

Counseling

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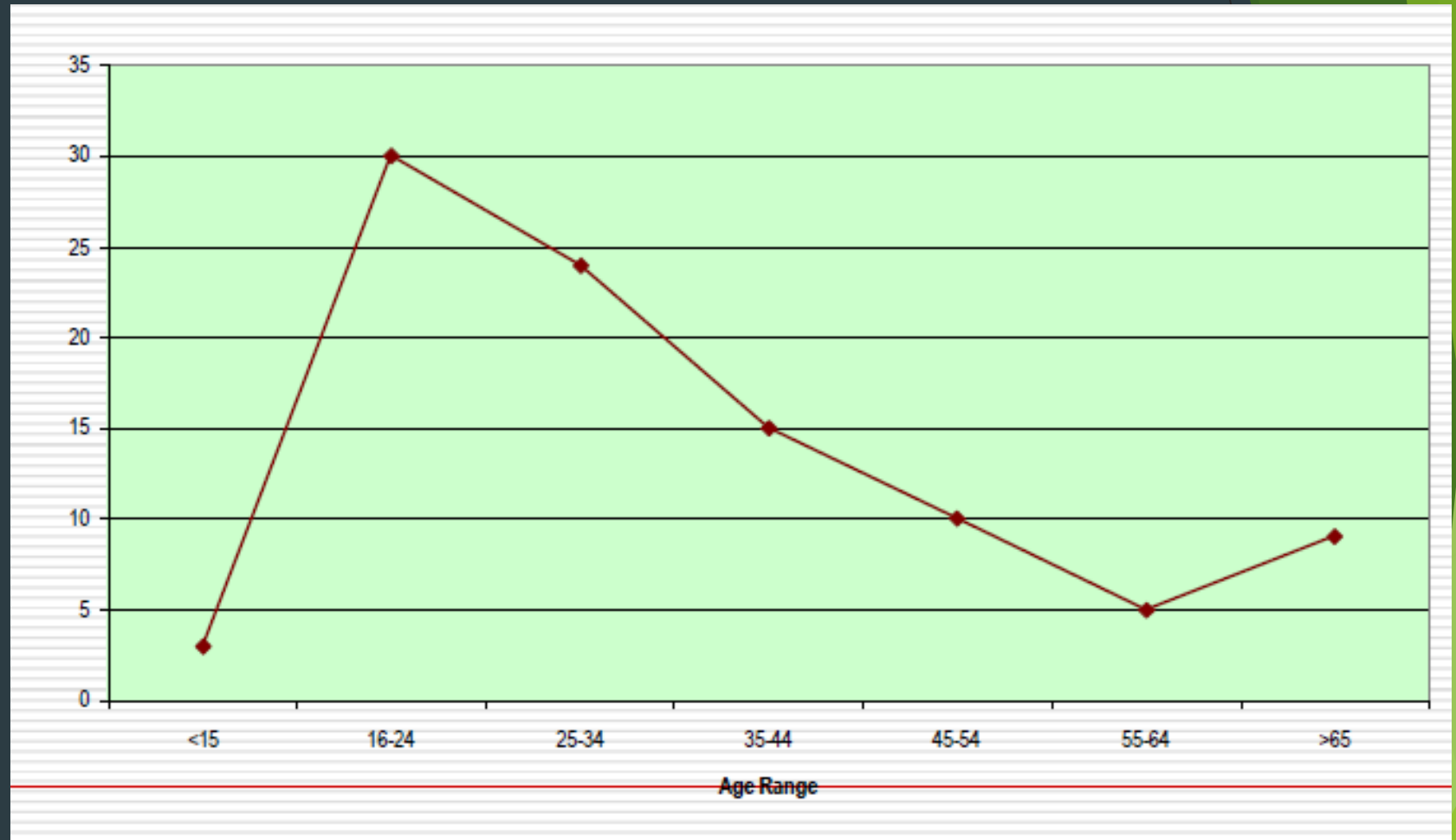
Need for counseling today...

- ▶ **High suicide rates**
- ▶ **High alcohol consumption rates**
- ▶ **Drug use**
- ▶ **Children with parents abroad**
- ▶ **Both parents working**
- ▶ **Deterioration of previously available social fabric**
- ▶ **War (PTSD)**
- ▶ **High competition at work (burn-out)**

Suicide rate in Sri Lanka

- ▶ **High suicide rates (6000-8000 persons/yr.)**
- ▶ ***Between 1985 and 2000***
 - ▶ **Deaths from war: 50,000**
 - ▶ **Deaths from suicide: 106,000**
 - ▶ *Source: Dr Neil Fernando, Consultant Psychiatrist*
- ▶ ***Common cause of death***
- ▶ **Suicide rate in women -world's No. 1**
- ▶ **Suicide rate in youth -world's No. 1**

Suicide by age class (Dr Neil Fernando)



Reasons for suicide

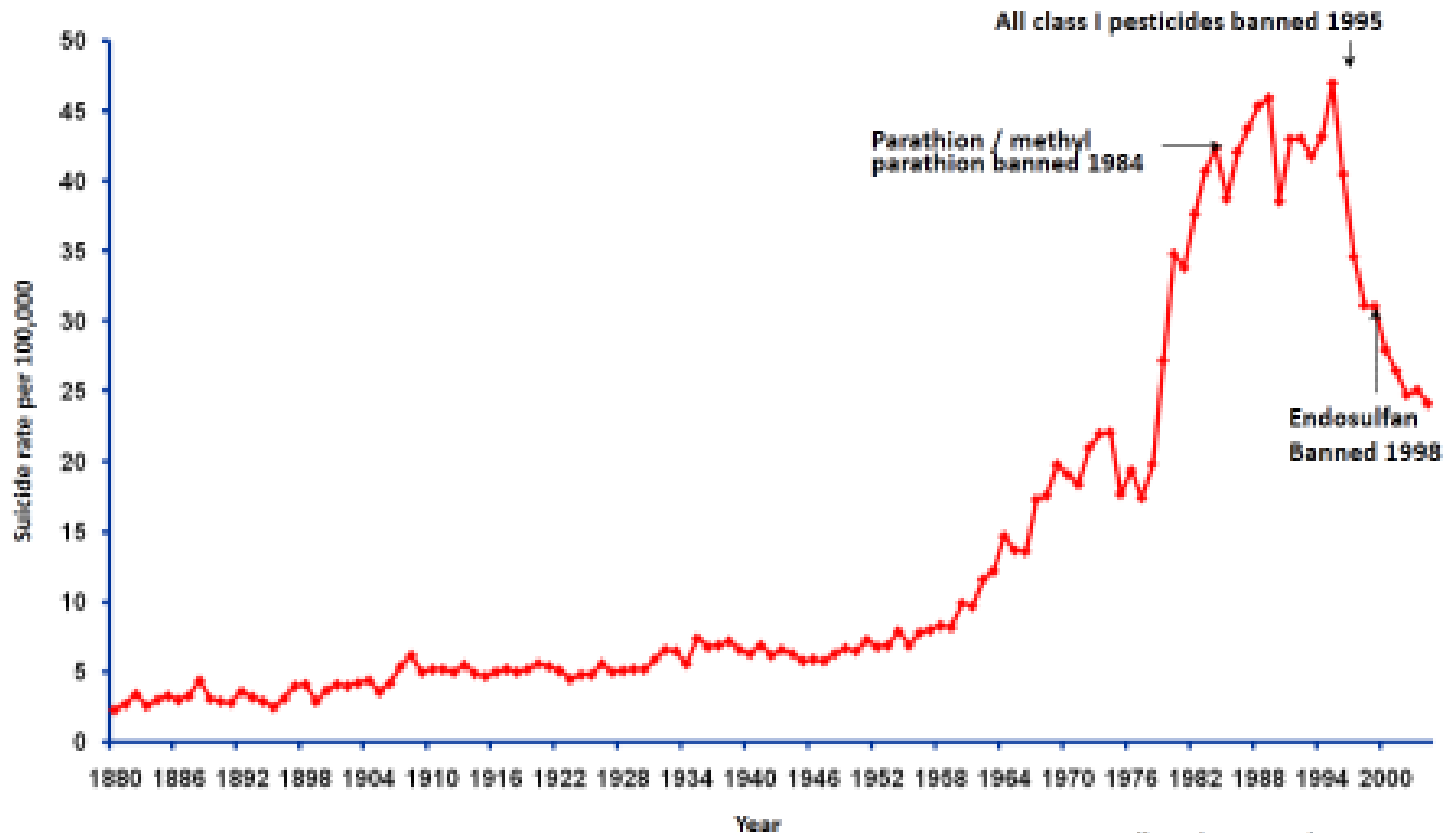
Social

- ☐ Old age
- ☐ Social isolation
- ☐ Lack of social cohesion
- ☐ Media publicity

Health

- ☐ Depression
- ☐ Alcohol dependence
- ☐ Schizophrenia
- ☐ Personality disorder

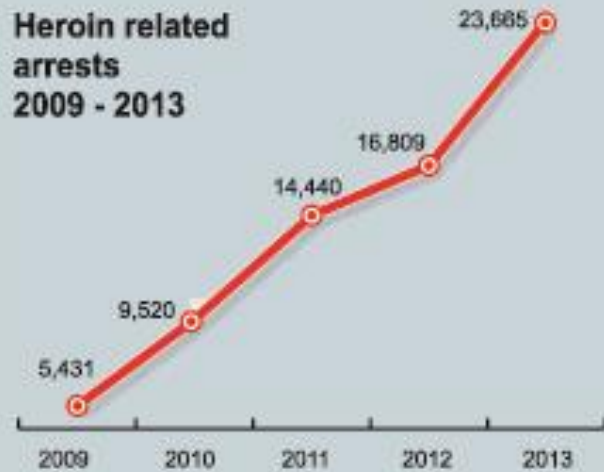
Suicide rates in Sri Lanka 1880-2005



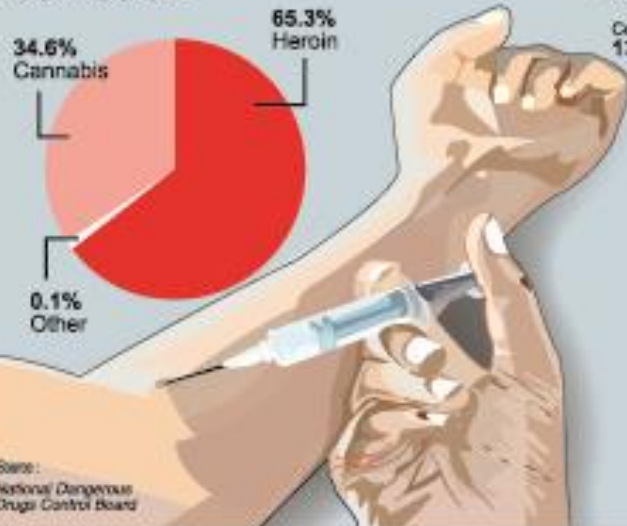
Gunnell et al, Int J Epid 2007

INCIDENCE OF DRUG ABUSE IN SRI LANKA

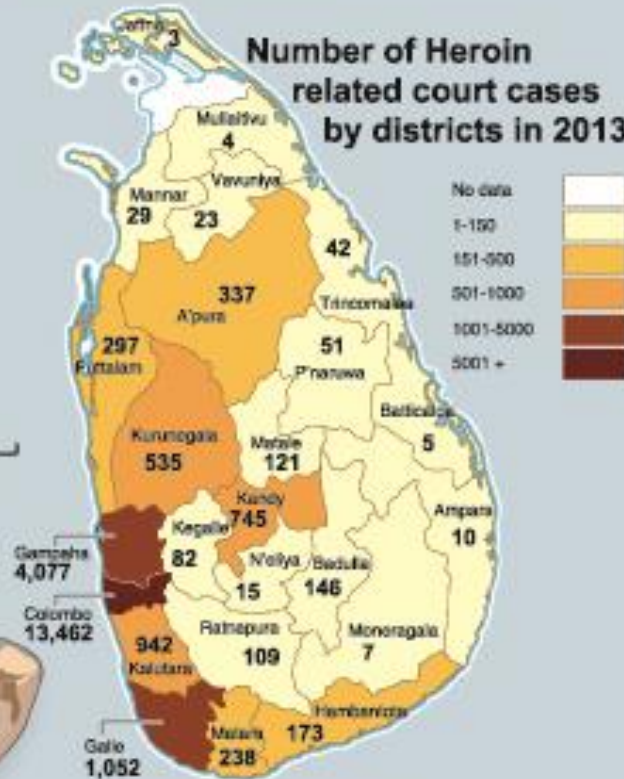
Heroin related arrests 2009 - 2013



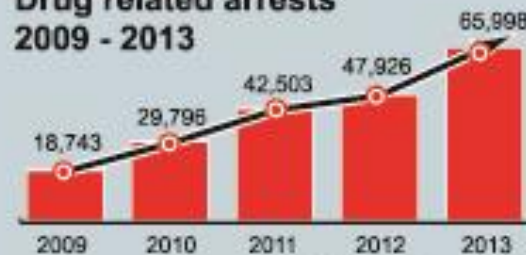
Narcotic related prison admission



Number of Heroin related court cases by districts in 2013



Drug related arrests 2009 - 2013



ST Graphic by Indrasenathi Jayasinghe

Injecting drug use

- ▶ Western Province records the highest population of Injecting drug users
- ▶ The majority were male
- ▶ An estimated 45,000 persons use heroin
- ▶ About 2.5% are IDUs
 - ▶ Source: National Drugs Control Board

Stimulants

- ▶ Cocaine
- ▶ Crack cocaine
- ▶ Amphetamines (methamphetamine, ecstasy)
- ▶ Nicotine



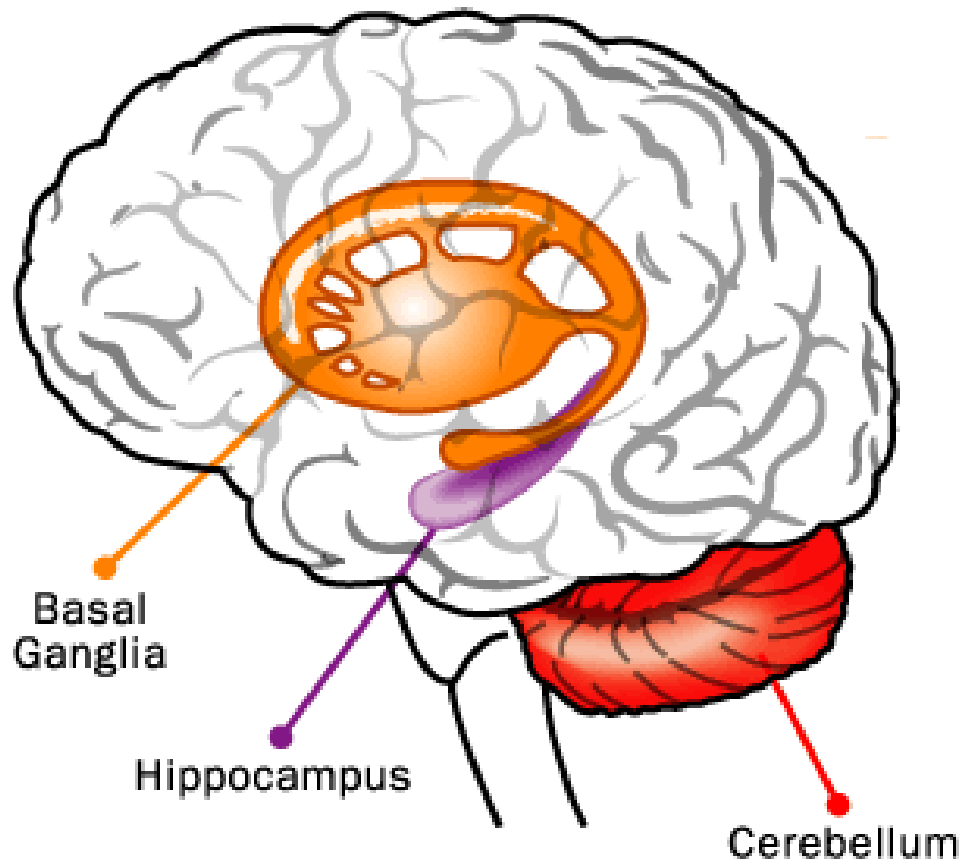


Marijuana (Cannabis)

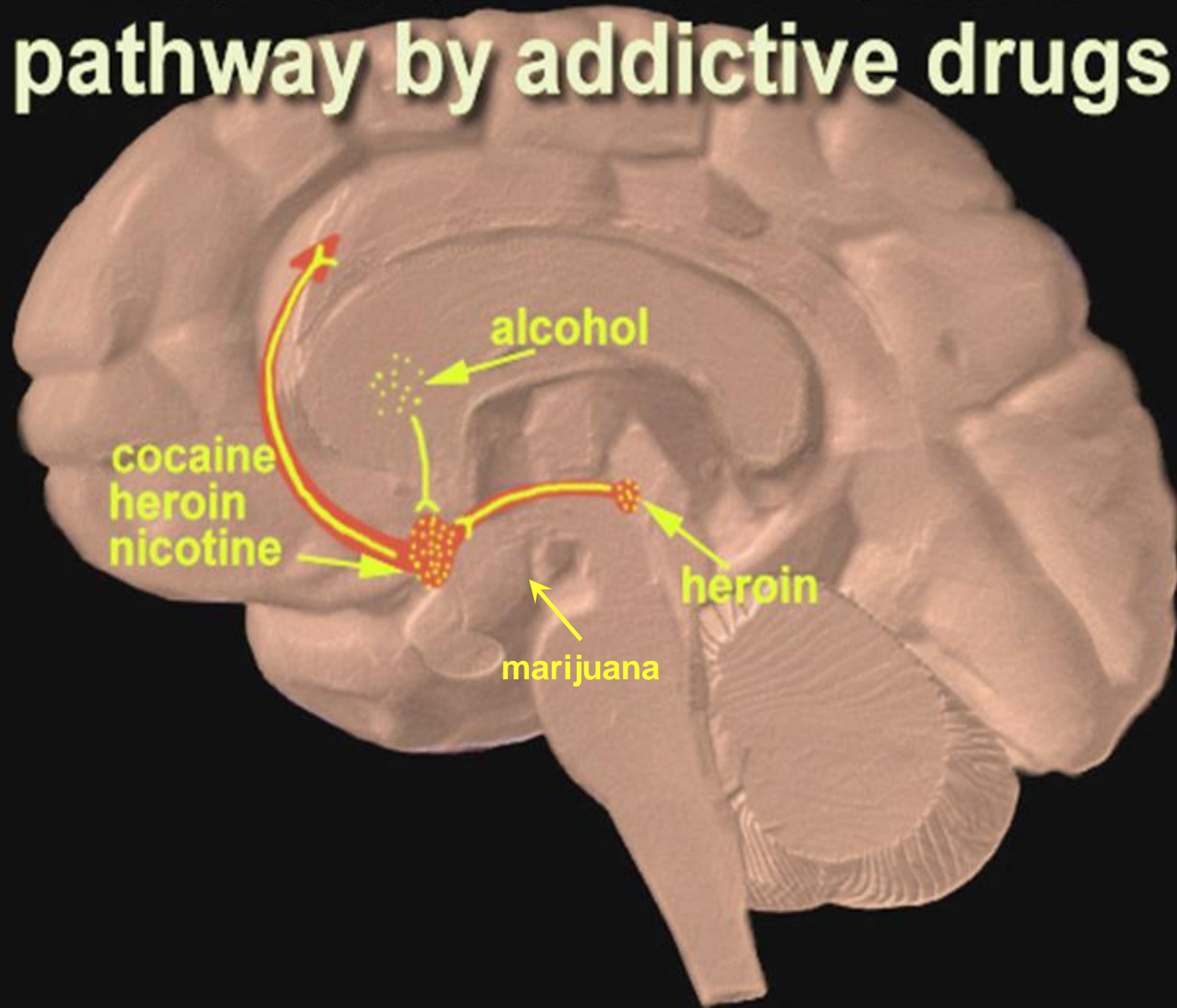
- ▶ The teen brain is more vulnerable to the negative effects of marijuana use.
- ▶ THC (tetrahydrocannabinol) affects the (**cannabinoid receptors**) parts of the brain that influence pleasure, memory, thinking, sensory, time perception, coordinated movement and concentration. A “high” is produced when these parts of the brain are overstimulated.
- ▶ The effects of being high creates:
 - ▶ Memory problems
 - ▶ Problems with processing information
 - ▶ Poor sensory & time perception
 - ▶ Poor concentration & coordination

▶ Source: NIDA Research Report Series: Marijuana Abuse (rev. July 2012)

Cannabinoid Receptor Sites



Activation of the reward pathway by addictive drugs



THC caused impairment

- ▶ THC disrupts coordination and balance by binding to receptors in the part of the brain that regulates balance, posture, coordination, and reaction time.
- ▶ Therefore **learning** and doing **complicated tasks**, like **driving** and participating in **athletics**, are affected.

THC caused impairment

- Disorientation
- Altered time/space perception
- Panic reactions
- Euphoria
- Poor Concentration
- Paranoia
- Sedation
- Impaired learning/memory
- Drowsiness
- Relaxed Inhibitions
- Altered thought formation More vivid senses

THC caused impairment

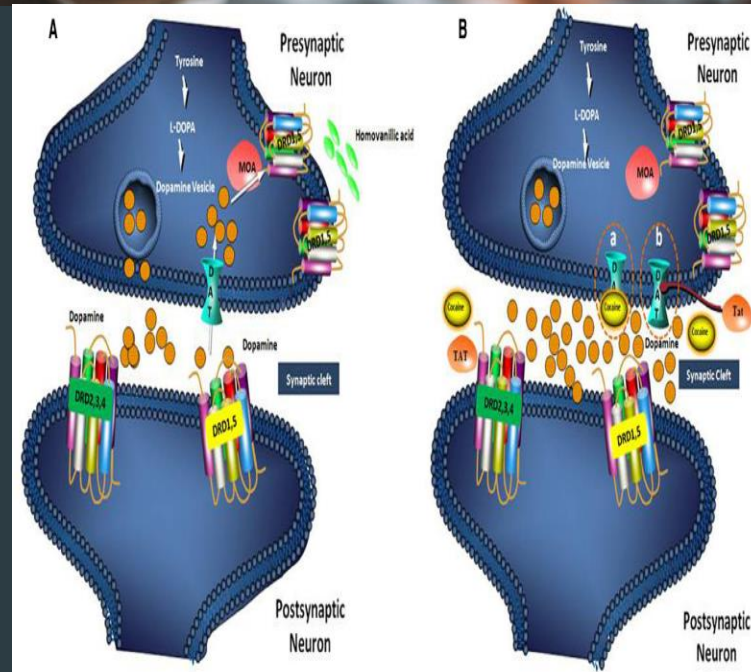
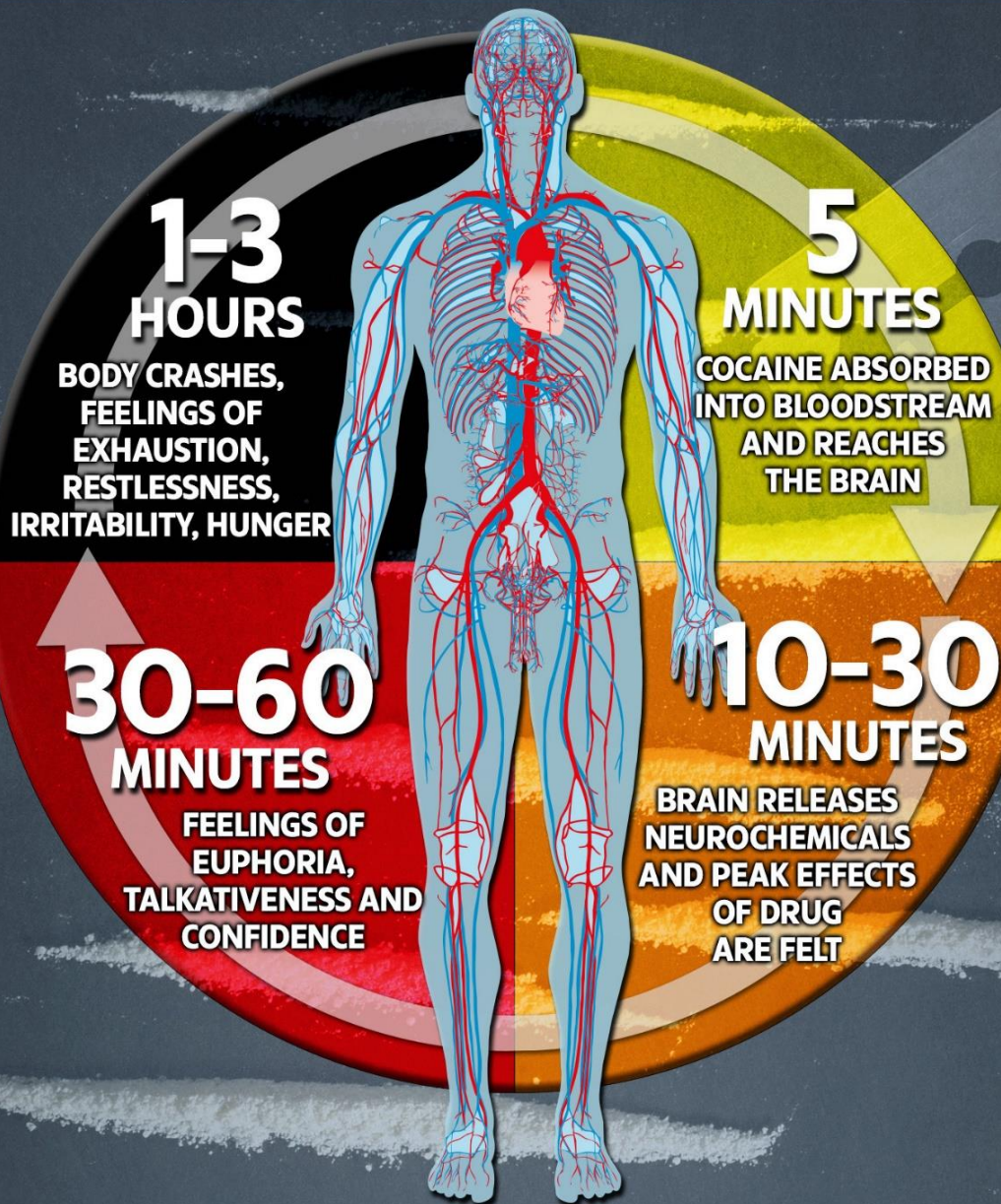
- Intensified reactions
- Fluctuating emotions
- Fragmentary thoughts with disassociations
- Dulling of attention
- Image distortion
- Acute psychosis* (including hallucinations, delusions, and a lost sense of personal identity)

What you need to know about Cocaine

Cocaine

- ▶ Blocks dopamine clean up in the brain, especially in the reward centers of the brain
- ▶ Constant firing of those neurons of the reward circuit produce the good feelings.
- ▶ Highly addictive and causes memory loss
- ▶ Can lead to death during use because it increases blood pressure and constricts blood vessels which can lead to a stroke (bleeding in the brain)

WHAT HAPPENS TO YOUR BODY WHEN YOU TAKE COCAINE



COMMON SIDE EFFECTS OF PURE COCAINE

Same side effects as cut cocaine but stronger



ANXIETY



HALLUCINATIONS



INCREASED HEART RATE



INCREASED BLOOD PRESSURE



LOSS OF APPETITE



NAUSEA

HYPERSTIMULATION

PANIC

PARANOIA

TACTILE HALLUCINATIONS

Heroin effects





Opiate
is made
from
the
juice of
the
poppy
pod.

There are worse
drugs: Meth (Ice)



**This is
methamphetamine**

Methods of use



Scott Houston / Corbis Sygma

Ice

- ▶ **Rush (20 – 40 minutes)**
- ▶ **High (3 days)**
- ▶ **Binge**
- ▶ **Crash**
- ▶ **Disinterest in previously enjoyed activities; and severe depression.**
- ▶ **Dry mouth, sores in and around the mouth**
- ▶ **Weight loss**
- ▶ **Irritability, temper outbursts, aggression**

This is not a great injectable drug



Meth

- ▶ **intense paranoia**
- ▶ **confusion, anxiety**
- ▶ **visual and auditory hallucinations**
- ▶ **Out-of-control rages**
- ▶ **delusions**















Alcohol

Alcohol use

▶ Current drinkers

- ▶ 39.6% (Male)
- ▶ 2.4% (Female)

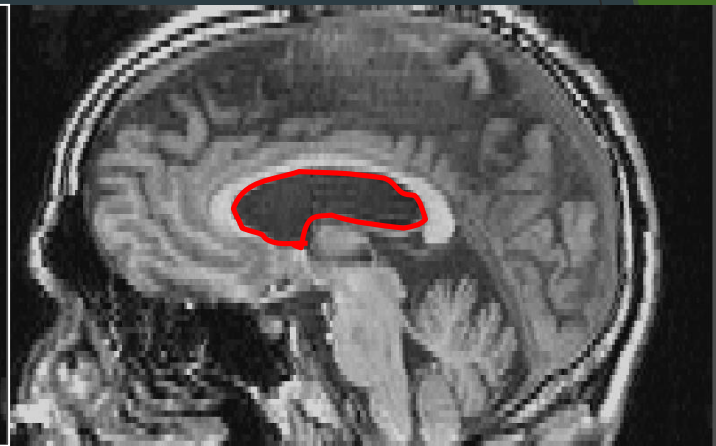
▶ Most consumed alcohol:

- ▶ Beer (76.9%)
- ▶ Various spirits (51.5%)
- ▶ Wine (25.8%)
- ▶ Kasippu (22.2%)
- ▶ Palmyrah toddy (16.9%)
- ▶ Toddy (16.8%) and
- ▶ Other types (5.3%).

Shrinkage: Ventricles

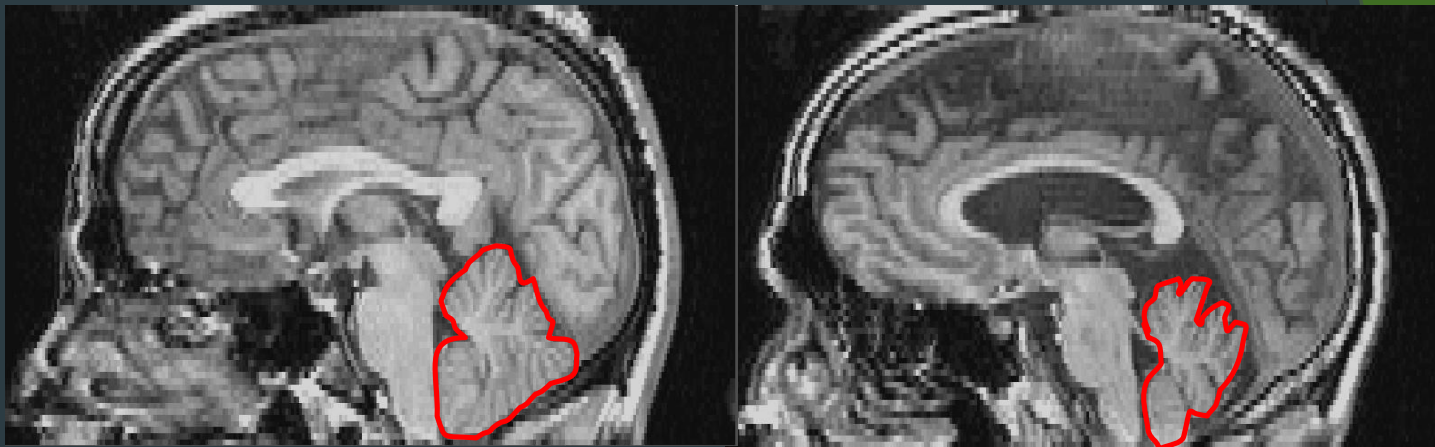


Non-alcoholic



Alcoholic

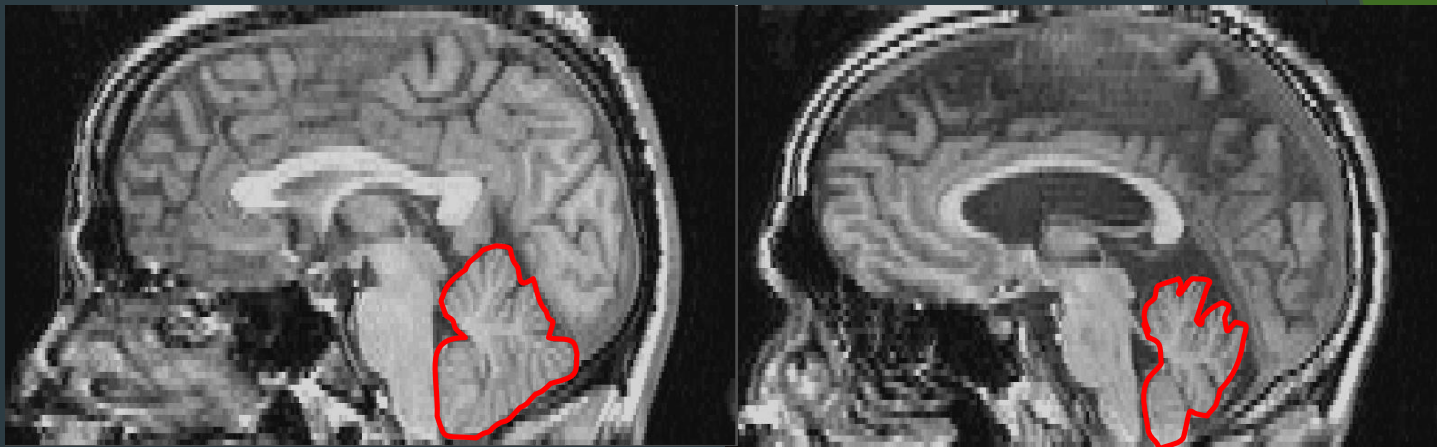
Shrinkage: Cerebellum



Healthy Control

Alcoholic

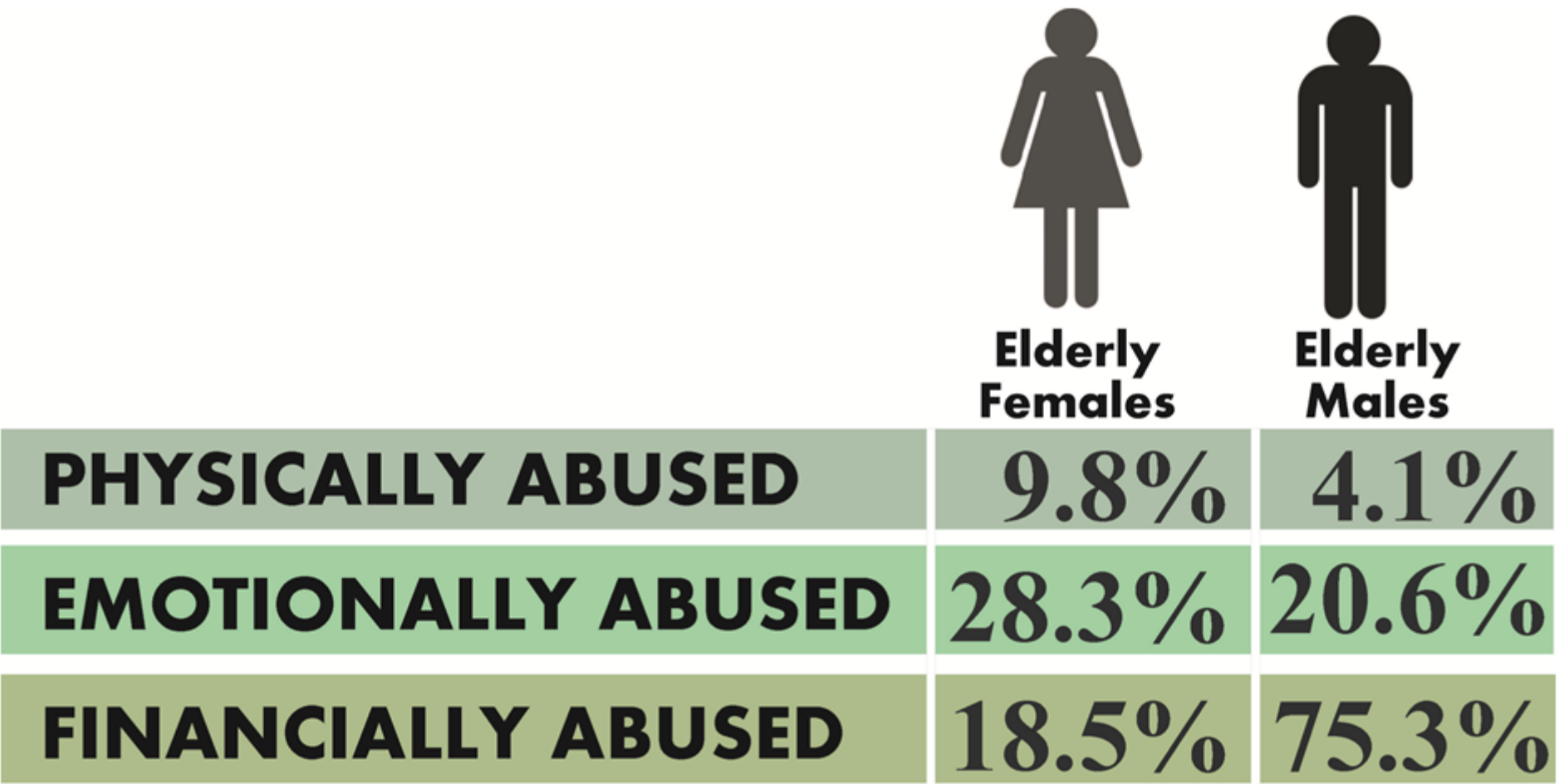
Shrinkage: Cerebellum



Healthy Control

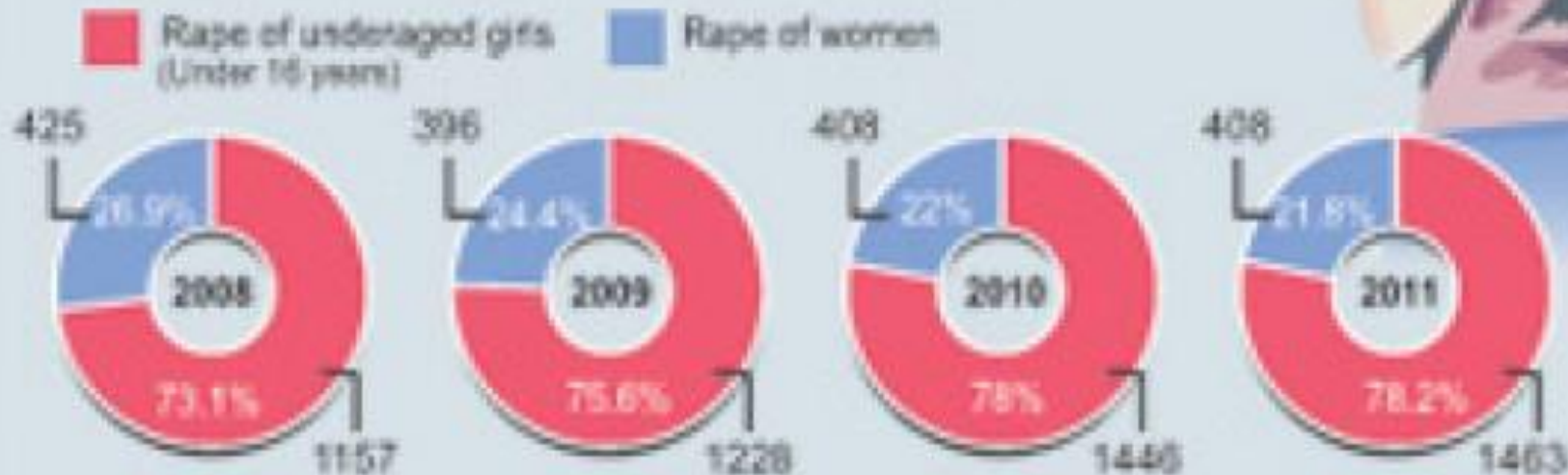
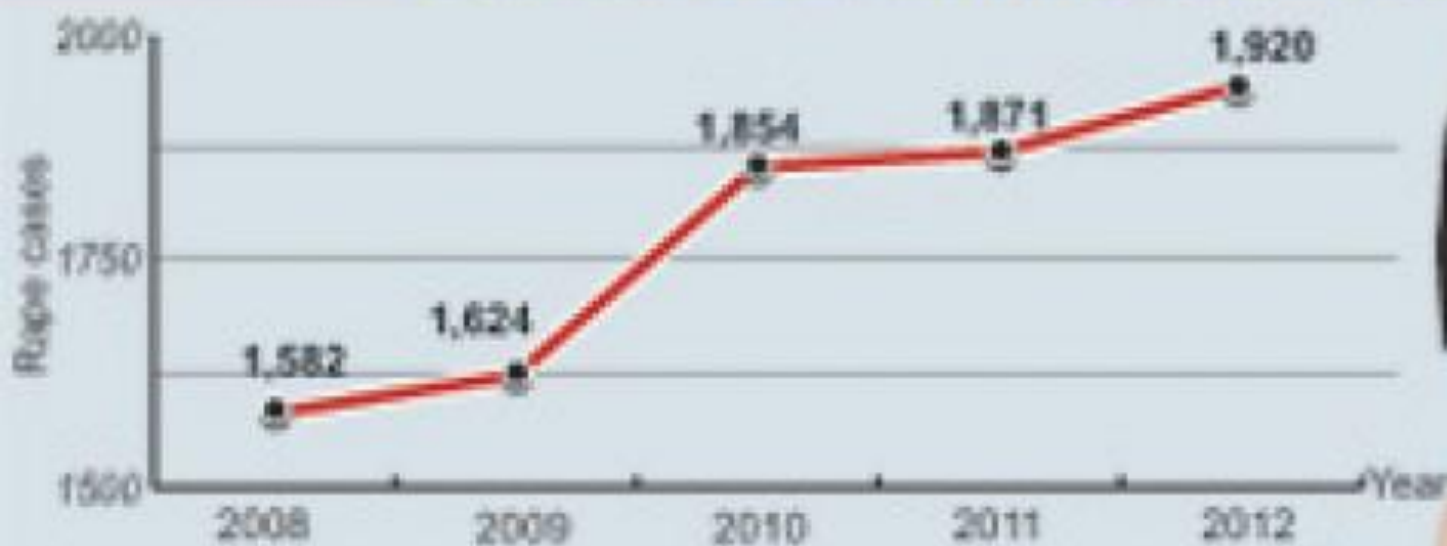
Alcoholic

Figure 1: Empirical Study on Prevalence of Abuse faced by Elders in Sri Lanka



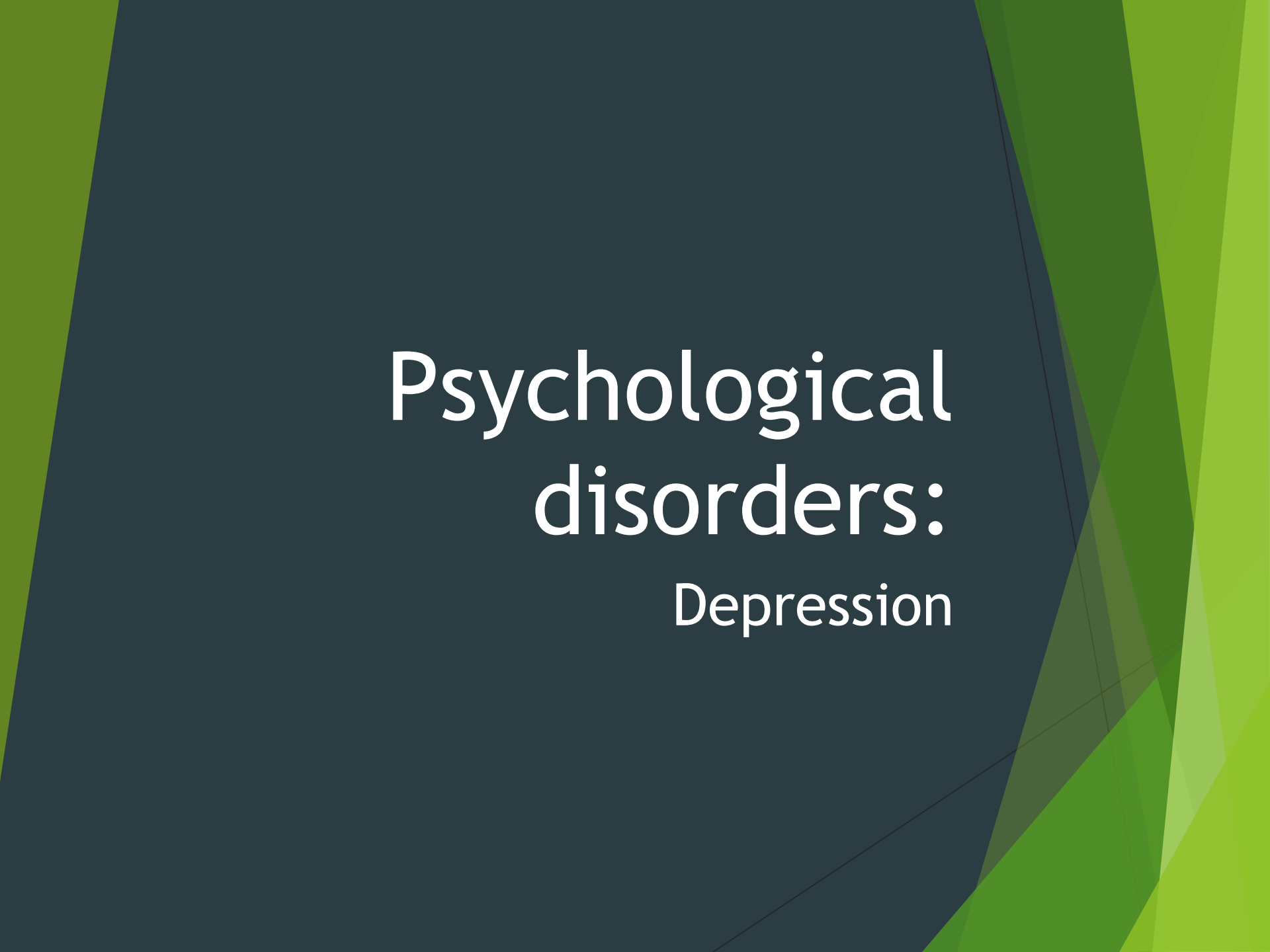
Source: Perera *et.al* (2010)

RAPE CASES ON THE INCREASE



Source :
SI, Police


Graphic by
Indranathi
Jayaraman

The background features a dark blue-grey central area. On the left, there is a solid green vertical band. On the right, there are several overlapping, semi-transparent green geometric shapes, including triangles and polygons, creating a layered effect.

Psychological disorders: Depression

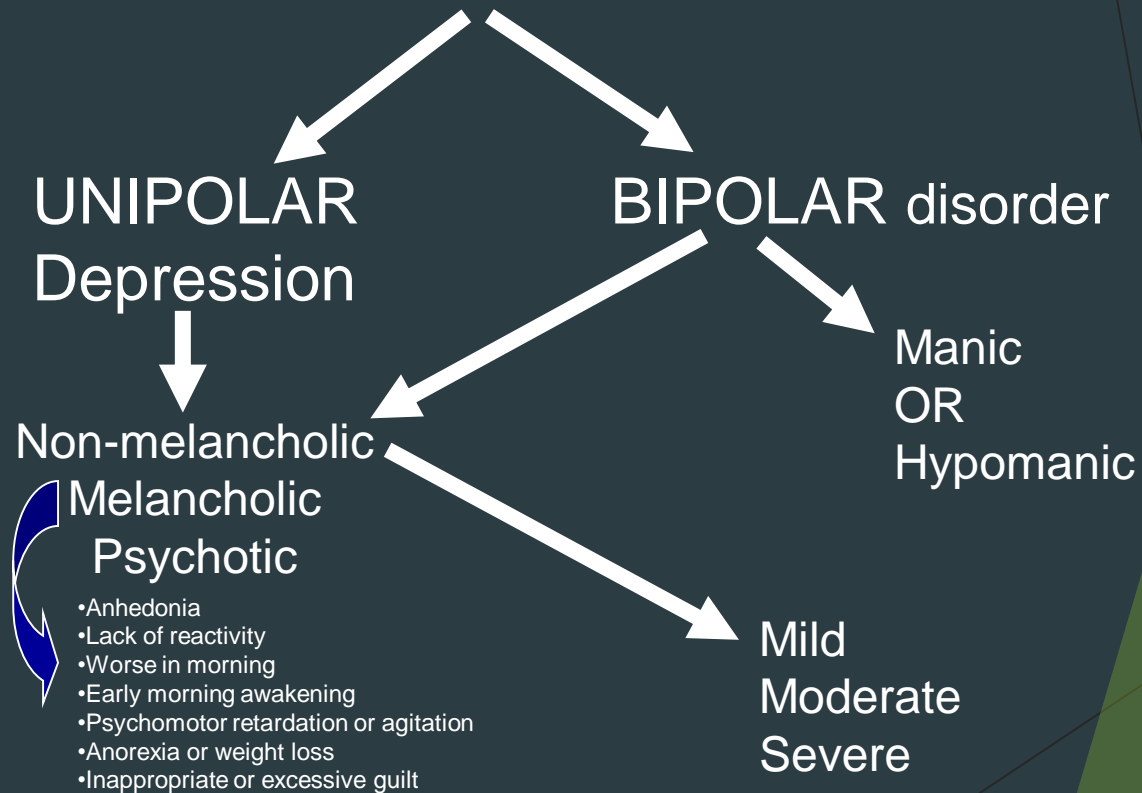
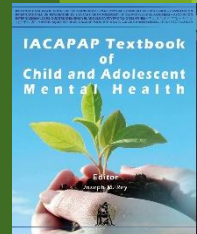
Understanding depression...

- ▶ It's a continuum which progresses from:
 - ▶ Normal mood lowering
 - ▶ Abnormal mood lowering
 - ▶ Abnormal mood lowering coupled with loss of function

A close-up, profile view of a woman's face, looking upwards and to the right. A single tear is visible on her cheek, running down from her eye. The background is dark, and the text 'Major Depressive Disorder' is overlaid in white. The image is framed by a green and blue geometric border.

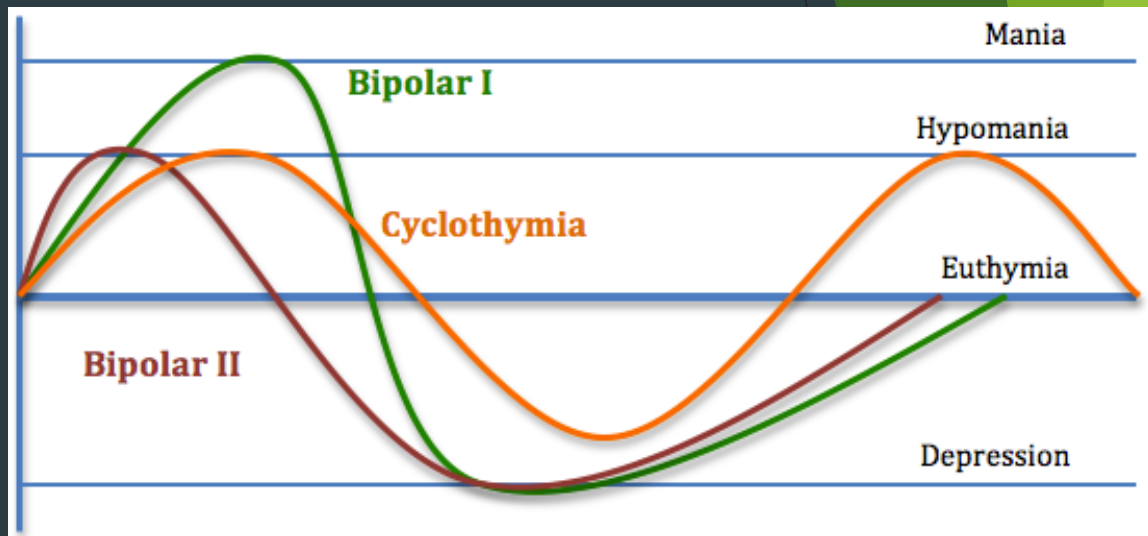
Major Depressive Disorder

Subtypes of Depression



Bipolar disorder

- ▶ Characterized by the occurrence of at least one manic or mixed-manic episode during the patient's lifetime
- ▶ Most patients also, at other times, have one or more depressive episodes
- ▶ In the intervals between these episodes, most patients return to their normal state of well-being



BIPOLAR DISORDER



Men and Women are equally affected .



Bipolar disorder is a mental health condition that causes tense shifts in mood (from manic to depression).



Bipolar disorder affects about 1-3 % in the general population.



One in five patients complete suicide.

Symptoms

People with bipolar disorder can quickly shift from feeling high, full of energy to feeling sad, down, hopeless.



Risk Factors



Genetic



Brain Structure



Family History

TREATMENT



Medicaments



Sleep Medication



Psychotherapy

Bipolar disorder

Bipolar disorder may present with either a depressive or a manic episode, and the peak age of onset for the first episode, whether depressive or manic, lies in the teens and early twenties.

Manic episode

The cardinal symptoms of mania are the following:

- ▶ Heightened mood (either euphoric or irritable)
- ▶ Flight of ideas and pressure of speech
- ▶ Increased energy
- ▶ Decreased need for sleep, and hyperactivity
- ▶ Patients progress through hypomania, acute mania, only a minority finally are propelled into delirious mania.

Depressive episode

- ▶ The depressive episodes seen in bipolar disorder, in contrast to those typically seen in a major depression, tend to come on fairly acutely, over perhaps a few weeks, and often occur without any significant precipitating factors
- ▶ They tend to be characterized by psychomotor retardation, hyperphagia, and hypersomnolence and are not uncommonly accompanied by delusions or hallucinations.
- ▶ On the average, untreated, these bipolar depressions tend to last about a half year.
- ▶ Mood is depressed and often irritable. The patients are discontented and fault-finding and may even come to loathe not only themselves but also everyone around them.
- ▶ Energy is lacking; patients may feel apathetic or at times weighted down.

Epidemiology

- ▶ Prevalent in children of couples married to first degree relatives
- ▶ inherited disorder characterized by episodic perturbations in endocrinologic, noradrenergic, serotonergic and cholinergic function, with these in turn possibly being related to subtle microanatomic changes in relevant brainstem structures.

Subtypes

- ▶ ***Psychotic depression***: severe depressive illness with psychosis, such as delusions or hallucinations
- ▶ ***Postpartum depression***: when a new mother is diagnosed with depression within 1 month after delivery
- ▶ Dysthymia
 - ▶ Less severe, long-term form of depression
 - ▶ Symptoms last most of the day, on most days, for 2 years or longer
 - ▶ People with dysthymia may experience major depression over their lifetimes

Predisposing/ Risk factors

- ▶ Losses
- ▶ Stressful life events
- ▶ Lack of social support
- ▶ Physical illness
- ▶ Female sex
- ▶ Genetic background
- ▶ Personal or family history of depression
- ▶ Recent childbirth



Epidemiology

- ▶ Pre-pubertal children: 1-2%
- ▶ Adolescents: 5%
- ▶ Cumulative prevalence
 - ▶ Girls: 12%
 - ▶ Boys: 7%

Suicidal behaviour

- ▶ Suicidal thoughts:
 - ▶ 1 out of 6 girls
 - ▶ 1 out of 10 boys
- ▶ 100:1 ratio of attempts to completions
- ▶ 60% depressed youth have thoughts of suicide
- ▶ 30% depressed youth make a suicide attempt

Depression Symptoms

Emotions

- Sadness
- Anxiety
- Guilt
- Anger
- Mood swings
- Irritability

Thoughts

- Self-criticism
- Impaired memory
- Indecisiveness
- Confusion
- Thoughts of death and suicide

Physical

- Chronic fatigue
- Lack of energy
- Sleeping too much or too little
- Weight gain or loss
- Loss of motivation
- Substance abuse

Behavior

- Withdrawal from others
- Neglect of responsibilities
- Changes in personal appearance



DSM V Criteria Major Depression

Five or more of the following symptoms have been present during the same 2 week period and represent a change from previous functioning and at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure:

- 1) depressed mood most of the day
- 2) markedly diminished interest or pleasure in activities
- 3) significant weight changes
- 4) insomnia or hypersomnia
- 5) psychomotor agitation or retardation
- 6) fatigue or loss of energy
- 7) feelings of worthlessness or inappropriate guilt
- 8) diminished ability to think or concentrate, indecisiveness
- 9) recurrent thoughts of death

Pathophysiology

- ▶ Exact cause is unknown, but there are several theories
- ▶ Norepinephrine and serotonin are deficient
- ▶ Deficiency in serotonin reuptake sites (as found on autopsy)
- ▶ Hypersecretion of cortisol
- ▶ Hypothyroidism (especially women)
- ▶ Circadian rhythm changes (evidenced by abnormal sleep patterns in these patients)
- ▶ Defective gene on chromosome 4 (patients with this gene are 26 times more likely to be hospitalized for severe depression/attempted suicide)

Other Theories

- ▶ **Kindling:** environmental stressors activate internal physiologic stress responses; with reoccurring event, takes less to activate depression
- ▶ Inward anger and aggression over a significant loss
- ▶ Negative cognitive patterns developed over time

Treatment options

Depending on severity:

- ▶ Watchful waiting
- ▶ Supportive management
- ▶ Psychosocial interventions
 - ▶ Cognitive Behavioral Therapy (CBT)
 - ▶ Identify links between mood, thoughts, activities
 - ▶ Challenge negative thoughts
 - ▶ Increase enjoyable activities
 - ▶ Build skills to maintain relationships
 - ▶ Interpersonal Psychotherapy (IPT)
- ▶ Medication

Pharmacologic Treatment

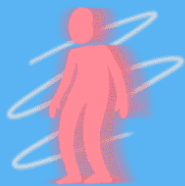
- ▶ *Selective serotonin reuptake inhibitors (SSRIs)*: often first-line medication
- ▶ *Serotonin-norepinephrine reuptake inhibitors (SNRIs)*: increase availability of serotonin and epinephrine
- ▶ *Tricyclic antidepressants*: block serotonin reuptake
- ▶ Other medications include a norepinephrine-dopamine reuptake inhibitor, a noradrenergic and specific serotonergic antidepressant, and monoamine oxidase inhibitors

Schizophrenia

Jaime A. Pineda, Ph.D.

Symptoms of Schizophrenia

Positive:



Delusions



Hallucinations



Disorganized speech

Negative:



Flattened affect



Reduced speech



Lack of initiative

Life expectancy for a person with schizophrenia is just 54 years of age

Premature mortality is the result of suicide, undiagnosed and untreated physical illnesses, physical inactivity, cigarette smoking, side effects of anti-psychotic medication, poor diet, and alcohol consumption.

Schizophrenia Awareness Week
19 May to 26 May 2019



mi NETWORKS
AUSTRALIA
1800 985 944

Schizophrenia is a psychotic disorder

A severe mental disorder in which thinking and emotion are so impaired that the individual is seriously out of contact with reality.

This is not split or multiple personality disorder!

Epidemiology

- **95% of sufferers – lasts a lifetime**
- **Many homeless suffer from Schizophrenia**
- **15% do not respond to medication**
- **75% partial effective**
- **20-50% attempt suicide**
- **10% kill themselves**
- **20% shorter life expectancy**
- **25% experience secondary depression**

Positive symptoms

- ▶ Distortions or excesses of normal functioning
 - ▶ delusions,
 - ▶ hallucinations,
 - ▶ disorganized speech,
 - ▶ thought disturbances,
 - ▶ motor disturbances
- ▶ Positive symptoms are generally more responsive to treatment than negative symptoms

Delusions

- ▶ False beliefs that are firmly and consistently held despite disconfirming evidence or logic
 - ▶ Note: Individuals with mania or delusional depression may also experience delusions.
- ▶ However, the delusions of patients with schizophrenia are often more bizarre (highly implausible).

Delusions

▶ Delusions of Grandeur

- ▶ Belief that one is a famous or powerful person from the past or present

▶ Delusions of Control

- ▶ Belief that some external force is trying to take control of one's thoughts (thought insertion), body, or behavior

Delusions

▶ **Thought Broadcasting**

- ▶ Belief that one's thoughts are being broadcast or transmitted to others

▶ **Thought Withdrawal**

- ▶ Belief that one's thoughts are being removed from one's mind

Delusions

▶ Delusions of Reference

- ▶ Belief that all happenings revolve around oneself, and/or one is always the center of attention

▶ Delusions of Persecution

- ▶ Belief that one is the target of others' mistreatment, evil plots, and/or murderous intent

Hallucinations

- ▶ Sensory experiences in the absence of any stimulation from the environment
- ▶ Any sensory modality may be involved
 - ▶ auditory (hearing);
 - ▶ visual (seeing);
 - ▶ olfactory (smelling);
 - ▶ tactile (feeling);
 - ▶ gustatory (tasting)
- ▶ Auditory hallucinations are most common

Disorganized Speech / Thought Disturbances

- ▶ Problems in organizing ideas and speaking so that a listener can understand
- ▶ **Loose Associations** (cognitive slippage)
 - ▶ continual shifting from topic to topic without any apparent or logical connection between thoughts
- ▶ **Neologisms**
 - ▶ new, seemingly meaningless words that are formed by combining words

Disorganized Motor Disturbances

- ▶ Extreme activity levels (unusually high or low), peculiar body movements or postures (e.g., catatonic schizophrenia), strange gestures and grimaces

Types of Negative Symptoms

▶ Anhedonia

- ▶ inability to feel pleasure; lack of interest or enjoyment in activities or relationships

▶ Avolition

- ▶ inability or lack of energy to engage in routine (e.g., personal hygiene) and/or goal-directed (e.g., work, school) activities

Types of Negative Symptoms

▶ Alogia

- ▶ lack of meaningful speech, which may take several forms, including poverty of speech (reduced amount of speech) or poverty of content of speech (little information is conveyed; vague, repetitive)

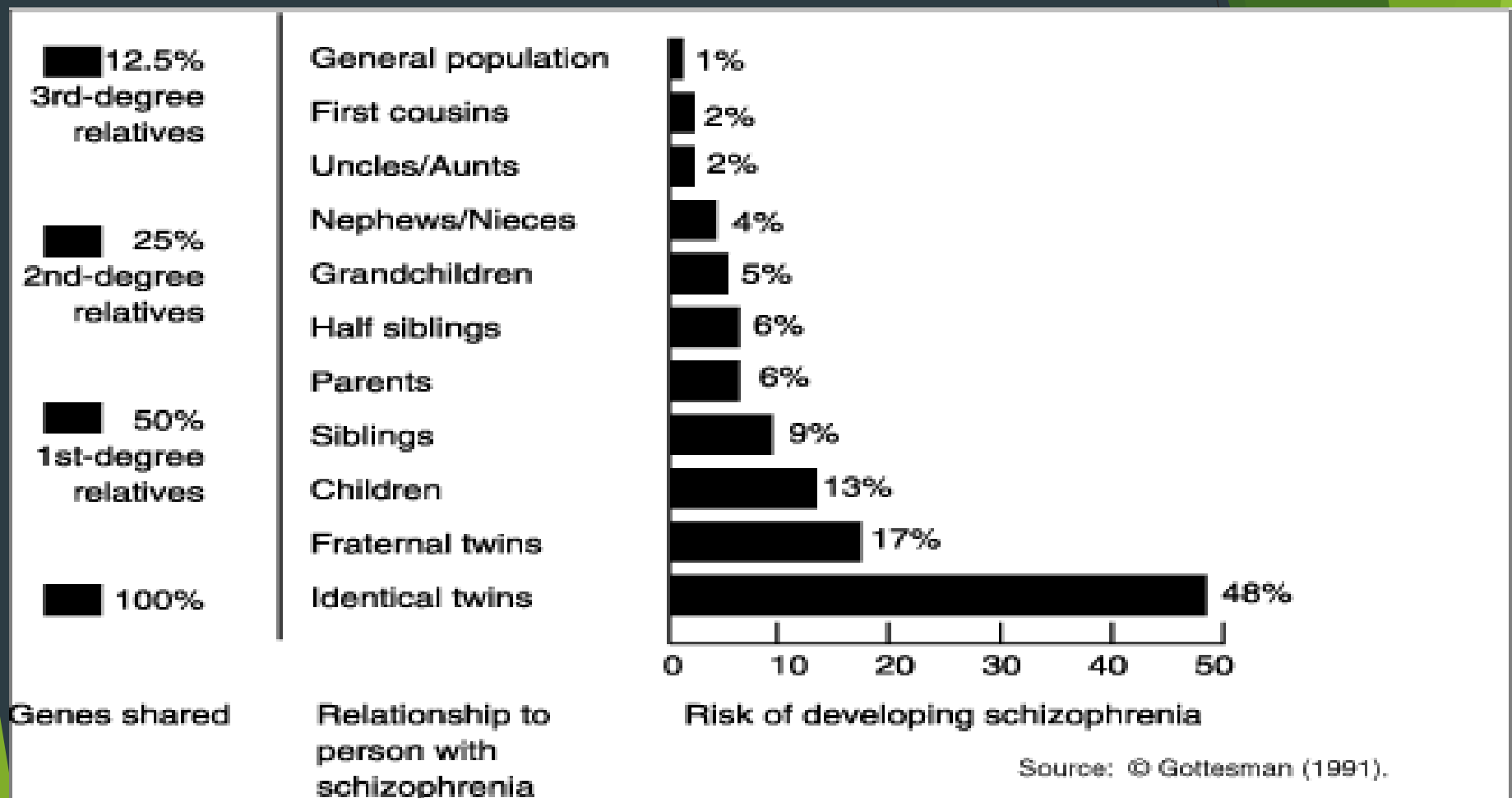
▶ Asociality

- ▶ impairments in social relationships; few friends, poor social skills, little interest in being with other people

Types of Negative Symptoms

▶ Flat_Affect

- ▶ No stimulus can elicit an emotional response
- ▶ Patient may stare vacantly, with lifeless eyes and expressionless face.
- ▶ Voice may be toneless.
- ▶ Flat affect refers only to outward expression, not necessarily internal experience.



Biological Finding

▶ *The Dopamine Hypothesis*

- ▶ Disturbed functioning in dopamine system (i.e., excess dopamine activity at certain synaptic sites)

▶ Supportive evidence:

- ▶ Phenothiazines reduce dopamine activity and psychotic symptoms are reduced;
- ▶ L-Dopa and amphetamines increase dopamine activity and can produce psychotic symptoms

Problems

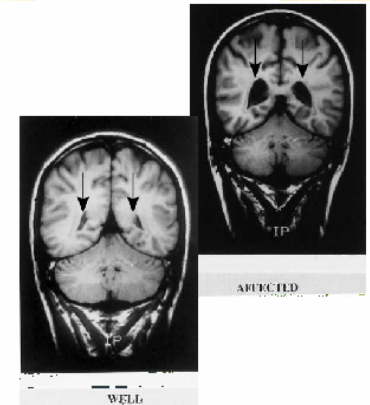
- ▶ Many people with schizophrenia are not responsive to antipsychotic medications affecting dopamine.
- ▶ Other effective medications (Clozapine) work primarily on serotonin, rather than dopamine, system.
- ▶ Antipsychotic drugs block dopamine receptors quickly, but relief from symptoms is not seen for weeks.

Biological Finding

- ▶ Enlarged ventricles (i.e., spaces) in the brain and/or decreased volume in frontal & temporal lobes
- ▶ Indicates deterioration or atrophy of brain tissue
- ▶ Supportive evidence: CT scan & MRI studies
- ▶ However, this theory too has problems

Schizophrenia: A Brain Disorder

- Pairs of identical twins, discordant
 - i.e., one schizophrenic and the other normal
- Schizophrenics had enlarged ventricles (see arrows) compared to normal sibling
 - Suddarth, et al., 1990

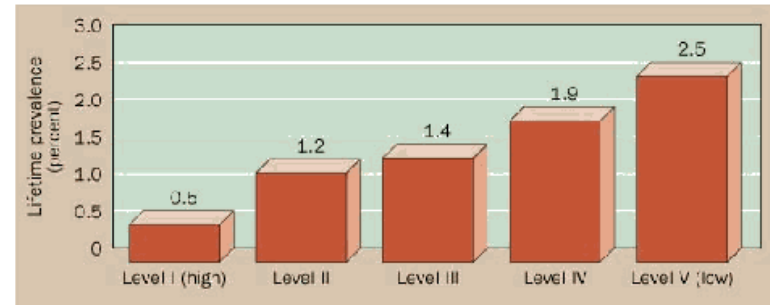


Environmental Factors

- ▶ Family Characteristics
- ▶ Social Class

Socioeconomic Status and Schizophrenia

- Schizophrenia is diagnosed more frequently among people of lower socioeconomic classes than among those in higher classes.



Obsessive Compulsive Disorder



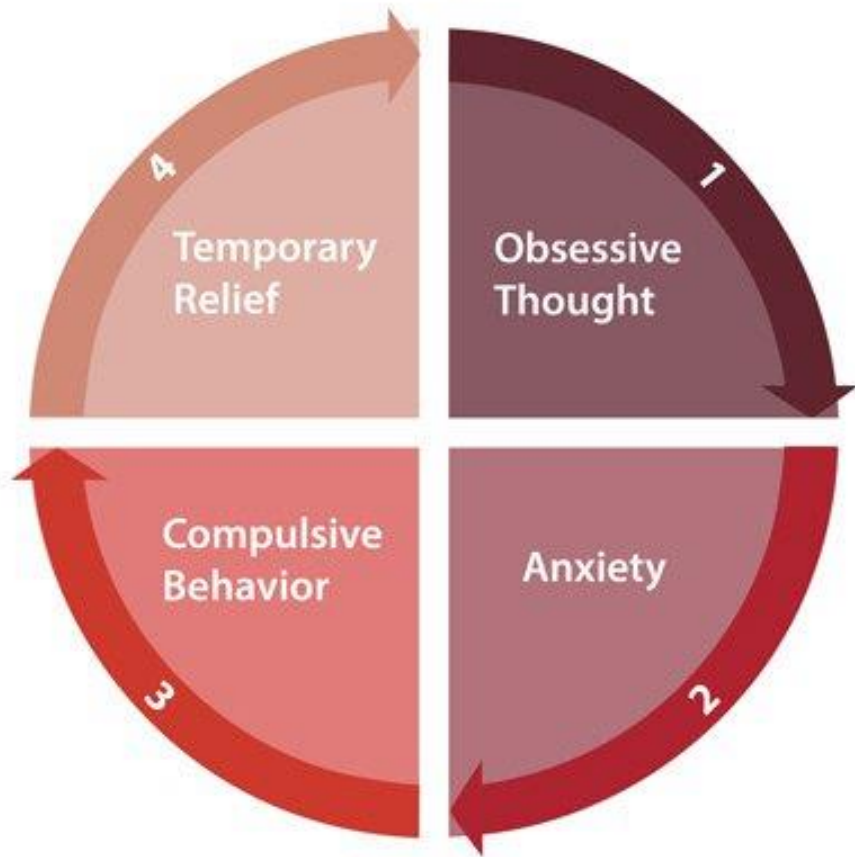
THE MANY DIFFERENT TYPES OF OCD

MORE TYPES OF OCD MAY STILL BE
UNDISCOVERED AND UNCATEGORIZED FOR YEARS

However, specialists group cases of OCD types into
six separate categories

- CHECKING ■
- CONTAMINATION ■
- MENTAL CONTAMINATION ■
- HOARDING ■
- RUMINATIONS ■
- INTRUSIVE THOUGHTS ■

The Vicious Cycle of OCD



Contamination obsessions/
Cleaning obsessions





Does this bother you?

Symmetry or
ordering
obsessions



Hoarding
obsession

Obsession

Example: Constant thoughts about whether or not the oven was turned off, even after checking once.



Anxiety

Obsessions cause strong, uncomfortable feelings of anxiety. The person feels compelled to act and remove the discomfort.



Relief

The individual experiences relief from their anxiety. However, the obsessive response has been strengthened for the future.



Compulsion

Example: Repeatedly checking to confirm that the oven is off. Possibly going to great lengths to do so, such as traveling home from work.

Checking and rechecking

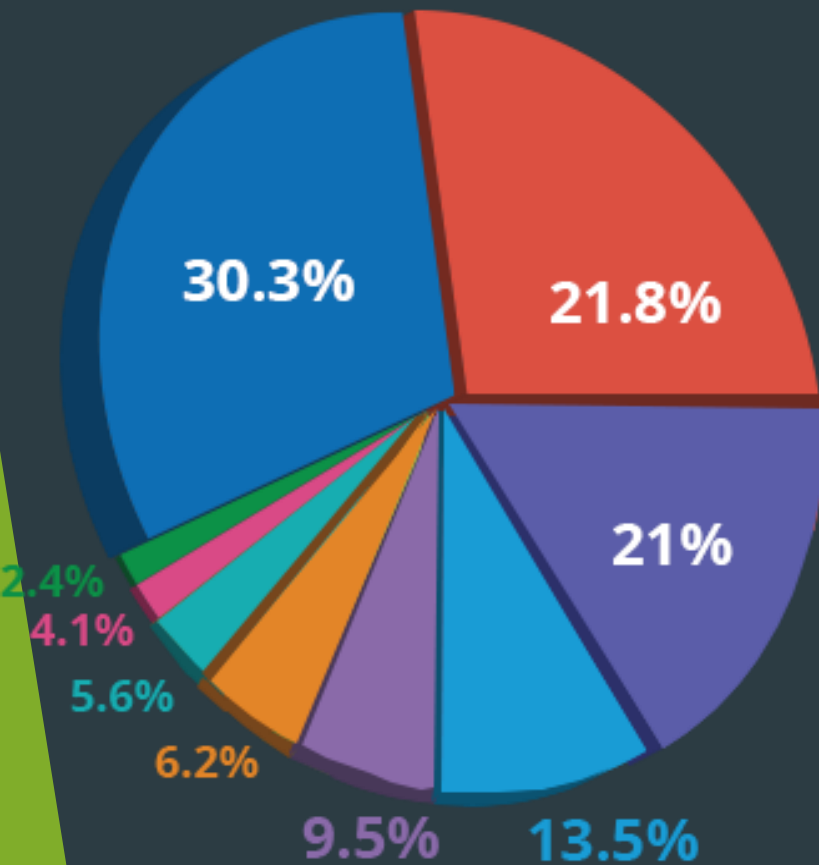
Need for Counseling



Why?

- ▶ Students in large universities often suffer in silence
- ▶ This is especially bad during the first years in university
- ▶ Academics are too busy to handle emotional issues
- ▶ Wellbeing is often affected, and maybe health as well

Problems faced by students



Factor

% of Total

Stress

30.3%

Anxiety

21.8%

Sleep Difficulties

21%

Depression

13.5%

Relationship Difficulties

9.5%

Finances

6.2%

Roommate Difficulties

5.6%

Alcohol Use

4.1%

Physical Injury

2.4%

Mental Illness on Campus

Source: National Alliance on Mental Illness

7%

of college students
have considered
suicide.

50%

of college students
have felt extreme
anxiety.

31%

of college students
have felt depressed.

45%

of adults who stopped attending college
because of mental health issues said the
reason was because they didn't request
accommodations.

25%

of college students were diagnosed
or treated for mental illness within
the last year.

SUICIDE is the
third-leading cause of
death
on college campuses.

ANXIETY and
DEPRESSION were
the top two mental
issues reported
by college students
in 2011.

Depression Symptoms



Emotions

- *Sadness*
- *Anxiety*
- *Guilt*
- *Anger*
- *Mood swings*
- *Irritability*



Thoughts

- *Self-criticism*
- *Impaired memory*
- *Indecisiveness*
- *Confusion*
- *Thoughts of death and suicide*



Physical

- *Chronic fatigue*
- *Lack of energy*
- *Sleeping too much or too little*
- *Weight gain or loss*
- *Loss of motivation*
- *Substance abuse*



Behavior

- *Withdrawal from others*
- *Neglect of responsibilities*
- *Changes in personal appearance*



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Vincent Van Gough - self portrait



Vincent Van Gogh painting 2
months before committing
suicide

At Eternity's Gate (1890), Kröller-Müller Museum, Otterlo

Definition Of Counseling

- ▶ **Counseling is the application of**
 - ▶ **psychological or**
 - ▶ **human development principles,**
- ▶ **through**
 - ▶ **cognitive,**
 - ▶ **affective,**
 - ▶ **behavioral or**
 - ▶ **systemic strategies**
- ▶ **that address wellness, personal growth, or career development, as well as pathology**

Counseling Deals With

- ▶ **Wellness**
 - ▶ **Personal growth**
 - ▶ **Career, and**
 - ▶ **Pathological concerns.**
-
- ▶ **This part of the definition suggests that counselors work with both intra- and interpersonal concerns in areas that include university, family and career.**

- ▶ **Counseling is a professional service provided in order to assist individuals:**
 - ▶ **in making decisions and**
 - ▶ **solving personal problems.**
- ▶ **Issues that typically bring people to counseling may be due to:**
 - ▶ **a sudden life crisis**
 - ▶ **ongoing personal or developmental concerns.**

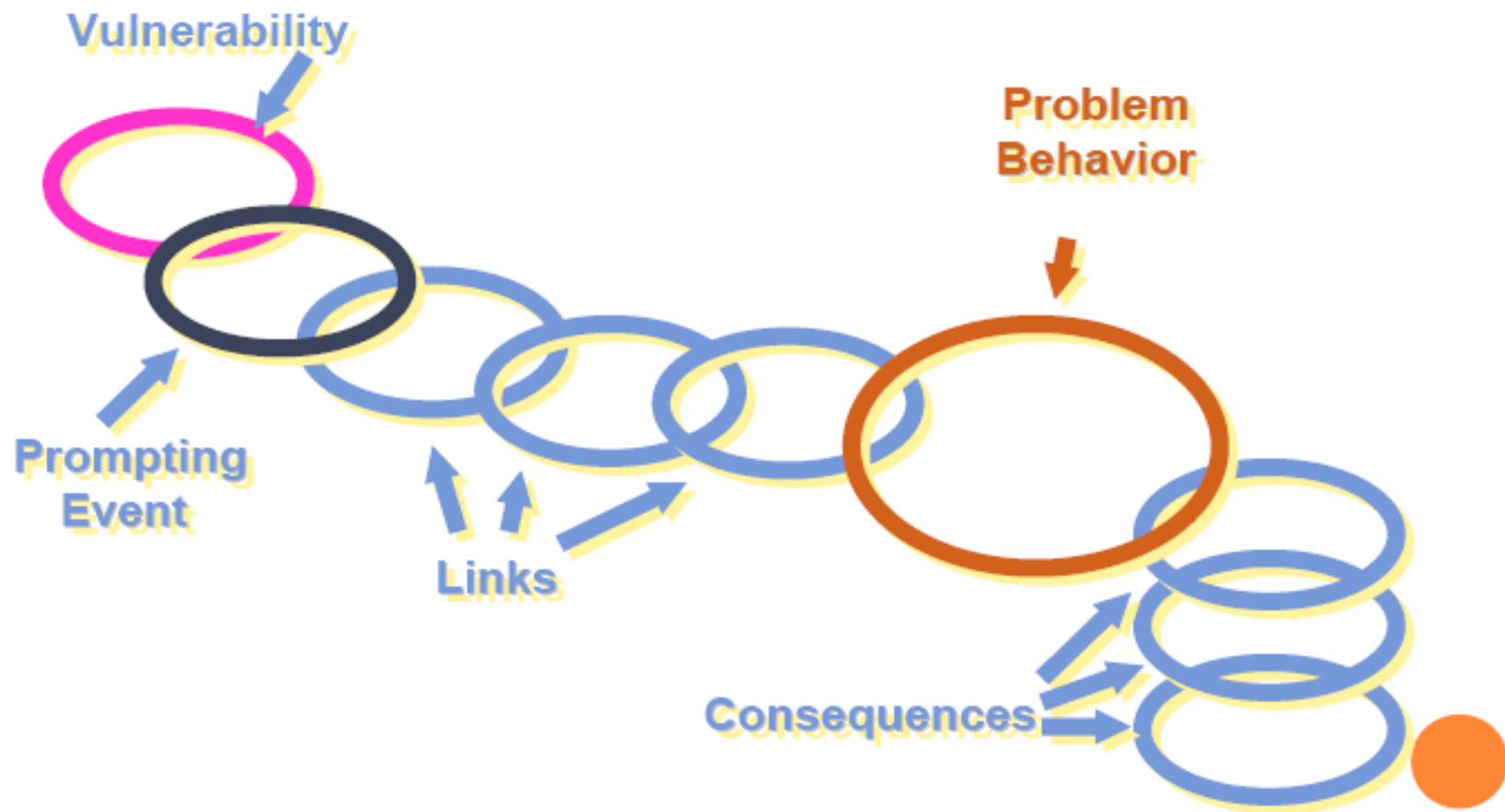
► Let's focus on life's crises ...

- It is not the *event* that determines whether something is traumatic to someone, but the individual's *experience* of the event
- emotional trauma contains the following three common elements:
 - it was unexpected
 - the person was unprepared
 - the person could do nothing to prevent it from happening

► Trauma affects:

- Cortex (higher thinking skills)
- Limbic system (emotions)
- Brain stem (reptilian brain controlling basic survival functions)

DETAILED BEHAVIORAL CHAIN ANALYSIS



▶ What are the symptoms of emotional trauma?

▶ Physical

- ▶ Eating less than usual
- ▶ Sleeping less than usual
- ▶ Sexual dysfunction
- ▶ Low energy
- ▶ Chronic unexplained pain

▶ Symptoms of emotional trauma.. Contd.

▶ Emotional

- ▶ Depression, spontaneous crying, despair and hopelessness
- ▶ Anxiety
- ▶ Panic attacks
- ▶ Fearfulness
- ▶ Compulsive and obsessive behaviours
- ▶ Feeling out of control
- ▶ Irritability, angry and resentment
- ▶ Emotional numbness
- ▶ Withdrawal from normal routine and relationships

▶ Symptoms contd...

▶ Cognitive

- ▶ Memory lapses, especially about the trauma
- ▶ Difficulty making decisions
- ▶ Decreased ability to concentrate
- ▶ Feeling distracted

- ▶ **Common personal and behavioral effects of emotional trauma:**
 - ▶ **Substance abuse**
 - ▶ **Compulsive behaviour patterns**
 - ▶ **Self-destructive and impulsive behaviour**
 - ▶ **Uncontrollable reactive thoughts**
 - ▶ **Inability to make healthy professional or lifestyle choices**
 - ▶ **Changes in the self concept**
 - ▶ **Feelings of ineffectiveness, shame, despair, hopelessness**
 - ▶ **Feeling permanently damaged**
 - ▶ **A loss of previously sustained beliefs**

- ▶ Counseling services are conducted within a confidential relationship between a client and a counselor, who would help students:
 - ▶ clarify problems,
 - ▶ explore workable solutions, and
 - ▶ ultimately implement solution-based strategies

Counseling ...

- ▶ Is for relatively normal functioning people who are experiencing developmental or adjustment problems
- ▶ People who require counseling or not 'crazy' or mad persons!
- ▶ Is multidimensional as it deals with;
 - ▶ Feelings
 - ▶ Thoughts
 - ▶ Behaviors relating to past, present and the future

Counseling is a relationship ...

- ▶ Between the counselor and client constructed to promote;
 - ▶ Trust
 - ▶ Never do anything to harm the client;
 - ▶ Be able to maintain confidentiality
 - ▶ Show that you are knowledgeable in what you do
 - ▶ Safety
 - ▶ Client should feel secure with the counselor
 - ▶ Psychological
 - ▶ Physical
 - ▶ Change
 - ▶ Dysfunctional thinking, attitudes and behaviors need to be changed

May involve group, family or individual formats

Counselor's Task

"Assisting individuals work toward an understanding of themselves (create self-awareness) in order to learn new ways of coping with and adjusting to either negative life situations or those to which they may respond negatively or unrealistically"

E.g. Losing self-esteem as a result of being rejected by the lover and subsequent withdrawal from social interactions

Goals of counseling

- ▶ **Developmental-** Assists clients in advancing social, cognitive, emotional goals.
- ▶ **Preventive-** helps client avoid undeserved outcome
- ▶ **Enhancement goals** -Recognition of the client's Special skills and abilities
- ▶ **Remedial Goals-** Assists clients in overcoming an undesirable development.
- ▶ **Exploratory Goals-** Examines options with client, trying new activities, relationships, etc.

Goals of counseling

- ▶ **Cognitive goals-** Helps clients acquire the basic foundations of learning and cognitive skills
- ▶ **Physiological Goals-** Helps clients acquire the basic understandings and habits for good health.
- ▶ **Psychological Goals-** Psychology aids in developing good social skills, emotional control, positive self-concept.
- ▶ **Reinforcement Goals-** Helps clients realize that what they are doing is ok.

Counseling process involves ...

- ▶ Counseling process is supportive, insightful re-educative, and usually short term
- ▶ Series of steps designed to;
 - ▶ Help people clearly state why they want to seek help
 - ▶ Assist clients to formulate goals and expectations for treatment
 - ▶ Diagnose areas of concern relating to dysfunctional behaviours or areas needing improvement

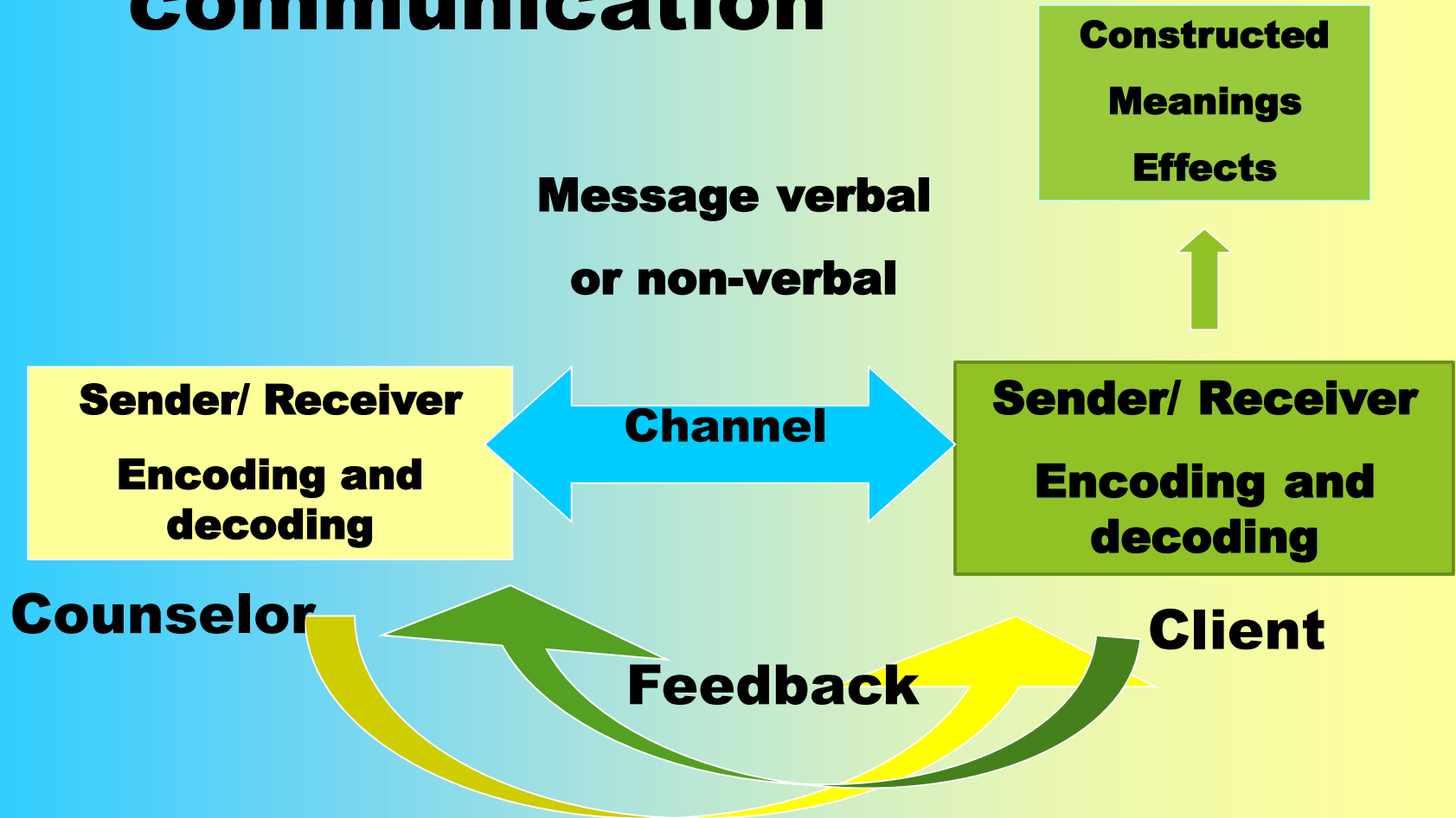
Counseling process involves ...

- ▶ Series of steps designed to;
 - ▶ Discuss the underlying issues and concerns
 - ▶ Supporting and accepting the client as a person
 - ▶ Selectively reinforce behaviors that are fully functioning
 - ▶ Confronting client's thoughts, language or behaviours

Counseling process involves ...

- ▶ Series of steps designed to;
 - ▶ Challenge assumptions which are faulty, self-destructive or irrational
 - ▶ Uncover hidden and unconscious motives behind actions
 - ▶ Encourage people to accept more responsibility for their actions or choices
 - ▶ Structure opportunities for new ways of behaving or dealing with issues
 - ▶ Facilitate greater independence

`Counselling is achieved through communication



Importance of communication

The word Communication is derived from Latin '*Communico*' or '*Communis*' which simply means 'common' ...

When we communicate we share or impart information, or unite or connect with others

It is said that;

**All behaviour is
communication and**

**All communication affects
behaviour**

Communication involves three components

1. **Verbal messages** –The words we choose
2. **Paraverbal messages** – How we say things
3. **Nonverbal messages** –Our body language

Importance of nonverbal messages

Silent messages account for 55% of total communication (Albert Mehrabian)

- **Body language cannot be easily controlled unless you are a professional artist**
 - **Gestures**
 - **Posture**
 - **Facial expression**
 - **Spatial distance, etc**

Importance of paraverbal messages

Account for 38% of total communication (Albert Mehrabian)

- **This deals with how we say things:**
 - **Tone**
 - **Pitch**
 - **Pace**
 - **Emphasis**
 - **Silence or gaps between words**

Importance of paraverbal messages

Look at the following ways to say the sentence: 'I didn't say you were stupid.'

1. 'I didn't SAY you were stupid.'
2. 'I didn't say YOU were stupid.'
3. 'I didn't say you were STUPID.'

**What is important here
is to understand
if the different
messages are
congruent**

Historical roots of counseling

- ▶ The word psychology is made up two parts
 - ▶ Psyche → Soul
 - ▶ Logos → Science
- ▶ People have been intrigued by the concepts of soul and self for a long time
- ▶ Egyptians long ago were interested in the working of the brain (3000 BC)
- ▶ Aristotle (384-322 BC), considered to be the first psychologist, wrote a lot about memory, thought and perception and considered catharsis as a means of reducing emotional burden

Historical roots of counseling

- ▶ Plato wrote about human mind being governed by two opposite forces;
 - ▶ Black → Feelings
 - ▶ White → Wisdom
- ▶ Hippocrates (460-377 BC) lived in a time period when peoples' illness was thought as being due to possession by evil spirits
- ▶ He was revolutionary in the way he wanted to help such affected people:
 - ▶ Melancholy (depression) → sobriety, tranquil life and exercise
 - ▶ Hysteria → Marriage

Historical roots of counseling

- ▶ Some believe that modern psychological counseling was started by Jesse Davis who developed the first guidance curriculum for schools in Michigan (1907)
- ▶ Many give credit to Frank Parsons (1908) as the father of counseling (He developed the first approach to vocational counseling)
- ▶ Carl Rogers (1940s) took counseling to a whole new level (Developed the person-centered therapy)
- ▶ There are many others...

Historical roots of counseling

- ▶ Asian countries also had a tradition of alleviating pain, suffering and counseling
- ▶ *Shanthikarma* for 98 sickness, 99 *vyadhi*, 203 *athuru anthara*
- ▶ We have *yaaga*, *kankariya*, *thovilaya*, *yakkama*, *bailya*, *saththuwa* (thel saathuwa), *maduwa*, *samayama*, *nool bendima*) → all for alleviating suffering
- ▶ Pirith chanting (all night or *thun waru* → also has roots in *Visala Nuwara*), *bodhi pooja*
- ▶ *Wessanthara jaathakaya* at funerals

Historical roots of counseling

- ▶ Thovilaya is a psychodrama which works well for believers;
 - ▶ Catharsis (Aristotle wrote about this as well)
 - ▶ May lead to self-hypnosis (drum beat)
 - ▶ Release of sexual urges while being possessed as in Kalukumara dishtiya
 - ▶ Removing evil spells (Hooniyam kepeema)ef in
- ▶ Mathaka Bana (7th day, 3 month, one year after death)
- ▶ Belief in the concept of being able to transfer merit
- ▶ Graha apala

Historical roots of counseling

- ▶ Lord Buddha (Asarana Sarana is name given to Buddha) used counseling on many occasions;
 - ▶ Kisa Gothami, Patachara. Matta Kundali etc.
 - ▶ The approach is very similar to CBT
- ▶ Literature giving rise to changing cognitions (550 Jaathaka katha)

Definition of Counseling

- ▶ Counseling is the application of
 - ▶ psychological or
 - ▶ human development principles,
- ▶ through
 - ▶ cognitive,
 - ▶ affective,
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- ▶ that address wellness, personal growth, or career development, as well as pathology

Characteristics of a Counselor

■ *Genuineness*

- Being REAL.
- Congruence between felt and expressed emotions, thoughts, feelings etc.

Characteristics of a Counselor

■ *Unconditional Positive Regard - Acceptance*

- A warm regard for the client as a person of unconditional self-worth irrespective of his/her condition, behaviors, or feelings or beliefs.

Characteristics of a Counselor

■ *Warmth*

- Physical expression of understanding and caring
- It is ordinarily communicated nonverbally through gestures, posture, tone of voice, touch, and facial expressions

Characteristics of a Counselor

■ *Empathy - Understanding*

- A desire to understand – to see the world ‘through the eyes of the client’

Counseling Effectiveness

► Counseling effectiveness is achieved through performance of one or more of the following objectives:

- Advice??
- Reassurance
- Release of emotional tension
- Clarified thinking,
and
- Reorientation

Is Counseling the same as Advise Giving?

- ▶ Many people think counseling as primarily an **advice-giving** activity.
- ▶ But understanding another person's complicated life is almost impossible.
- ▶ Also, advice giving may breed a **relationship** in which the client feels inferior and emotionally dependent on the counselor.
- ▶ **In spite of its ills**, advice giving occurs in routine counseling because clients expect it and counselors tend to provide it.

Understand that ...

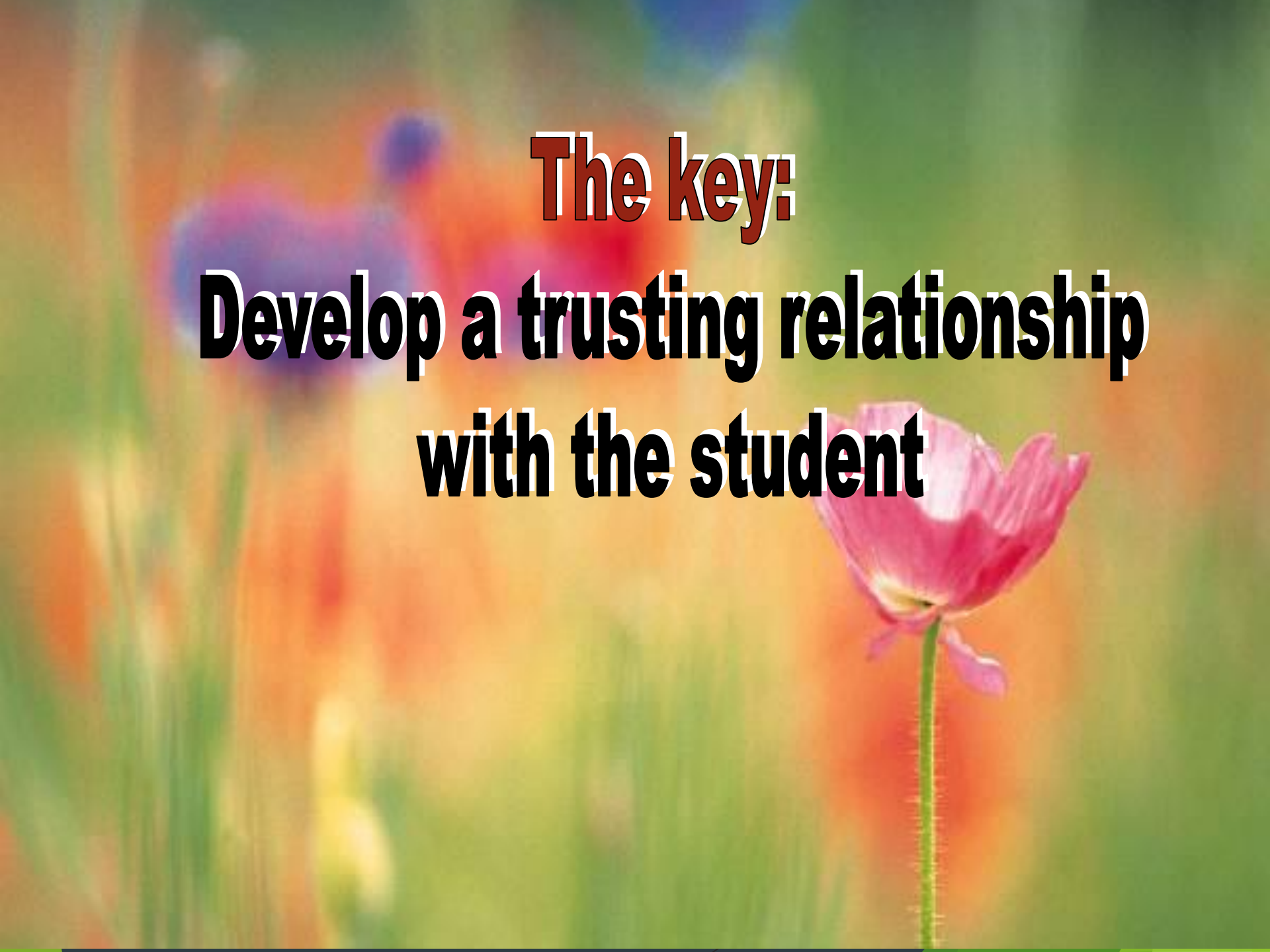
- ▶ You are not going to be stuck with a client indefinitely
- ▶ If your **personalities** don't match or his/her style or is not what you are comfortable with, talk openly about making a change to another person to get help.

Is counseling a last resort?

- ▶ Counseling isn't just for crazy or weak people;
- ▶ It's for anyone who can benefit from an outside, objective, expert perspective
- ▶ The idea is to help the student along the journey of life.
- ▶ Earlier the help the better it is for the client

The academic's role ...

- ▶ We are facilitators...
- ▶ We have to facilitate finding unique solutions to unique problems
- ▶ Seek to understand and be understood not interfere or dictate terms
- ▶ Refrain from stereotyping or projecting ourselves
- ▶ Establish a relationship and maintain it
- ▶ Ensure confidentiality
- ▶ Exercise patience
- ▶ Be empathetic



The key:
**Develop a trusting relationship
with the student**

The Basics of Listening

3xV+B

The Basics of Listening

Visual / Eye Contact

Vocal Qualities

Verbal Tracking

Body Language

Visual / Eye Contact

- **Observe cultural differences in appropriate amounts of eye contact.**
- **Maintain & break eye contact as needed for specific results.**
- **Observe client pupil dilation.**
- **Choose specific body language for desired results.**

Vocal Qualities

- **Pitch**
- **Volume**
- **Rate**
- **Emphasis (verbal underlining)**
- **Breaks and hesitations**

Verbal Tracking

- **Identify range of client concerns**
- **Note topic shifts**
- **Guide focus to critical client concerns**
- **Observe your own and client selective attention**



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Active listening skills

- **Often we take these for granted**
- **They require:**
 - **Paying attention**
 - **Interpreting**
 - **Remembering sound stimuli**
- **Effective listening is active than passive**

Active listening skills

- The human brain can handle a speaking rate which is 6 times faster than an average person can speak
- This leaves a lot of our time to daydream about almost anything

Essential requirements for active listening

- 1. Intensity**
- 2. Empathy**
- 3. Acceptance**
- 4. Willingness to take
responsibility for complete
communication**

Essential requirements for active listening

1. Intensity

- a) Tune into what is being spoken**
- b) Concentrate**
- c) Tune out other miscellaneous thoughts which invade your brain**
- d) Use idle time to summarize and integrate thoughts**

Essential requirements for active listening

2. Empathy

- a) Show that you care**
- b) Indicate that you understand why the speaker says what he says**
- c) See things from the speaker's side of affairs**

✦ **According to Rogers**

- ✦ This is the ability to enter the client's phenomenological world, to experience the client's world as if it were your own without ever losing the 'as if' quality.
- ✦ It involves two specific skills:
 - ✦ Perception/understanding of what is taking place emotionally.
 - ✦ The ability to communicate your understanding of that to your client.

Levels of empathy

✦ Primary Empathy:

✦ Responding in such a way that it is apparent to both parties that the counselor has understood the client's major themes.

✦ Advanced Empathy:

✦ This takes the relationship one step further. You are exploring themes, issues, meanings, and emotions that are below the surface of what is being shared by the client.

Essential requirements for active listening

3. Acceptance

- a) Do not try to form mental arguments while the message is being passed
- b) Focus on 'Now'
- c) What you hear may contradict your own ideas, thoughts, feelings, etc.
- d) Suspend judgement
- e) Listen objectively

Essential requirements for active listening

4. Take responsibility to ensure the completeness of the message
 - a) Suspend judgement until you listen out the complete message
 - b) Obtain the full meaning of what was said by filling in gaps:
 - a) Answer and ask questions
 - b) Paraphrase
 - c) Summarize
 - d) Reflect

Role of catharsis

- ▶ **The term catharsis has been adopted by modern psychotherapy to describe the act of explosively expressing the deep emotions often associated with events in the individual's past which have never before been adequately expressed.**
- ▶ **Crying, angry outbursts, throwing tantrums and sometimes laughter are common forms**
- ▶ **May not heal ...**
- ▶ **The effect may be temporary**
- ▶ **But still relief is obtained**

Understanding when to go for referrals?

- ▶ **If the student is reluctant to discuss his/her problem with you for some reason.**
- ▶ **If, after a period of time, you do not believe your communication with a student has been effective.....**

Understanding when to go for referrals?

- ▶ **When a student presents a problem or a request for information which is beyond your level of competency.**
- ▶ **When you feel that personality differences (which cannot be resolved) between you and the student will interfere with his or her effective progress.**
- ▶ **If the problem is personal and you know the student on other than a professional basis (friend, neighbor, etc.).**

How to refer?

- ▶ **suggest that the student talk with a trained counsellor.**
- ▶ **Do this in a caring, concerned, and forthright manner**

A word of caution



Don't wait until it is too late for
anyone to help!!

Dealing with referrals?

- ▶ If you have information about the student that you feel is important to share with the counsellor, don't transmit it in front of the student
- ▶ This may give him/her the feeling that his or her particular problem is becoming known to everyone on campus
- ▶ Always, secure the student's permission to relate information about him/her to the counsellor who will assist him/her.

Dealing with referrals

- ▶ When the student has returned from the counselling session, don't pump him/her for information.
- ▶ Ask only if the student kept the appointment
- ▶ It would be up to the student will volunteer whatever information is necessary to continue your relationship.
- ▶ You can continue to help outside a counselling relationship

Dealing with referrals

- ▶ Don't expect the immediate resolution of particular symptoms or problems.
- ▶ Changing basic attitudes and feelings, learning to handle everyday problems, or improving academic performance may be a process that moves slowly.
- ▶ Time is a fantastic healer ...

Key to success ...

- ▶ **Respect the Individual**
- ▶ **What works best in counselling is the basic understanding that the client is the person to work out his/her problems in his/her own way.**
- ▶ **You and the counsellor are helpers in this process**
- ▶ **You can provide alternatives for assistance on the student's own terms.**
- ▶ **Understand that he/she may choose to ignore or accept the help available (p/n).**

Key to success ...

- ▶ **Your role is to see that he/she becomes aware of this help and has the maximum opportunity to utilize it.**
- ▶ **You can continue to support the client by organizing a social support network until the client gets going on his/her own**


What Can You do to Help?

- ▶ **Help Develop a social support network**
- ▶ **Give and receive information**
- ▶ **Offer suggestions**
- ▶ **Challenge**
- ▶ **Support**
- ▶ **Maintain confidentiality**
- ▶ **Refer!!!**



Remember

you can make a change!



*Unnecessary suffering avoided
is often the first step to launching
a person on the road
to ensuring
happiness!*