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## COUNSELLING

Counseling denotes “giving advice”. It is a wider procedure concerned with emotion as well as giving information.

**Peplau (1952)** said that the “counseling” in nursing have to do with helping the client to remember and to fully understood fully what is happening to him in the present situation so that the experience can be integrated with rather than disassociated from life.”

**Peplau (1962)** believed that nursing interventions should aid client in recognizing their dysfunctional behavior, help them to describe the behavior verbally, connect to the causes and consequences of their behavior, search for more functional behavior and transfer the improved behavior to other situation.

Nurse therapist has developed skills through intensive supervised educational experiences to provide helpful individual, group or family therapy. Peplau suggested that it is essential for the staff nurse working in psychiatry to have a general knowledge of basic counseling techniques. A therapeutic or helping relationship is established through use of the interpersonal techniques and is based on knowledge of theories of personality development and human behavior.

**Rogarian counseling** involves the counselor's entry into the person's unique [phenomenological](#) world. In mirroring this world, the counselor does not disagree or point out contradictions. Neither do he / she attempt to delve into the unconscious. Rogers describes counseling as a process of freeing a person and removing obstacles so that normal growth and development can proceed and the person can become more independent and self-directed.

Counseling is a dynamic and purposeful relationship between two persons, who approach a mutually defined problems with mutual considerations of each other to the end that the troubled one or less mature is aided to a self determined resolution of the problem. **(Wren 1962).**

Counseling is helping relationship that includes someone seeking help ,someone willing to give help who is capable or trained to help in a setting that permits help to be given and received .**(Corneir & Hackney 1987).**

Counseling is an accepting, trusting & safe relationship in which client learns to discuss freely what respects them, to define their goals, to acquire the essential social skills & to develop the courage & self-confidence to implement desired new behavior.**(Vedanayagan 1988)**

The psychiatric nurse uses counseling interactions to assist the client in improving or regaining their previous coping abilities, fostering mental health and preventing the mental illness and disability (ANA, 2000).Counseling interventions may occur in a variety of settings and may include the following:

- Communication and interviewing techniques
- Problem solving skills
- Crisis interventions
- Stress management
- Relaxation techniques
- Assertiveness training
- Conflict resolution
- Behavior modifications.

Counseling is an important intervention during one-to-one interaction with the clients or during the presentation of psycho education groups, medications groups and discharge planning groups. Clients, family members and significant others are given an opportunity any concerns they may have. The counselor provides reassurance and clarification as he need arises. Reassurance helps the client to regain self confidence and decreases feelings of guilt, anxiety or fear. Clarification helps the client gain a clearer picture of reality by understanding behavior & feelings.

### **Concept of Counseling**

- Counseling is the relationship between two persons in which, one of them attempts to assist the other in organizing himself to attain a form of happiness, adjustment to a life situation i.e. self actualization.
- An accepted, trusting and safe relationship will be formulated in which clients will learn too discuss their problems, acquires the social skills, courage, confidence to implement desired new behavior.
- The relationship between two personnel or the interaction between the counselor i.e., one professionally trained worker and the counselee i.e. the person who seeks services or who cannot cope up alone
- Helps the individual to become aware of himself and the ways in which he is reacting to the behavioral influences of his environment.

### **Meaning of Counseling**

Counseling is a helping relationship which includes:

- ✚ Someone seeking help
- ✚ Someone willing to give help
- ✚ Capable or trained to help
- ✚ In a setting that permits help to be given and received.
- ✚ It is accepting trusting & safe relationship in which client learns to discuss freely what respects them, to define their goals, to acquire the essential social skills & to develop the courage & self-confidence to implement desired new behavior.

**Patterson (1967)** has pointed out certain behaviors that are not synonymous with the process of effective counseling:

- ✚ Counseling is not giving the information, though information may be present.
- ✚ Counseling is not giving an advice.
- ✚ Counseling is not the behavior by persuading, threatening or compelling without the use off physical force.
- ✚ Counseling is not interviewing, though interviewing is involved.

## **Models for counseling**

**Psychoanalytic:** This model follows the teachings of Sigmund Freud. The emphasis is on the client's childhood experiences and relationships with the parents, and on the client's psychosexual development. Psychoanalysis seeks to uncover the secrets of the human psyche hidden in the unconscious mind. Psychoanalysts attempt to develop a relationship of transference with their clients, in which the clients relate to their analysts just as they did to their parents in childhood. During this process the client's defense mechanisms are identified and replaced with healthy behavior patterns. Psychoanalysis usually takes many years to complete with 1-3 sessions every week.

**Psychodynamic:** This model does not follow Freud's idea of psychosexual development. However, stages of social development over the life span are still important in this model. Lifetime experiences are examined and defense mechanisms are identified. The client is helped in learning appropriate decision-making skills and behaviors. Psychodynamic therapy often involves long term therapy, but not as long as psychoanalysis. The psychoanalytic and psychodynamic approaches propose that our childhood experiences can strongly influence our reactions in the present without our even realizing it. This does not mean that our present behaviors are the fault of our parents, nor that our past determines our future. However, it does provide us with information necessary and helpful for changing the negative influences of our past.

**Client-centered or Rogerian:** Carl Rogers believed that reality for the individual is the sum total of one's experiences and perceptions over a lifetime. According to Rogers, the goal of achieving one's potential can be attained in counseling provided that the therapist provides an atmosphere of genuineness, unconditional acceptance, and empathy. The counselors are non-directive in that they refrain from sharing their own beliefs, values, or opinions with the client. They offer neither approval nor judgment of the client's decisions. This also is long-term therapy.

**Behavioral:** This model is very "scientific" in nature in that the counselor and client only work on what can be observed and measured. A problem behavior is observed; a plan for changing it is implemented; progress is measured and reported. Behaviorists believe that individuals are shaped by their environment. Some behaviorists believe that we learn through conditioning. Others believe that we can learn by observing the behaviors of others and the consequences of those behaviors. In either case, the theory is that, if the antecedent or the consequence of the client's behavior is changed, then the behavior of the client will be changed as well.

**Family Systems:** This model views problems as belonging to the family rather than to any one individual. Each family member both influences and is influenced by the other members of the immediate family and the extended family. Sub-systems are identified within the family. Family of origin issues is studied. Genograms are used to chart behavior patterns and experiences across several generations of the extended family. Even though there may be a focus client, the entire family is involved in therapy, so that dysfunctional family interaction patterns can be changed.

## **Elements in counseling process**

Counseling involved two individuals; it's a communication between the Counsellor and the counselee.

✚ Counsellor – a professionally trained person who can assist or help the counselee.

✚ Counselee – a person who seeks help or needs assistance.

Mutual respect, rapport and satisfactory relationship should be established. Counsellor should be friendly and cooperative with counselee. Counselee should have trust and confidence over the Counsellor. Counsellor should have thorough experience and sound knowledge with counseling process.

## **Elements that hinder counseling process**

- Passing moral judgement on clients' behavior or feelings.
- Taking more than you can handle
- Stereotype the client
- Make generalization and minimize the issue or compare it to other situations
- Ask questions for your interest or needs rather than those of clients

## **Need of counseling**

To help the client to accept actual or impending changes that is resulting from stress. It involves psychological, emotional, intellectual and spiritual support. It provides information for the student on matters important to success.

- To encourage and develop special abilities and right attitude.
- To inspire successfully endeavour towards attainment.
- To assist the student in planning for educational and vocational choices.
- To help the student to work out a plan for solving his difficulties.
- Helps in the total development of the student.
- It helps is the proper choice of course according to the interest , aptitude and intelligence of the student.
- To help the student to grow, explore and maintain or develop their overall personality.
- To motivate the students for self employment.

## **ATTRIBUTES AND SKILLS REQUIRED OF A COUNSELOR**

For effective counseling the counselor needs to demonstrate certain skills, attitudes and knowledge.

### Pre-training Attributes:

- Self-awareness and understanding
- Good psychological health
- Sensitivity about resources, limitations and vulnerability of other persons.
- Open-mindedness
- Objectivity
- Trustworthiness
- Approachability

### Inter-Training Attributes

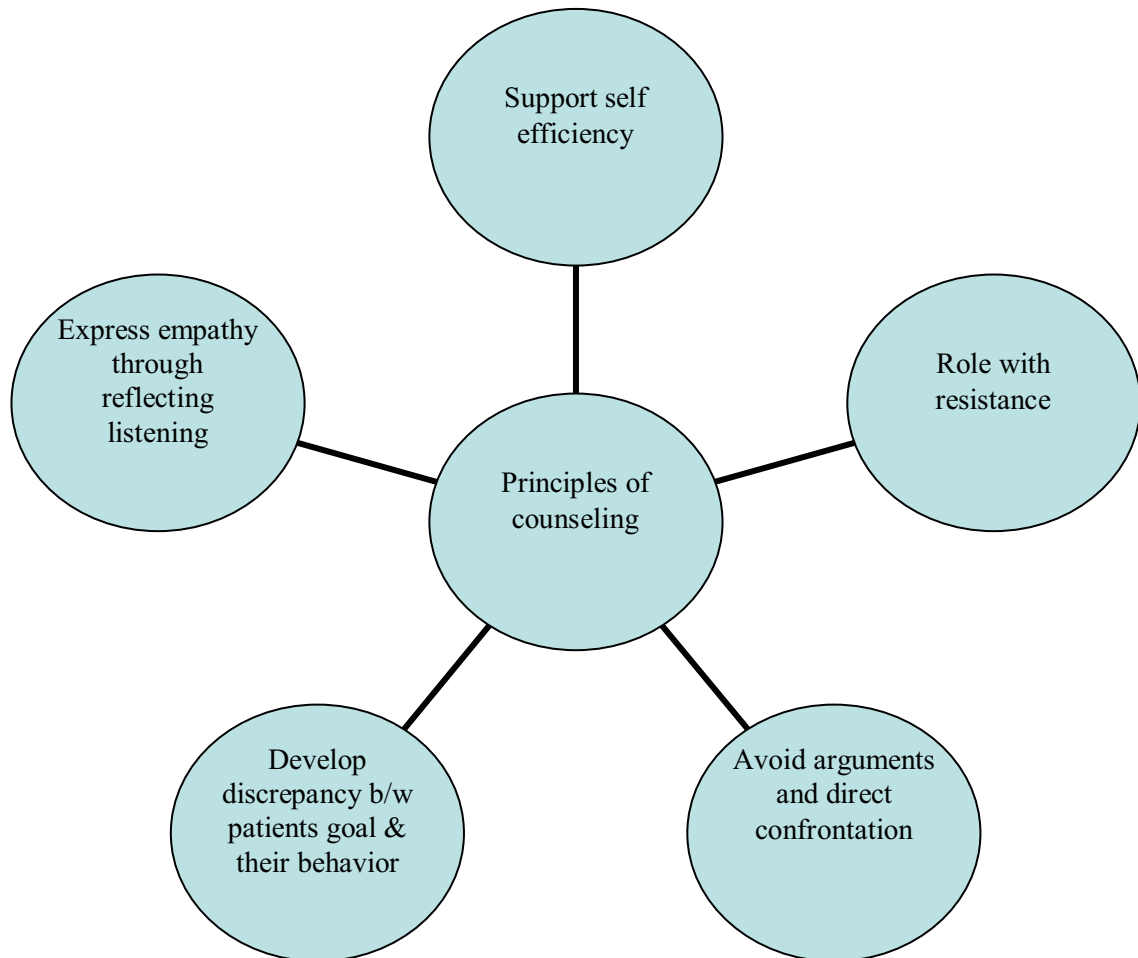
- Interview setting and getting started
  - Physical arrangement- chairs should face each other with leaning facility for both. The closeness of counselor helps in indicating the attentiveness & willingness.
  - Greeting- A warm friendly greeting facilitate the helping process.
  - Inviting the counselee to participate in counseling process.
  - Maintaining eye contact.
- Problem focus.
- Identifying on important theme.
- Directing the theme towards a goal.
- Managing interaction with the individual.
  - Restatement
  - Interpretation
  - Managing pauses and silence.

## **QUALITIES OF A COUNSELOR**

- Interpersonal Relationship
  - Friendly nature
  - Gets along with others
  - Sympathetic understanding
  - Fairness, Sincerity, Tactfulness, Patience
  - Sensitivity to the attitude of people
  - Ability to maintain confidentiality
  - Respect client's abilities & needs
  - Attentive listener
  - Speaks in client's language
  - Shows careful concern, listens the demands and complaints of the client & family, then responding them in an effective and facilitating manner.
  - Capacity for being trusted by others.
  - Tolerance power, openness, empathy are ingredients of successful counseling.
  - Accepts in interpersonal relationship.

- Caring & meeting the needs of individual based on humanistic philosophy.
- Personal Adjustment
  - Shows matured behavior, integrated personality.
  - Maintains emotional stability.
  - Flexibility & adaptability
  - Aware about one's limitations.
  - Mentally sound & healthy in all aspects, shows unbiased attitude in using coping mechanisms.
  - Possesses a sense of worth & sense of humor.
  - Knowledge of self.
  - Freedom from withdrawing tendency.
  - Able to accept criticism.
- Scholastic Potentialities and Educational Background
  - Should possess relevant as well as broad knowledge & efficient skills: able to decide the method to be adopted in counseling process.
  - Should be motivated & committed.
  - Aware of policies, beliefs, misconceptions and rumors existing within the local community.
  - Highly cultured social interests.
  - Intelligent to tackle the situation effectively.
  - Scholastic aptitude.
  - Respects the facts.
  - Possess common sense & uses good judgment when tackling issues.
  - Will have master's degree in the essential area of guidance programme.
- Health & Personal Appearance
  - Pleasing voice
  - Pleasing appearance
  - Freedom from annoying mannerisms
  - Poise & neatness
  - Vitality & endurance.
- Leadership
  - Ability to stimulate & lead others.
  - Reinforce important information.
  - Directs the counselee, the ways to solve the problems & guide him to choose appropriate one with his own decisions.
- Philosophy of life
  - Good character
  - Wholesome/ positive philosophy of life
  - Civic sense
  - Integrated personality
  - Possesses an acceptable value system
  - Faith in human values
  - Shows significant spiritual & religious values.

## Principles of counseling



Motivational counseling is a new approach to helping patients with substance abuse. It is based on the concept that motivation for change is not static but dynamic and that the clinician can influence change by developing a therapeutic relationship that respects and build on the patient's autonomy and by making the patient a partner in the change process.

**Five basic principles are used with this approach:**



1. **Support self efficiency** – this requires a clinician to recognize the patient’s strengths and bring these to the force. It involves supporting hope, optimism and the feasibility of accomplishing changes.
2. **Role with resistance- Resistance** is a signal that the patient views the situation differently. There is 4 types of resistances:
  - ✚ Arguing
  - ✚ Interrupting
  - ✚ Denying
  - ✚ Ignoring

The clinician job is to ask questions in a way that helps the patient to understand & work through resistance.

3. **Avoid arguments and direct confrontation-** Trying to convince a patient that a problem exist or the change is needed ,could precipitate even more resistance arguments can rapidly generate into a power struggle and do not enhance motivation for beneficial.
4. **Develop discrepancy between patient goal or values and their current behavior-** Focus patient’s attention on how current behavior differs from behavior described as ideal or desired.
5. **Express empathy through reflecting listening-** This communicates respect for and acceptance of patient’s and their feelings. It also establishes a safe and open environment that helps in examining issues and exploring personal reasons for change.

**Some other principles are:**

- Emphasizes thinking with the individual.
- Maintain relationship of trust and confidence.
- Avoid dictatorial attitude.
- Client’s needs are to be put first.
- Everyone participating in the counseling process must feel comfortable.
- The client’s family members and significant influencing personnel must be included in the counseling.
- Skills of warmth, friendliness, openness and empathy are ingredients of successful counseling process.
- Counsellor has to listen attentively, answer questions objectively, and reinforce important information.
- Maintain dignity of individual as individual is primary concern in counseling.
- Concerned with “total individual”.

**Techniques of counseling**

The basic techniques of counseling are:

1. Getting the environment right
2. Getting the listening right
3. Asking the right questions
4. Being Affirming
5. Limiting the advice
6. How to make it work

**Getting the environment right:** If you feel that it is safe to do so ,create a space to talk which is private and quick and where you know you will be free from interruptions(always seek advice of a colleague about the safety is appropriateness of this action).where possible make sure that there is appropriate ventilation.

**Getting the listening right:** There are some ways of encouraging a child or young person to talk is to make sure that they know you are listening and you can do this by just:

- Being attentive showing with your body language.
- Sometimes facing the child/making good eye contact.
- Sitting by side.
- Not interrupting in between while talking.
- Occasionally nodding or quietly saying “yes”
- Reporting back summary of discussion
- Calm & unhurried behave.

**Asking the right questions:** Try to ask more open ended questions than close ended questions.E.g how are you feeling today?

**Being Affirming:** 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 views of the world at this present time”.

**Limiting the advice:** Try to limit direct advice that you give during your conversation. This is more important for older then younger children who elderly need more guidance. This is a specially the case at the beginning of a piece of problem solving conversation e.g. It is commonly better to start with “what do you think is the best thing for you to do next?” Than to say, is....”

**How to make it work:** Do not turn your conversation into an interrogation. However good you are at counseling some children/young people will not be ready to talk to you or want to talk to you. This does not mean that you have failed. It might be that they will talk later or that they will talk to a colleague of yours who they know better or a colleague of the opposite sex.

## **Phases of Counselling**

Phase 1; Establishing relationship

Phase 2: Assessment

Phase 3: setting goals

Phase 4: Intervention

Phase 5: termination and follow-up

### **Phase 1: Establishing relationship**

It is the core phase in the process of Counselling. It affects the progress of the process and acts as a curative agent in itself. It includes each factor as respect, trust, and a sense of psychological comfort.

### **Phase 2: Assessment**

Individuals are encouraged to talk about their problems: counsellor asks questions, collects information, seeks his/her views, observes and possibly help the individual to clearly state his/her problem.

### **Phase 3: Setting Goals**

The major purpose of this phase is to provide direction to the individual and Counsellor. It involves making commitments to set of conditions, a course of action, or an outcome. Setting goals helps us to know how well counselling is working and when counselling may be concluded.

### **Phase 4: Interventions**

After setting the goals question is “how shall we accomplish these goals”? The intervention used will depend upon the approach used by the counsellor, the problem and the individual. Hence the choice of intervention is a process of adaptation and the counsellor should change the intervention when selected intervention is not working.

### **Phase 5: Termination**

All counselling should have an ultimate criterion a successful termination. It must be done without destroying the accomplishments gained and should be done with sensitivity, intention and by fading.

## **Types of counselling**

### **1. Directive counselling/counsellor centered**

The counselor is the central figure and plays more active role, where he directs the counselee to take steps in order to resolve his conflicts. It believes in the limited capacity of the client. It emphasizes on the cognitive and intellectual aspects of the problem and therefore efforts are made to solve the problem as such and not to help client attaining his full growth.

The client makes the decision, but the counsellor does all that he can to get the counselee make a decision in keeping with his diagnosis. He tries to direct the thinking of the counselee by informing, explaining, interpreting and advising.

### **2. Non- Directive counselling**

It rest upon the fundamental respect for the individual’s belief in person ability to solve personal problems with the aid of a sympathetic listener.

Client i.e. the counselee is the pivot, he takes an active part in the process of therapy. He gains insight into his problem with the help of the counsellor. He only decides and takes necessary action.

The counsellor’s role is passive. This type of counselling is a growth experience. The goal is the independence and integration of the client rather than the problem oriented. The counsellor creates an atmosphere in which the client can work out his own understanding. The emotional aspects are concentrated more; it leads to a voluntary choice of action.

### **3. Motivational Counselling**

It involves discussing the feelings and incentives with the client .The counsellor can encourage to establish helping relationship to avoid despair feelings and work through the feelings of their motivation.

If the client shows unwillingness to participate in learning activities, counsellor has to assess any factor from the past or present that might be negatively influencing motivation for learning.

Motivational counselling helps the client to work towards health promotion.

#### **4. Psychological counselling**

They rely on conversation between the client and the therapist. This may take in the form of questions and answers, reconstruction of past history or discussion of current difficulties. It consists of an emotion-laden monologue by the patient or the therapist make an initiative in making the patient to speak out his repressed feelings and emotions.

#### **5. Marriage counselling**

Advice and help will be provided in selecting the spouse. To identify positive aspects of relationship as well as those cause conflicts. To solve the problems related to their marital problems and marital relationship. It is directed to help the couples to talk constructively about problems in marital relationships.

#### **6. Problem–solving Counselling**

Suitable for patients with reaction to stress and with minor affective problems. The patient is helped to

- ✚ Identify and list problems that are causing distress
- ✚ Consider what practicable courses of action might solve or reduce each problem.
- ✚ Select 1 problem ant try out the courses of action that appears most feasible and to succeed.

#### **7. Behavioral counselling**

To change specific and particular behavior and to treat the behavioral disorders, behavioral counselling will be effective. It is based on the principle' learning by conditioning'.

#### **8. Individual counselling**

Counselling may be precede by an interview, the counsellor will try to establish rapport and structuring has to be done so that client understands what to expect at counselling.It will be use to get information, to give information and to change behavior.

#### **9. Group counselling**

New ways of working to help people, where peer group values are more important e.g. adolescents.

The individual may gain an insight and understanding into his own problems through listening to others, who will be discussing their difficulties, ideas, values may become more understandable and acceptable.

The counselling group helps the individual to change and encourage his desires, abilities through their relationship in an accepting and meaningful social situation.

### **10. Short term counseling**

Used in situational crisis in which disruption of life occurred.

It focuses on concern of the client or family. It can be relatively minor concern or a major crisis but whatever the situation, it needs immediate action.

Counselors will assist the client and guide problem solving in a systematic way or decision making.

In crisis situations the counselor can share problem solving abilities with the client.

### **11. Long term counseling**

It extends over a prolonged period of time. (Daily, weekly, or monthly basis)

It focuses for the client who experiences developmental crisis may need long term counseling. e.g. women with menopause: women with breast feeding.

### **12. Eclectic counseling**

The counselor will make use of both directive & non directive counseling which may be considered useful for the purpose of modifying the ideas & attitude of counselee. It puts check on the client's emotional expression whenever it is in his interest.

The techniques are elective in nature because they have been derived from all sources of counseling, selecting the best and leaving out what is least required.

It is possible for the counselor to alternate between directive & non directive methods even in the same interview without disrupting the non directive permissive relationship with the client.

### **13. Clinical counseling**

The diagnosis & treatment of mind functional maladjustments and to find better adjustment & self-expression.

A relationship primarily individual, face to face between counselor & client. The study of the individual as a unique whole; specific behaviors are observed and specific traits may be inferred but the goal is particular individual. It describes the problem and also suggests the solution or remedies for the problem. It includes training, actual practice in diagnosis, treatment, prevention and research.

### **14. Student counseling**

It is concerned with helping the student to solve his problems pertaining to the choice of educational institutions, courses, methods of study, adjustment, vocational choices, etc. It deals with total personality of the individual, it connects directly to the needs of the individual, in a personal contact situation.

### **15. Placement counseling**

Counselor will advise to the counsees in regard to jobs & posts which are suitable for the client depend upon his abilities, attitudes and interests.

### **16. Psychotherapeutic counseling**

Psychologically trained individuals consciously attempts verbally to assist the other persons to modify emotional attitudes with subject are aware of the personality reorganization through which he is undergoing.

### **17. Vocational counseling**

Procedure centered about the problem of selecting a vocation and preparing for it. If any problem arises within the specified vocation, necessary steps or advices will be carried out to solve those problems. It gives greater control over his own future actions. Counselor will help the client to improve his allround personality development & helps the individual to develop skills and efficiency, mastery over the vocation so that the counselee will be best among his co-employees in his profession.

### **18. Dietary counseling**

Helping the individual to learn more about diet & nutritional needs. Helps the person become more aware of the role, foods plays in providing, maintaining & building health and strength. Minimizing some of the discomforts of disease.

It is easier to accept diet modifications if the person understands the benefits of good nutrition.

Instruct the person about good nutrition in many ways. Arrange planned conversations with the individual during which you can discuss dietary issues. Explore the specific needs of the client and deal with questions related to the workability of a special diet. When the person makes choices from the hospital menu, provide social guidance in appropriate meal planning. Discuss comparative food values.

### **19. Interpersonal Counseling**

Changes in life events. Sources of persistent distress in the family or place of work. Current difficulties in relationships .

Patients are encouraged to consider whether there may be better ways of coping with these difficulties.

### **20. Bereavement counseling**

It focuses on working through the stages of grief. It combines an opportunity for emotional release including the expression of despair and anger. Develop a therapeutic relationship. Clients or families needing counseling include persons who must adjust to changes in lifestyle body image as the disease progresses. During life threatening illnesses clients and families need counseling to cope with the possibility of death.

The bereaved persons need to talk about the losses, to express feelings of sadness, guilt and anger. To understand the normal course of grieving. It is helpful to warn a bereaved person about unusual experiences. E.g feeling, as if a dead persons were present ,illusions and hallucinations, otherwise these experiences may be alarming.

## **Genetic counseling**

It is a clinical genetics services that grew out of a need for professionals who could provide genetics information, education and support to individuals and families with ongoing or potential genetic health concerns (Lea et al, 1998). Introduction of the term 'genetics counseling' is usually credited to Sheldon Reed, who first used the term in 1947, when he was teaching, counseling and doing research in genetics at the university of Minnesota.

### **Definition:**

Genetics counseling is a communication process that deals with the human problems associated with the occurrence or risk of occurrence of a genetic disorder in a family.

This process involves an attempt by one or more appropriately trained person to help the individual or family to:

- ✚ Comprehend the medical facts including the diagnosis, probable cause of disorder and the available management.
- ✚ Appreciate the ways heredity contributes to the disorder and the risk of recurrence in specified relatives.
- ✚ Understand alternatives for dealing with the risk of recurrence in specified relatives.
- ✚ Choose a course of action that seems to them appropriate in view of their risk, their family goals and their ethical and religious standards and act in accordance with that decision.
- ✚ Make the best possible adjustment to the disorder in an affected family member and/or to the risk of recurrence of that disorder.

### **Patients seeking Genetic counseling:**

The reasons people seek genetic counseling vary. People may or may not be affected themselves. Those who seek counseling commonly fall into the following categories:

- People who want to know if they have a genetic disorder or if they are carriers of a genetic disorder.
- People who are concerned about being at risk for producing a child with a specific genetic disorder.
- People who are planning parenthood and want to know about the implications of a genetic disorder afflicting one or both partners.
- People seeking help in making a decision about diagnosis, selective abortion, artificial insemination by the donor or adoption.
- People seeking help for a child affected with a genetic disorder.

### **Estimation of risk:**

Most families with a history of genetic disease want an answer to the following question: What is the chance that our future children will have this disease? Because the answer to this question may have profound implications for individual, family members and the family as a whole, health care professional must be able to answer this question as

accurately as they can in a timely manner. In some cases, estimation of risk is straight forward, in other cases, it becomes rather complicated. Because of this, health care professionals should be prepared to refer families with a history of genetic disorder to genetic professionals if they are all at all unsure.

### **ROLE OF NURSE**

The role of nurse in genetic disorder continues to expand .Some nurses will play a key role in the identification of families in need of genetic counseling and they collaborate with other health care professionals to make referrals to specialists in genetics. Other nurses take a more active role in genetic counseling. E.g. these nurses might provide appropriate genetics information that family members receive during counseling sessions or from other sources such as public library, internet or support groups, help families manage the ongoing challenges associated with living with genetic disorder, make referrals to sport groups and national organizations and provide long term follow up of families affected by genetic conditions.

Most important of all nursing function is to provide emotional support during all aspects of the counseling process. Feelings that are generated under the real or imagined threat posed by a genetic disorder are as varied as the people being counseled. Responses may include a variety of stress reactions, such as apathy, denial, anger, hostility,fear ,embarrassment ,grief and loss of self esteem. Guilt and self blame are universal reactions. Many look on the disorder as a stigma especially if the disorder is visible to others. Old wives tales, superstitions and long held misconceptions may influence families' reactions to a genetic disorder.

### **FAMILY COUNSELING**

The family movement in mental health was started in the seventies and has since grown tremendously. Two motivational forces were behind the family movement: the deinstitutionalization of mentally ill, which left families unprepared to care for their family member with a mental illness, and the tendency for health professionals and others blame parents for mental illnesses in the family.

Severely recent policy reports have served to educate professionals, policy makers and lay persons about the needs of persons with mental illness and their family and about the problems of the mental health delivery system. Organizations have also been formed to serve families of the mentally ill. They are committed to provide support, advocacy, research and public awareness.

Family therapy, also referred to as couple and family therapy and family systems therapy, 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.

Nurses encounter many different types of families in their work. There are four dimensions of parent status that can be used to describe families in contemporary society. These include biological ties, marital status, and sexual orientation & gender roles.



<p><b><u>Biological Tie</u></b></p> <ul style="list-style-type: none"> <li>• Biological both parents related</li> <li>• One parent related biologically</li> <li>• Neither parent related biologically</li> </ul>	<p><b><u>Marital status</u></b></p> <ul style="list-style-type: none"> <li>• Single parent</li> <li>• Married parent</li> <li>• Cohabiting parent(heterosexual/gay/lesbian)</li> </ul>
<p><b><u>Sexual orientation</u></b></p> <ul style="list-style-type: none"> <li>• Heterosexual</li> <li>• Gay/Lesbian</li> </ul>	<p><b><u>Gender roles</u></b></p> <ul style="list-style-type: none"> <li>• Traditional</li> <li>• Nontraditional</li> </ul>

**PARENT STATUS IN THE CONTEMPORARY FAMILY**

The various family configurations are the backdrop from which to assess to treat family dysfunction and in and of themselves are not necessarily the cause of family dysfunction. There are other ways in which families differ as well. Many families face special challenges because a member has experienced something out the ordinary. This includes families with a mentally ill member, families who have a member with HIV or the significant health related problem, families with genetically linked problems, families affected by violence or abuse from within or outside of the household, natural disasters, poverty or stigma. A well functioning family can shift roles, levels of responsibilities and patterns of interactions as it experiences stressful life changes.

**CHARACTERISTICS OF FUNCTIONAL FAMILIES**

A functional family can rebalance , even when faced with various life stressors and functions of all members is restored and symptoms fade. Characteristics of such a family include (Walsh ,1993) the following :

- It completes important life cycle tasks.
- It has a capacity to tolerate conflicts and adapt to the adverse circumstances without long term dysfunction.
- Emotional contact is maintained across generations and between the family members without blurring necessary levels of authority.
- Over closeness is avoided and distance is not used to resolve the problems between them.
- Each twosome is expected to resolve the problems between them.
- Differences between family members are encouraged to promote personal growth and creativity.
- Children are expected to assume the age-appropriate responsibility and to enjoy age-appropriate privileges negotiated with their parents.
- There is open communication and interactions among family members.

## **CHARACTERISTICS OF FAMILY PATHOLOGY**

At the opposite end of the continuum are dysfunctional families. Some of the more common dysfunctional family pattern includes the following:

- The overprotective mother and distant father.(distant through work, alcohol, or physical absence).
- The over functioning “superwife” or “superhusband” and the underfunctioning, passive, dependant and compliant spouse.
- The spouse who maintains peace at any price and denies difficulties in marriage but suddenly feels wronged and self righteous when the mate is discovered to be in legal trouble or having an affair.
- The child who evidence poor peer relationship at school while attempting to parent younger siblings to compensate for ineffective or emotionally overwhelmed parents.
- The family with a substance abusing mother.
- The family subjected to physical, emotional or sexual abuse by one of its members.

## **Working with families**

Contact with patient’s families is an essential part of nursing care. Nurses have always made intuitive observation about functional and dysfunctional family dynamics. All nurse use various non clinical techniques such as psychoeducational programs developed from a competent paradigm in order to work competently with the families.

### **Competence paradigm:**

The competence paradigm provide a significant shift in how family interventions are thought about(Marsh, 2000) The competency paradigm values empowerment instead of a dependency producing helper-helpee ideology and stresses the importance of treating people as collaborators who are masters of their own fate and capable of making healthy changes. The competence paradigm emphasis on the following points:

- Focus is on growth producing behavior rather than treatment of problems or prevention of negative outcomes.
- Promotion and strengthening of individual and family functioning occurs by fostering the acquisition of prosocial, self-sustaining, self-efficacious and other adaptive behavior.
- Definition of the relationship between the help seeker and help giver is a cooperative partnership that assumes joint responsibility.
- Promotion of the family’s use of natural support networks.

In this framework it is expected that families will play a major role in deciding what is important to them, what options they will choose to achieve their goals and whether they will accept help that is offered to them.

## **Psychoeducation Program**

Psychoeducational Programs are designed primarily for education and support. They are the result of the emergence of the family self-help movement in psychiatry. The program approach is mainly educational and pragmatic and its aim is to improve the course of the family's member's illness, reduce relapse rates and improve patient and family functioning.

A comprehensive program for working with families should include the following components:

- A didactic component that provides information about mental illness and mental health system.
- A skill component that offers training in communication, conflict resolution, problem solving assertiveness, behavioral management and stress management.
- An emotional component that provides opportunities for ventilation, sharing and mobilizing resources.
- A family process component that focuses on coping with mental illness and sequelae for the family.
- A social component that increases uses of informal and formal support network.

## **TECHNIQUES**

Family therapy uses a range of [counseling](#) and other techniques including:

- [communication theory](#)
- [psycho education](#)
- [psychotherapy](#)
- [relationship education](#)
- [systemic coaching](#)
- [systems theory](#)
- [reality therapy](#)
- [media psychology](#)

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 intergenerational, 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.

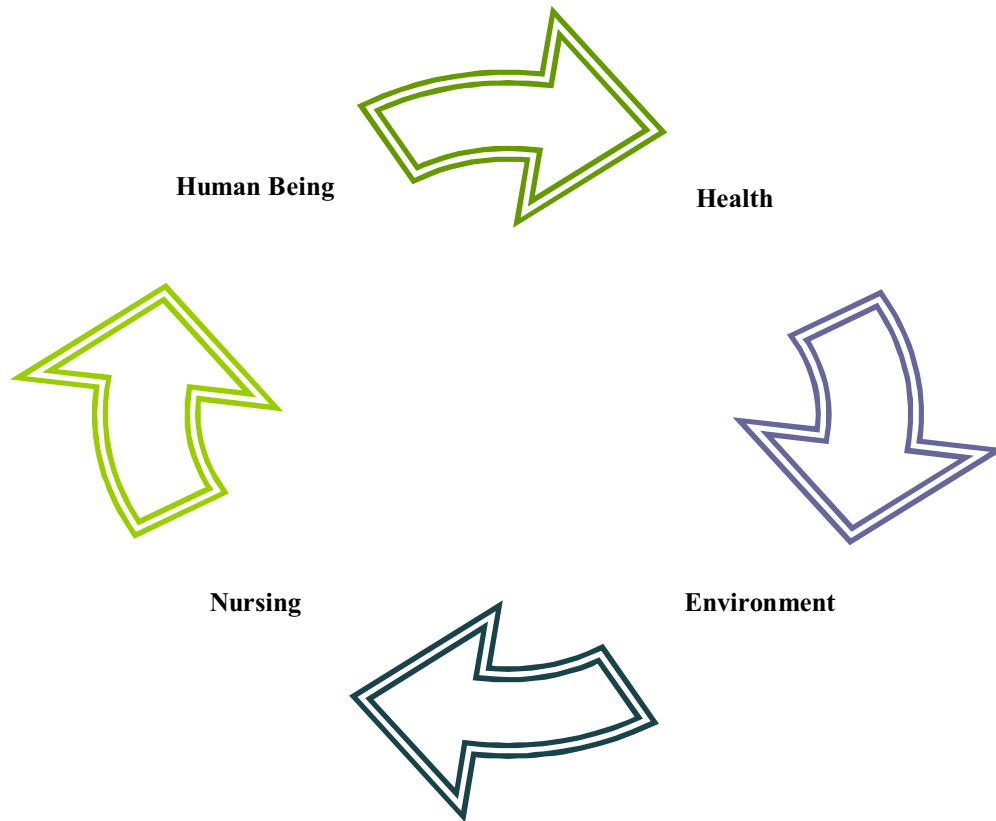
The distinctive feature of family therapy is its perspective and analytical framework rather than the number of people present at a therapy session. Specifically, family therapists are relational therapists: They are generally more interested in what goes on between individuals rather than within one or more individuals, although some family therapists -- in particular those who identify as [psychodynamic](#), [object relations](#), intergenerational, [EFT](#), or experiential family therapists -- are as interested in individuals as in the systems those individuals and their relationships constitute.

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 analyses 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.

## Peplau's Theory

Peplau has given four phases of nurse-patient relationship i.e. orientation, identification, exploitation and resolution. And during these phases nurse has to perform variety of roles and from which one of the most important role is as a counsellor.

As we know all the paradigm of Peplau's theory include 4



concepts.

## Peplau's Theory

1. **Person** :A developing organism that tries to reduce anxiety caused by needs
2. **Environment** : Existing forces outside the organism and in the context of culture
3. **Health**: A word symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive productive, personal and community living.
4. **Nursing**: A significant therapeutic interpersonal process. It functions cooperatively with other human process that makes health possible for individuals in communities

**Peplau (1952)** said that “counselling in nursing have to do with helping the client to remember and to fully understand what is happening to him in the present situation so that the experience can be integrated with rather than disassociated from other experiences in life”.

### **Counselling Role of Nurse**

According to Peplau's : in counselling , counsellor is one who through the use of certain skills and attitudes , aids another in recognizing , facing , accepting and resolving problems that are interfering with other persons ability to live happily and effectively . Counselling functions in the nurse patient relationship by the way nurse responds to the patient demands. The purpose of interpersonal technique is to help the patient remember to understand fully what is happening to him/her in the present situation so that experience can be integrated rather than dissociated from other experiences in life.

### **Bibliography**

- Neeraja KP,Textbook of Nursing education,2<sup>nd</sup> edition,jaypee publishers,Pp463-487.
- Basavanhappa B T,Nursing Theories ,1st edition ,jaypee publishers,Pp 109-119
- Stuart and Laria ,Principles & practices of Psychiatric Nursing,8<sup>th</sup> edition,mosby publishers,Pp 793-794
- [www.allbusiness.com/professional-scientific/](http://www.allbusiness.com/professional-scientific/)
- Parthasarathy A, Text book of paediatric, 3rd edition, jaypee publishers, Pp764
- Bobak et.al,Maternal nursing,4<sup>th</sup> edition,mosby publishers,Pp85
- Sadock's and Kaplan,Synopsis of psychiatry ,7<sup>th</sup> edition,Williams and Wilkins publishers,Pp36-37



