

## **Counselling in Healthcare Settings: An Analysis of the Role-Play**

This write-up helps you to remember the role-play and the skills taught. For those students who were absent, you may still be able to pick up some tips on counselling here.

What is very important in a counselling session is to check out what your client wants from you - her goal for coming to see you. Without knowing the goal(s) you will get nowhere. So it is always a good practice to check with your client what she hopes to get out of the session. She might just want a listening ear, to check on her own thoughts or to hear other people's viewpoints. For example, "What changes do you expect of yourself after today's session?" or "What do you hope to understand better after the session?"

As you have noticed in the role-play, we tend to use mainly our presence in the session, our use of voice, our questioning techniques, focusing skills and active listening most of the time. All these will allow us to be emphatic towards our client and help us to facilitate their story-telling. Rapport-building is part of the entire process of being with the client. For example, we kept focusing on understanding Laura's dilemmas in terminating her pregnancy. All questions asked seemed to relate back to this fundamental issue – "Who knows about your decision to terminate your pregnancy?", "What kind of support you need?", "What would happen if you decide to keep the baby?" etc.

It is good practice to always ask questions about the client's coping with the problem. Do not ask too many questions about the problem itself. The client's specific ways of coping with the problem is what we need to understand. Ask questions about significant others through the lens of the client too. For example, "Would you be confident in raising your child?", "Do you think your mother would love you enough to forgive you?" as opposed to "Is your mother the forgiving type?". Asking questions about significant others directly would shift the story-telling focus to these people. For example, "Why is your husband not coming home most of the time?". Your client will start telling you stories about her husband's accustomed habits and lifestyles. This might lead to blaming him for her current problems. If you ask "Do you miss your husband when he is not home with you?", your client will begin telling you her story about her loneliness and yearnings and about what had gone wrong, examining both her husband's style of coping and her own coping style too.

You need to know your client's style in communication. Some clients need to talk a lot for fear of being misunderstood. Some clients are more emotive than others and some would prefer to stay at the cognitive (head-level) so as to protect themselves from feeling very hurt and disappointed. You may attend to the client at the level that they are comfortable at. Your own style may influence the client a little or may draw out the client a great deal. You need to decipher what is most appropriate for your client at any point in time. The golden rule is to know what your client needs from you. Therefore, it is not always true that by bringing your client to the emotive level will help to explore deeper emotions. You need to know whether your client is ready emotionally to go there.

By now you should understand why I focused so much attention on the use of voice and understanding what the client wants from you by exploring the underlying meaning of conversations - be it head level or emotive conversations. If you do not have all the skills, this aspect together with your presence and being genuine in helping your client would be able to guide you through. Remember that asking emotive questions in a cognitive or head-level style won't help to illicit inner feelings unless the client is already very emotional. For example, "Tell me why are you feeling so sad?" is a typical illustration of the worker asking for an explanation for the client's feelings rather than the feelings itself which can be better asked by this question: "What is this sudden bout of sadness about?". As for the former, your client might say "He made me so sad. He is the culprit.". As for the latter, your client might say "All of a sudden, I feel very scared and lost without him".

Forming hypotheses is important as part of the assessment process. This is done throughout the session. This will gradually be 2<sup>nd</sup> nature to you as you practise more. It is like being a new driver on the road when you become very sensitive and cautious over every driving element. We form a preliminary assessment half-way through a session but we need to constantly re-assess to test for accuracy. It is important not to label nor influence the client subconsciously based on our own values and beliefs. For example, "If you can accept your first-born, why can't you accept this unborn child?" is a good illustration of influencing the client's decision-making processes (in the role-play scenario, the client has no choice but was forced to accept her 1<sup>st</sup> born; the worker is now actually asking why can't she force herself to also accept her 2<sup>nd</sup> child to be born). It should be rephrased as "What could be the different difficulties faced between keeping the 1<sup>st</sup> child and the 2<sup>nd</sup> child?". The worker is helping the client to explore differences.

We often paraphrase when we want to emphasize the importance of a message that the client has just said. For example, "I feel like giving up. I have no Will to live." and the worker paraphrased this by saying "I heard you saying that you want to give up because you have no Will to live. Is this true?" (to be followed by a question to clarify the conversation). Your client might say "Did I say that? Oh ... what I meant was if I can't have him to stay by my side, I have no more Will to live on". Sometimes, your client converses as if you would have known the context of her conversation. However, we do not have such contexts most of the time. Paraphrasing is used immediately upon hearing the client's dialogue.

Summarising is used to bring out the important points after a whole series of conversations. For example, "You have been saying that by terminating your pregnancy, you will be displeasing your mother. By pleasing her, you need to give up your true love and a future better life? Tell me, what makes your mother more important to you than your own future?". This summary ends with a further question to clarify the client's thoughts.

Most importantly, we follow a framework in a counselling session(s). Remember the 7'As': aim(s) (your client's goal(s)), awareness-building (how aware is your client about her problems and how aware are you of your client's problems), acknowledgement (is your client able to acknowledge the problem as defined or redefined), acceptance (this concerns what your client can accept and what your

client cannot accept), appreciation (appreciates all your client's difficulties – your client needs to be accepted and felt connected with you), anchoring (only when there is a positive change), action (help your client to act on what she wants to do). Some of these 'As' take several sessions to complete. That means, it is not uncommon to just end a session by building awareness, especially if the problem is very complicated.

In conclusion, skills are secondary to your own attitude towards a counselling session. We talked about having a minute of silence to clear your mind before you start a session. You have tried it out and many of you felt this is a good way to prepare for your session. Indeed, we need to give our whole-hearted attention to our clients. Always practise within your own competency. Always ask for clinical supervision to augment your skills. Always practice ethically.

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