

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 .

Counseling is a process of helping individuals or group of people to gain self-understanding in order to be themselves. Burks and Steffler (1979) see counseling as a professional relationship between a trained Counsellor and a client. Olayinka (1972) defined it to be a process whereby a person is helped in a face-to-face relationship while Makinde (1983) explained counseling as an enlightened process whereby people help others by encouraging their growth. Counseling is a process designed to help clients understand and clarify personal views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and a resolution of problems of an emotional or interpersonal nature. It believes that every

human individual has the potential for self-growth, self-development and self-actualization.

In terms of a defining identity, MHC can be understood as “an aggregate of the specific educational, scientific, and professional contributions of the disciplines of education, psychology, and counseling” (Spruill & Fong, 1990, pp. 20-21). From early on, mental health counselors have defined their work as “an interdisciplinary multifaceted, holistic process of (1) the promotion of healthy life- styles, (2) identification of individual stressors and personal levels of functioning, and (3) preservation or restoration of mental health” (Seiler & Messina, 1979, p. 6). Psychological therapies enable reflection, helping us to understand and develop resilience around what we cannot change, while identifying positive changes and choices we are able to make; both strategies can result in reduced stress and improved general health and wellbeing. Psychological therapies also help us to focus on our relationships (with ourselves and others) and how these relationships impact on our values, beliefs and behaviours. This in turn can affect our motivation and influence health behaviours, such as what we eat, if and how we exercise, our engagement in meaningful activities such as work, and our alcohol and/or drug consumption. This suggests that there is potential for counselling and psychotherapy to help: prevent chronic physical and mental illness reduce the impact of co-morbid health problems relieve medically unexplained symptoms reduce distress.

Therapy can also have profound effects on our relationships with others, including parenting relationships. It can enable people to build, or rebuild, relationships with partners and families. It can give people confidence to engage with their local communities, build or re-establish friendships and social networks and achieve life goals and potential. These wider impacts of psychological therapies on relationships, families and communities have the potential to help improve individual and community resilience and thereby reduce health inequalities.

Counseling is important because it gives the opportunity to sort out a problem or issue that had trouble figuring out on your own. Here are some other reasons:

1. **Diagnosis.** If struggling with a mental diagnosis, such as depression or anxiety, counseling can be incredibly helpful in teaching skills and coping strategies.
2. **Review Patterns.** Counseling can be a place to review relationship patterns. Sometimes relationship patterns can cause great unhappiness, and this is a place to review why it is happening, and how to do things differently.
3. **Confidentiality.** Therapy is a place to disclose in (utter) confidence (with a few exceptions) all of it most tightly-kept secrets. Therapist is bound legally and trained professionally to hear most vulnerable moments and

thoughts. This can be a relief for some, as carrying these thoughts can be taxing.

4. Skills. Counseling can help improve skills such as [Adult ADHD](#) or communication. Some clients simply need education, resources and tools on how to strengthen a certain skill set.
5. Change. Therapy can be a powerful, transformative process for some. All of us struggle with something (work, relationships, parents, interpersonal). For some, investing in therapy can help you make the changes you want to reach your relationship or life goals.

The Relationship

Research has consistently and reliably demonstrated that the therapeutic relationship, the real, human bond between counselor and client, is the essential factor in successful counseling (Hubble, Duncan, & Miller, 1999; Prochaska & Norcross, 1994). People come to counseling to explore various aspects of the self, particularly those that are dysfunctional, pathological, or just hurting. They are confused, sad, anxious, and unable to help themselves. Their pain pushes them to make an ultimate leap of faith—a leap to you as a counselor or therapist. They make the tentative step to trust the most powerful and intimate parts of their lives to a perfect stranger. We have to be ready for it, ready to handle it all humanely and compassionately. So you can see how our ability to form a safe, trusting environment is crucial for our clients and their willingness to reveal their hidden, hurting selves to us. They need to feel accepted for who they are in all of their self-perceived flaws and failures. They need to feel accepted not only by you as the professional but also by themselves as individuals. Carl Rogers (1942, 1951, 1957, 1961) has taught us the most about forming and keeping that therapeutic relationship, which he saw as simply a human one. His qualities of genuineness, empathy, unconditional positive regard, and a nonjudgmental attitude are key elements to forming that trusting relationship. As a client reveals some painful or shameful information about himself, he notices the counselor accepts it and does not criticize him for it. The counselor empathizes with the pain and, with a genuine warm and caring demeanor, encourages the person to continue. He or she usually does. As the client grows in trust and feelings of safety, he or she reveals more to the counselor and to the self. This process enables us to proceed with the next part of the therapy—getting the facts of the person's life, hearing him or her tell the story more and more intimately and with greater detail. We are trying to collect data. We are mining the story of the individual's life in a framework of safety and trust to reveal the important details so we both can work with them. Besides our empathetic counseling demeanor, we use other Rogerian style interviewing techniques to keep the client talking.

The Role of the Mental Health Counselor

What happens in the immediate aftermath of a traumatic event may well determine the long-term mental health outcomes of those affected by the trauma (Auger, Seymour, & Roberts, 2004). In times of mass disaster, the role of the mental health professional changes from that played out in conventional practice. Clinical roles will vary from setting to setting and will change according to the stage of the disaster: the emergency phase, the early post-impact phase, and the restoration phase (Young et al., 1998). The initial work, sometimes referred to as “psychological first aid,” takes on a crisis intervention orientation, where the focus is on ensuring safety; assessing level of need/triage; stabilizing survivors, the bereaved, and rescue workers; connecting them to support systems; and providing psychoeducational support and referral for additional care when needed. The basic principles followed by disaster mental health professionals in early emergency response include: protect, direct, connect, triage, acute care, and consultation/referral (Young et al., 1998).

As time goes on, disaster mental health services shift from crisis intervention mode to providing ongoing psychological support to individuals, families, and community groups in the forms of counseling, consultation, and referral. Emergency mental health practitioners provide therapeutic assistance to those affected but do not provide them with psychotherapy. Provision of emergency mental health services begins immediately on acknowledgment of the disaster and can continue as long as two years or more afterward.

Everly and Mitchell (2001) defined a three-phase framework for addressing disasters (i.e., the pre-attack phase, the acute event management phase, and the reconstruction phase) that included the following recommendations: establish crisis intervention services and facilities in affected areas; provide pre-incident resiliency training as well as ongoing psychological support to emergency response personnel; provide ongoing factual information to all affected people, including age-appropriate information to children to promote coping strategies; facilitate communications, calm fears, and reestablish sense of safety; reestablish normal schedules as soon as possible; and avoid premature psychological exploration, which can be counterproductive and interfere with natural recovery mechanisms. To help people adjust to a world in which the basic assumptions of safety, predictability, and permanence no longer hold, counselors need to specifically promote strategies that will (a) provide social support and caring; (b) provide meaning (in tragedy) and understanding (of the world and our place in it), including working toward a reevaluation of priorities in one’s life and a greater appreciation of life; and (c) provide opportunities for heroism and self-esteem building so that people can feel good about themselves by doing good deeds and contributing to society/others (Pyszczynski et al., 2003, p.134).

In providing mental health interventions in human-made catastrophes, where the focus is on helping to reconstruct meaning, it is important to take into account local customs and values, including respect for the victim's faith and need for spiritual regeneration. An intervention framework that incorporates strategies from cognitive, behavioral, psychodynamic, and existential approaches has been recommended by Parson (1995). Under this model, the mental health worker can integrate both traditional and nontraditional (including indigenous self-help) forms of intervention and promote a sense of belonging, worth, and empowerment on the part of the survivor/bereaved as a means of helping to restore shattered meaning.