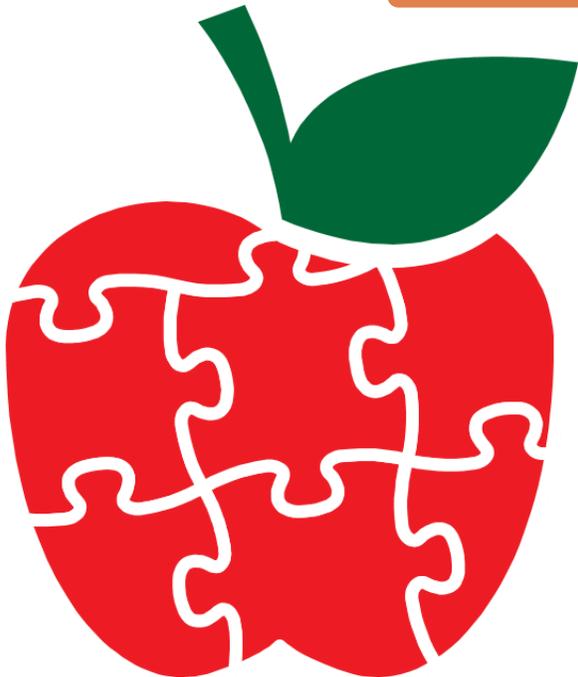
6. Build an action program with the patient

7. Evaluate progress

8. Continue action or select another option

9. Evaluate progress.

10. Terminate or refer.





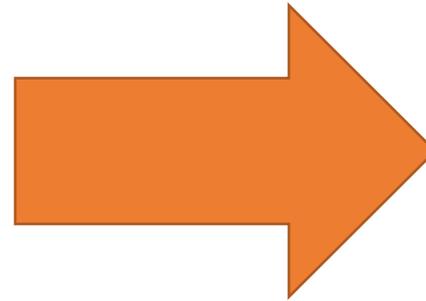
Listen to:



# COMMUNICATION SKILLS

- The emphasis here is more on:

clarification  
facilitation  
confrontation  
silence  
paraphrasing  
reflection  
summary



NOT  
ON  
QUESTIONING

In many  
cases this phase of the counseling  
constitutes the  
major part of the therapy



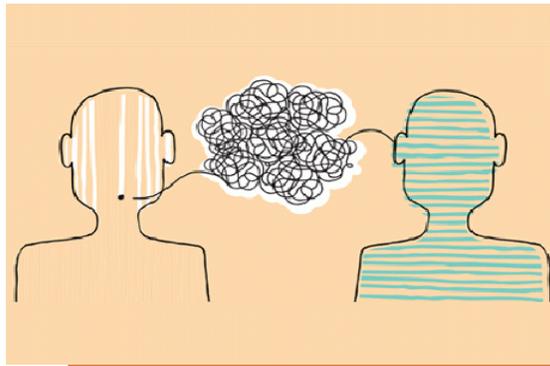
Beneath the feeling is the experience,  
beneath  
the experience is the event, the event is  
related  
to a problem.



# Communication skills in counselling



Let's  
**TALK.**



Use reflective  
statements.

Eg: “so maybe you feel”  
“I understand”

Use silence.

Allow  
expressions of  
emotion.

Paraphrase  
and  
summarise

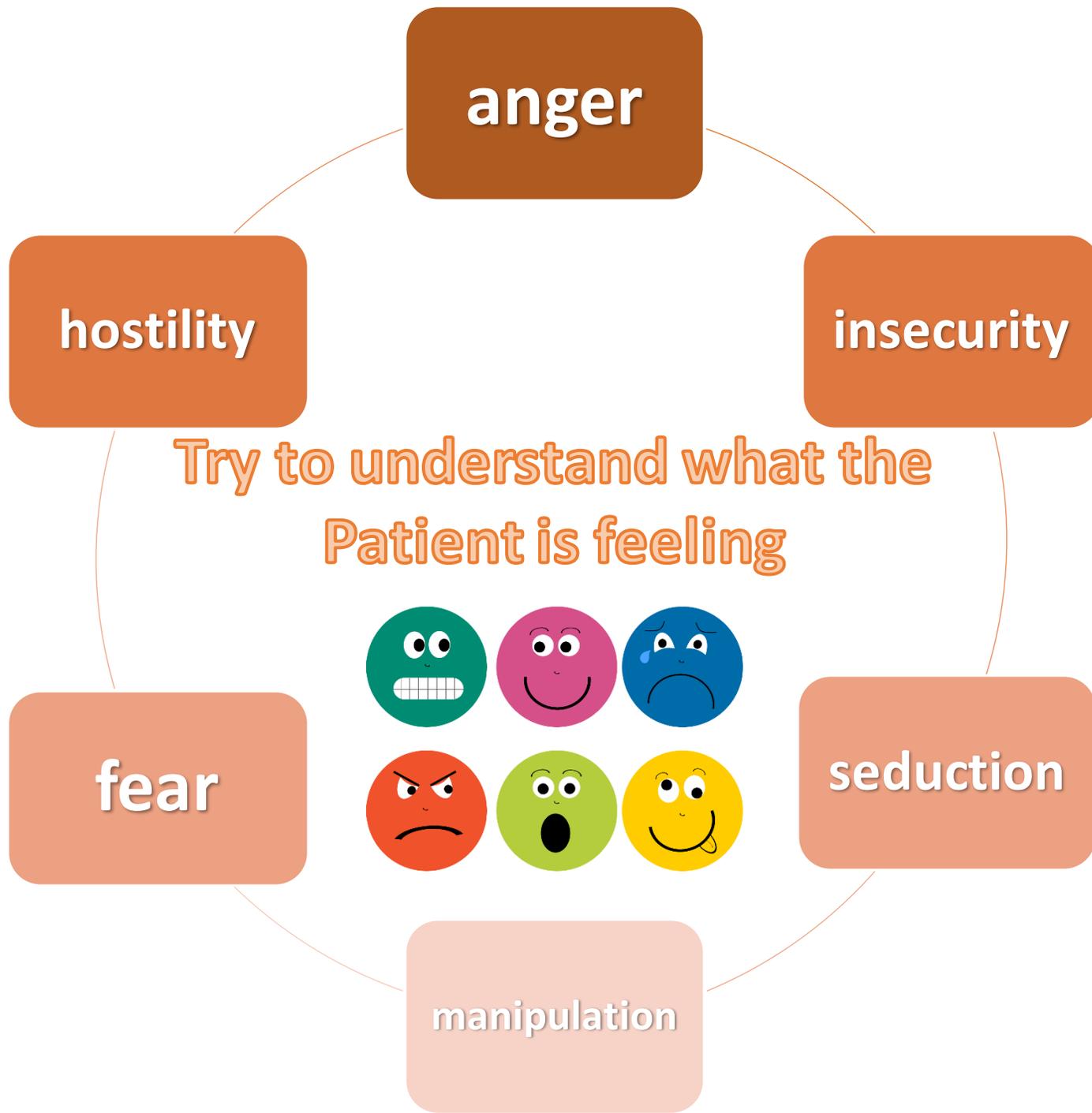
Offer  
supportive  
comments.



Observe lack of congruence

Make intelligent guesses to prompt patient to continue.

Don't reassure too soon.



A fundamental feature of counselling is reflective listening to direct patients to think about and then resolve their problems.

## counselling skills strategies

- Provide guidance and facilitation to allow the patient to gain insight.
- Use appropriate 'gentle' confrontation to allow self examination.
- Help patients to explore their own situation and express emotions such as anxiety, guilt, fear, anger, hostility and hurt feelings.
- Explore possible feelings of insecurity and allow free expression of such feelings.

- **Ask key searching questions, such as:**
  - **What do you think deep down is the cause of your problem?**
  - **How do you think your problem should be treated?**
- **Provide ‘okay’ specific suggestions, such as:**
  - **I wonder if your basic problem is that you are a perfectionist?**
  - **Many people in your situation feel guilty about something**

# Applications of counselling in clinical practice



any crisis situation

bereavement or grief

terminal illness/palliative care

marital problems

family problems

sexual dysfunction

chronic pain

anxiety and stress

depression

intellectual handicap in a child

infertility

any disease or illness, especially severe illness

sexual abuse/child abuse

domestic violence

# Cognitive behavior therapy

Cognitions are  
thoughts, beliefs  
or perceptions.

Cognitive behavior therapy (CBT) involves the process of knowing or identifying, understanding or having insight into these thought processes

The therapy then aims to change behavior

in all forms, especially social anxiety disorder and phobias—in all of which CBT has proved to be better than placebo

# Crisis management

*Give expression to your emotions*

*Talk things over with your friends*

*Focus on things as they are now—at this moment*

*Consider your problems one at a time*

*Act firmly and promptly to solve a problem.*

# Crisis management

*Occupy yourself and your mind as much as possible*

*Try not to nurse grudges or blame other people*

*Set aside some time every day for physical relaxation*

*Stick to your daily routine as much as possible*

*Consult your family doctor when you need help.*

# Literature review

# The clinical effectiveness of counseling in primary care : 2007-pubmed

## **The clinical effectiveness of counselling in primary care: a systematic review and meta-analysis.**

[Bower P<sup>1</sup>](#), [Rowland N](#), [Hardy R](#).

### **⊕ Author information**

#### **Abstract**

**BACKGROUND:** Counselling is frequently used in the management of common mental disorders (such as anxiety and depression) in primary care. However, there are concerns over the clinical effectiveness of counselling, both in comparison with usual general practitioner care, and with other treatments such as alternative psychological therapies and antidepressant treatment. This study used systematic review methodology to assess the current evidence-base.

**METHOD:** A systematic literature review located seven trials of relevance, comparing counselling with usual general practitioner care, cognitive-behaviour therapy and antidepressant medication. Data on internal and external validity were examined using a standardized quality rating scheme. Data concerning the impact of counselling on symptoms of anxiety and depression were pooled using meta-analytical procedures.

**RESULTS:** The main analyses showed significantly greater clinical effectiveness of counselling compared with usual general practitioner care in the short-term (standardized mean difference -0.28, 95% CI -0.43 to -0.13, N=741, six trials) but not the long-term (standardized mean difference -0.07, 95% CI -0.26 to 0.12, N=447, four trials). Sensitivity analyses were undertaken to test the robustness of the results.

**CONCLUSION:** Counselling is associated with modest improvement in short-term outcome compared with usual general practitioner care, and thus may be a useful addition to mental health services in primary care.

# Counseling patients in primary care : *evidence based* 2018-AAFP

## Counseling Patients in Primary Care: Evidence-Based Strategies

H. Russell Searight, PhD, MPH, Lake Superior State University, Sault Sainte Marie, Michigan

Family physicians spend substantial time counseling patients with psychiatric conditions, unhealthy behaviors, and medical adherence issues. Maintaining efficiency while providing counseling is a major challenge. There are several effective, structured counseling strategies developed for use in primary care settings. The transtheoretical (stages of change) model assesses patients' motivation for change so that the physician can select the optimal counseling approach. Structured sequential strategies such as the five A's (ask, advise, assess, assist, arrange) and FRAMES (feedback, responsibility of patient, advice to change, menu of options, empathy, self-efficacy enhancement) are effective for patients who are responsive to education about health risk behavior. For patients ambivalent about change, motivational interviewing is more likely to be successful. Capitalizing on a teachable moment may enhance the effectiveness of health behavior change counseling. The BATHE (background, affect, troubles, handling, and empathy) strategy is useful for patients with psychiatric conditions and psychosocial issues. Patients should be referred for subspecialty mental health or substance abuse treatment if they do not respond to these brief interventions. (*Am Fam Physician*. 2018;98(12):719-728. Copyright © 2018 American Academy of Family Physicians.)



Illustration by Todd Buck

# Personal Exercise Habits and Counseling Practices of Primary Care Physicians: A National Survey

- Abramson, Scott ; Stein, Joel et al.
- 2000
- Physicians who exercise are more likely to counsel their patients to exercise.
- Inadequate time and knowledge/experience regarding exercise are the most common barriers to counseling identified.

Any questions?

