COUNSELING INTERVENTION MODEL

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INTRODUCTION

Since the early 1960s, formalized treatment planning has gradually become a vital aspect of the entire health-care delivery system, whether it is treatment related to physical health, mental health, child welfare or substance abuse. The increasing focus of the mental health sector is on devising intervention programs that must be specific as to the problem areas, individualized to meet the client’s needs and goals and measurable in terms of settings milestones that can be used to chart the client’s progress.

THE MICROSKILLS APPROACH as discussed by Ivey & Ivey (1999) in their book “Intentional interviewing & counseling” proposed the micro skills hierarchy: A pyramid for building intentionality as given below:-

DETERMINING PERSONALITY

STYLE & THEORY

SKILL INTEGRATION

INFLUENCING SKILL STRATEGIES

REFLECTION OF MEANING

FOCUSING

CONFRONTATION

THE FIVE STAGE INTERVIEW STRUCTURE

1. Rapport/ structuring
2. Defining the problem
3. Defining a Goal
4. Exploration of alternatives & confronting incongruity
5. Generalization to daily life

REFLECTION OF FEELINGS

ENCOURAGING, PARAPHRASING, SUMMARIZATION

CLIENT OBSERVATION SKILLS

OPEN AND CLOSED QUESTIONS

ATTENDING BEHAVIOR

Culturally and individually appropriate eye contact, vocal qualities, verbal tracking skills and body language
Microskills are the communication skill units of the interview that will help you develop the ability to interact more intentionally with the client. Microskills form the foundation of intentional interviewing & counseling. The hierarchy organizes microskills into a systematic framework for the eventual integration of skills into the interview in a natural fashion.

Listening is the foundation of counseling and interviewing. We, as counselors, seek to enable clients to express and tell their stories. Through this narrative exploration, it becomes possible to help clients rewrite and act on their stories in new ways. Our tasks as counselors are to expand the client’s possibilities for intentional response and further action.

Narrative theory of counseling is relatively based on the conversations between counselor and client and the generation of new meanings based on client’s experiences. The concepts of narration, storytelling and conversation are useful frameworks as we examine skills, strategy & theory in counseling and interviewing.

The narrative model of Intentional interviewing & counseling: Facilitating client development in a Multicultural Society given by Ivey & Ivey (1999) may be described as follows: First we need to hear client stories. We also need to listen for strengths and assets – empowerment is an increasingly vital part of both interviewing and counseling. Restorying is about developing client’s stories in new directions. The new story often makes action and change possible.

On a positive foundation, it becomes possible to write new stories with the possibility of new actions.

In this study, we are looking forward to devising three major counseling interventions to observe the impact of the same on four major concerns embracing our youth closely of Psychological distress, Emotional Intelligence, Self concept & lastly Social intelligence.
(1) INTIMATE RELATIONSHIPS CONFLICTS

**Behavioral Definitions**

- Frequent or continual arguing with spouse or significant other
- Lack of communication with spouse or significant other
- Marital separations
- A pattern of angry projection of responsibility for the conflicts on the other party
- Physical/verbal abuse in relationships

**Long term Goals**

- Increase awareness of clients role in the relationship conflicts
- Develop the ability to handle conflicts in a mature, controlled, non aggressive and assertive manner
- Learn to identify escalating behaviors that lead to abuse
- Develop the necessary skills for effective, open, mutually satisfying communication, sexual intimacy, and enjoyable time for companionship within the relationship
- Develop mutual respect for the significant other in the relationship
- Accept the termination of the relationship

**Short term Goals**

- Identify the causes for past and present conflicts within the relationship
- Identify his/her role in the conflicts
- Identify ways to initiate personal change to improve the relationships
- Increase the frequency and quality of the communication with the significant other
- Decrease the intensity and frequency of the conflictual interactions in the relationships
- Identify and verbalize needs both partners have in the relationship
- Identify positive and negative aspects of clients present relationship
- Discuss the level of closeness/distance desired in a relationship and how this may relate to fear of intimacy
- Arrange, attend and actively participate in the conjoint sessions with the significant other
Counseling Interventions steps

1) Assign clients to talk daily with the significant other about pre chosen, non emotional topics for 5 minutes without arguing. Increase time and degree of depth with success
2) Ask clients to make list of escalating behaviors that occur prior to abusive behavior
3) Enroll the client for assertiveness training program
4) Facilitate conjoint sessions with significant other with focus on increasing communication skills
5) Confront avoidance of responsibility for conflicts within relationships
6) Assist clients in identifying behaviors that focus on relationship building
7) Ask clients to make a list of positive things about the relationship and positive things about the significant other
8) Process current, ongoing conflicts regarding the relationship
9) Hold conjoint sessions on expression of feelings of each partner for the other
10) Probe family of origin history of each partner to see patterns of intimate relationship interaction repeating themselves in the present relationship
11) Explore and clarify feelings associated with the loss of the relationship
12) Encourage and support building new social relationships to overcome withdrawal and fear of failures
13) Assist in planning rewarding, shared social/ recreational activities with the significant other

(2) DEPRESSION

Behavioral Definition

- Loss of appetite
- Depressed affect
- Diminished interest in or enjoyment of activities
- Psychomotor agitation or retardation
- Sleeplessness or hypersomnia
- Poor concentration and indecisiveness
- Feelings of hopelessness, worthlessness, or inappropriate guilt

Long term Goals

- Develop the ability to recognize, accept and cope with feelings of depression
- Alleviate depressed mood and return to previous level of effective functioning
- Develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation of depression symptoms
• Appropriately grieve the loss of significant other in order to normalize mood and to return to previous adaptive level of functioning

**Short term Goals**

• Verbally identify, if possible, the source of depressed mood
• Discuss overreliance on significant other for support, direction and meaning to life
• Report on awareness of anger toward significant other for leaving
• Verbalize an understanding of the relationship between repressed anger and depressed mood
• Discuss the nature of the relationship with deceased significant other, reminiscing about time spent together
• Identify cognitive self talk that is engaged in to support depression
• Replace negative and self defeating self talk with verbalization of realistic and positive cognitive messages
• Verbalize hopeful and positive statements regarding the future
• Make positive statements regarding self and ability to cope with stresses of life
• Engage in physical and recreational activities that reflect increased energy and interest
• Participate in social contacts and initiate communication of needs and desires

**Counseling Interventions steps**

1) Ask clients to make a list of what he/she is depressed about and process the list with the counselor
2) Assess if there is a need for medication and arrange for the reference in that case
3) Encourage sharing feelings of depression in order to clarify then and gain insight as to causes
4) Assign participation in recreational activities as per the clients suitability
5) Assign clients to write at least one positive affirmation statement daily regarding himself/herself
6) Monitor and redirect clients on daily grooming and hygiene
7) Assist in developing coping strategies (e.g. more physical exercise, less internal focus, increase social involvement, more assertiveness, greater need sharing, more anger expression) for feelings of depression
8) Assist in teaching more about depression and accepting some sadness as a normal variation in feeling
9) Assist in developing awareness of cognitive messages that reinforce hopelessness and helplessness
10) Reinforce positive, reality based cognitive messages that enhance self confidence and increase adaptive action
11) Assess and monitor suicide potential
12) Reinforce social activities and verbalization of feelings, needs and desires

(3) SUICIDAL IDEATION

Behavioral Definitions

- Recurrent thoughts of or preoccupation with death
- Recurrent or ongoing suicidal ideation without any plans
- Ongoing suicidal ideation with a specific plan
- Recent suicide attempt
- A positive family history of suicide and preoccupation with suicide thoughts
- A bleak hopeless attitude regarding life coupled with recent life events that support this (i.e. divorce, death, loss of job)

Long term goals

- Alleviate suicidal impulses/ideations and return to highest level of previous daily functioning
- Stabilize suicidal crisis
- Place clients in appropriate level of care to address suicidal crisis
- Reestablish a sense of hope for self and life

Short term Goals

- Identify life factors that preceded the suicidal ideations
- Report no longer feeling the impulse to take his/her life
- Report decrease in the frequency and intensity of the suicidal ideation
- Reestablish a consistent eating and sleeping pattern
- Express with appropriate affect, feelings that underlie suicide ideation
- Discuss suicidal feelings, thoughts and plans
- Identify positive things in his/her life
- Verbally report and demonstrate an increased sense of hope for self
**Counseling Interventions steps**

1) Assess suicidal ideation taking into account extent of ideation, the presence of a primary and a back-up plan, past attempts and family history. Then make appropriate intervention or referral.

2) Assess and monitor suicidal potential on an ongoing basis

3) Notify family and significant others of the suicidal ideation. Ask them to form a 24 hour suicide watch until the crisis subsides

4) Assist client in developing an awareness of his/ her cognitive messages that reinforce hopelessness and helplessness

5) Draw up a contract with client identifying what he/ she will do when experiencing suicidal thoughts or impulses

6) Explore sources of emotional pain and hopelessness

7) Encourage client to express feelings related to suicidal ideation in order to clarify them and increase insight as to the causes

8) Assist clients in finding positive, hopeful things in his/ her life at the present time

9) Assist clients in developing coping strategies for suicidal ideation e.g. more physical exercise, less internal focus, increased social involvement and more expression of feelings

10) Assist clients in becoming aware of life factors that were significant precursors to the beginning of his/ her suicidal ideation

(4) **IMPULSE CONTROL DISORDER**

**Behavioral definitions**

- Several episodes of loss of control of aggressive impulses out of proportion to the situation and resulting in assaultive acts or destruction of property
- Recurrent behavior of stealing objects not needed for personal use or monetary value
- A sense of pleasure, gratification, or release at the time of committing the ego dystonic act
- Failure to resist and impulse, desire or temptation to perform some act that is harmful to self or others

**Long term Goals**

- Establish the ability to effectively channel impulses
- Decrease the frequency of impulsive acts
- Recognize and understand the emotional need met by the impulsive behavior while beginning to develop ways to block the impulses
**Short term goals**

- Identify the symptoms of impulsivity
- Increase the ability to connect impulsivity with life difficulties
- Increase the ability for self observation
- Decrease the level of resistance to accepting feedback on behavior from significant others
- Decrease the overall frequency of impulsive actions
- Increase the time intervals between impulsive acts
- Develop and implement specific coping strategies to resist impulsive urges
- Verbalize an understanding of the tension, anxiety and feelings of helplessness that precede the impulsive acts

**Counseling Interventions steps**

1. Monitor, encourage, redirect and give feedback to clients as necessary relating to control over impulsive actions
2. Train clients in impulse control techniques such as thought stop technique and assist in implementing these in daily life
3. Assist client in increasing ability to observe self
4. Assist client and significant others in developing and putting into effect a reward system for deterring impulsive actions
5. Ask clients to make a list of positive things he/she gets from impulsive actions and process it with the counselor
6. Assist client in developing ability to analyze his/her behaviors and the feelings associated with the impulsive behaviors
7. Assist clients in making connections between his/her impulsivity and negative consequences experienced.

(1) ANTI SOCIAL BEHAVIOR

Behavioral Definitions

- An adolescent history of consistent rule breaking, lying, physical aggression, disrespect for others and their property, stealing or substance abuse resulting in frequent confrontation with authority
- Consistent patterns of blaming others
- History of reckless behaviors that reflect a lack of regard for self or others and show a high need of excitement, having fun and living on the edge
- A pattern of interacting in an irritable, aggressive and argumentative way with the authority figure
- Little or no remorse for hurtful behavior
- Failure to conform with social norms with respect to the law as shown by repeatedly performed anti social acts that they may or may not have been arrested for e.g. destroying property, stealing, pursuing an illegal job

Long term Goals

- Become more responsible for behavior and keep behavior within the acceptable limits of the rules of the society
- Begin to develop and demonstrate a healthy sense of respect for social norms, the rights of others and the need for honesty
- Improve methods of relating to the world, especially authority figures, be more realistic, less defiant and more socially sensitive
- Come to an understanding and acceptance of the need for limits and boundaries on behavior

Short term Goals

- Verbally demonstrate an understanding of the rules related to job, program and so on
- Consistently follow all rules
- Identify the consequences that failure to comply with rules/limits has had on self and others
- Increase statements of accepting responsibility for behaviors
• Decrease statements of blame of others or circumstances for own behavior, thoughts and feelings
• Verbalize increased level of awareness of rebellious behaviors
• Identify historic and current sources for the pattern of rebellious actions
• Verbalize an awareness of honest feelings about rules, limits and boundaries

**Counseling Interventions steps**

1) Assign appropriate natural consequences when client fails to follow rules or expectations
2) Confront client when rude or not being respectful of others and their boundaries
3) Process with client the sources of defiant, rebellious actions
4) Confront clients when making blaming statements or failing to take responsibility for actions, thoughts or feelings
5) Explore with client reasons for blaming others for own actions
6) Give verbal positive feedback to client when he/ she is complying with rules without reminders and taking responsibility for his/ her own behaviors
7) Attempt to sensitize client to his/ her lack of empathy for others by revisiting consequences of behaviors on others.
8) Ask clients to make a list of behaviors and attitudes that must be modified in order to decrease his/ her conflict with authorities. Process the list with the counselor
9) Assist clients to recognize and honestly express feelings related to limits, rules and structures

(2) **ANXIETY**

**Behavioral definitions**

• Excessive anxiety and worry about several life circumstances that have no factual or logical basis. This anxiety and worry persists on a daily basis.
• Symptoms of motor tension such as restlessness, tiredness, shakiness or muscle tension
• Symptoms of autonomic hyperactivity such as palpitations, shortness of breath, dry mouth, trouble swallowing, nausea or diarrhea
• Symptoms of hyper vigilance such as feeling constantly on edge, concentration difficulties, trouble falling or staying asleep and general state of irritability
**Long term Goals**

- Reduce overall level, frequency and intensity of the anxiety so that daily functioning is not impaired
- Stabilize anxiety level while increasing ability to function on a daily basis
- Resolve the core conflict that is the source of anxiety

**Short term Goals**

- Develop behavioral and cognitive strategies to reduce or eliminate the irrational anxiety
- Identify major life conflicts
- Increase understanding of beliefs and messages that produce the worry and anxiety
- Decrease daily level of anxiety by developing positive coping mechanisms
- Increase daily social and vocational involvement
- Identify verbally how worries are irrational
- Develop appropriate relaxation and diversion activities to decrease level of anxiety
- In case there is a requirement for medications, refer aptly to a psychiatrist

**Counseling interventions steps**

1) Explore cognitive messages that mediate anxiety response and retrain in adaptive cognitions
2) Reinforce insights into past emotional issues and present anxiety
3) Train in guided imagery for anxiety relief
4) Practice Jacobson Progressive muscle relaxation
5) Assist clients in developing coping strategies e.g. increased social involvement, obtaining employment, physical exercise for his/ her anxiety
6) Assist clients in developing an awareness of the irrational nature of his/ her fears
7) Help clients develop reality based cognitive messages that will increase self confidence in coping with irrational fears
8) Ask clients to develop and process a list of key past and present life conflicts
9) Assist clients in becoming aware of key unresolved life conflicts and in starting to work towards their resolution
10) Help clients develop healthy self talk as a means of handling the anxiety
(3) **GRIEF UNRESOLVED**

**Behavioral Definitions**
- Thoughts dominated by loss as client can focus on little less
- Serial losses in life i.e. deaths, divorce, jobs that led to depression and discouragement
- Strong emotional responses are exhibited when losses are discussed
- Symptoms of lack of appetite, weight loss, or insomnia as well as other depression signs that occurred since the loss
- Feelings of guilt that not enough was done for the lost significant other or unreasonable belief that client contributed to death of significant other

**Long term Goals**
- Begin a healthy grieving process around the loss
- Develop awareness of how the avoidance of grieving has affected life and begin the healing process
- Complete the process of letting go of the lost significant other
- Resolve the loss and begin renewing old relationships and initiating new contacts with others

**Short term Goals**
- Identify the losses in life
- Increase understanding of the steps in the grief process
- Identify where client is in the continuum of the grieving process
- Begin verbalizing feelings associated with the loss
- Increase awareness of how avoiding dealing with the loss has negatively impacted clients life
- Identify the positive things about the deceased loved one or relationship and how these things may be remembered
- Acknowledge dependency on lost loved one and begin to refocus life on independent actions to meet emotional needs
- Verbalize and resolve feelings of anger or guilt focused on self or deceased loved one that blocks the grief process

**Counseling Interventions steps**
1) Educate the client on the stages of the grieving process and answer any questions
2) Ask clients to write a letter to lost person describing how he/ she feels and read the letter to the counselor
3) Assign clients to write about the loss with a special focus on the last contact with the person.
4) Assist clients in identifying and expressing feelings connected with the loss in individuals or group sessions.
5) Conduct an “empty chair” exercise with the client where he/she focuses on expressing to lost loved one imagined in the empty chair what he/she never said while that loved one was present.
6) Explore feelings of guilt and blame surrounding the loss.
7) Ask clients to elaborate in an autobiography on the circumstances, feelings and effects of the loss or losses in life and process it with the counselor.
8) Ask clients to interview and talk to several people about losses in their lives regarding how they felt and coped. Process findings with the counselor.
9) Ask clients to list ways avoidance of grieving has negatively impacted his/her life.
10) Assign clients to complete an exercise related to forgiveness and process it with the counselor in an individual session.

(4) SOCIAL DISCOMFORT

Behavioral Definitions

- Overall pattern of social anxiety, shyness or timidity that presents itself in most social situations.
- Hyper sensitivity to criticisms or disapproval of others.
- No close friends or confidants outside of first degree relatives.
- Avoidance of situations that require a degree of interpersonal contact.
- Isolation during most waking hours or involvement in solitary activities.
- Reluctant involvement in social situations out of fear of saying or doing something foolish or of becoming emotional in front of others.
- Increased heart rate, sweating, dry mouth, muscle tension and shakiness in most social situations.

Long term goals

- Interact socially without excessive fear or anxiety.
- Develop the essential social skills that will enhance the quality of relationship life.
- Develop the ability to form relationships that will enhance recovery support system.
• Reach a personal balance between solitary time and interpersonal interaction with others

**Short term Goals**

• Initiate one social contact per day for increasing lengths of time
• Identify and clarify nature of fears connected to associating with others
• Identify how shame affects relating with others
• Describe positive feelings associated with contact and involvement with others
• Identify sources of low self esteem in childhood experiences
• Identify sources of fear of rejection in childhood experiences
• Increase length and frequency of contact with others
• Verbally report positive outcomes of participation in social and support groups
• Participate verbally in a meaningful way in group therapy
• Verbally report and demonstrate a renewed sense of trust in others
• Increase assertiveness skills
• Develop a positive self talk dialogues that will help overcome fear of interacting with others
• Recall past positive experiences of being involved in social activities or relating one-on-one with others
• Verbally describe the defense mechanisms used to avoid close relationships

**Counseling Interventions steps**

1) Assign clients to initiate one 5 minute conversation daily and report results to the counselor
2) Assist clients in identifying fears tied to relating with others and in developing strategies for overcoming them
3) Ask clients to attend and participate in available social and recreational activities within the community
4) Monitor, encourage, redirect and give feedback to clients as necessary relating to his/her interaction with others
5) Probe childhood experiences of criticisms, abandonment or abuse that would foster low self esteem and shame
6) Explore childhood and adolescent experiences of rejection and neglect that would foster fear of rejection
7) Assign clients to self disclose two times in each therapy session
8) Train them in assertiveness skills
9) Encourage and support client in his/her effort to initiate and build social relationships
10) Facilitate a role play with clients around initiating a conversation with another person for the first time. Process the experience with client afterward
11) Assist client in developing self talk that will aid in overcoming fear of relating with others or participating in social activities
12) Ask clients to develop a daily plan for non working hours that contain both social and solitary activities. Review the plan and give feedback to the client
13) Assist clients in recognizing how he/she is similar or alike to others
14) Assist clients in identifying defense mechanisms that keep others at a distance and in finding ways to keep defensiveness level at a minimum
15) Ask clients to list and process positive experiences from social activities

(5) VOCATIONAL/ACADEMIC/SOCIAL STRESS

Behavioral definitions
- Feelings of anxiety and depression secondary to interpersonal conflict (perceived harassment, shunning, confrontation etc) with co-workers
- Feelings of inadequacy, fear and failure secondary to severe business losses
- Rebellion against or conflicts with authority figures in the employment situation
- Anxiety related to perceived or actual job jeopardy due
- Feelings of depression and anxiety related to complaints of job dissatisfaction or stress of the employment responsibilities

Long term Goals
- Improve satisfaction and comfort surrounding co-worker relationships
- Increase sense of confidence and competence in dealing with work responsibilities
- Be cooperative with and accepting of supervision or direction in the work setting
- Increase sense of self esteem and elevation of mood in spite of unemployment
- Increase job security as a result of more positive evaluation of performance by supervisor
- Increase job satisfaction and performance due to implementation of assertiveness and stress management strategies

Short term goals
- Describe nature of conflicts with co-workers or supervisors
- Identify clients role in conflicts with co-workers and supervisors
• Identify behavioral changes client could make in interaction to help resolve conflict with co-workers or supervisors
• Identify pattern of similar conflict with people outside of work environment
• Review family of origin history to determine roots for interpersonal conflict that are being reenacted in the work atmosphere
• Verbalize feelings of fear, anger and helplessness associated with the vocational stress
• Identify distorted cognitive messages associated with perception of job stress
• Develop more healthy realistic cognitive messages that promote harmony with others, self acceptance and self confidence
• Replace projection of responsibility for conflict, feelings or behaviors with acceptance of responsibility for behavior, feelings and role in conflicts
• Verbalize an understanding of circumstances that led up to being terminated from employment
• Develop assertiveness skills that allow for effective communication of needs and feelings without aggression or defensiveness

Counseling Interventions steps

1) Clarify the nature of conflicts in work settings
2) Confront projection of responsibility for clients behavior and feelings onto others
3) Discuss possible patterns of interpersonal conflict that occur beyond the work settings
4) Probe family of origin history for causes of current interpersonal conflict patterns
5) Probe childhood history for roots of feelings of inadequacy, fear of failure or fear of success
6) Probe and clarify emotions surrounding the vocational stress
7) Assess the cognitive messages and schema connected with vocational stress
8) Train in the development of more realistic, healthy cognitive messages that relieve anxiety and depression
9) Reinforce acceptance of responsibility for personal feelings and behaviors
10) Use role playing, behavioral rehearsal and role reversal to increase the probability of positive encounters and reduce anxiety with others in employment situation or job search
11) Reinforce realistic self appraisal of clients successes and failures at employment
12) Explore the transfer of other personal problems to the employment situation
13) Explore the effect of vocational stress on intra and inter personal dynamics
STRESS INOCULATION TRAINING

Behavioral definitions/ Goals of counseling

- Effective in relieving fear, anxiety and depressive symptoms associated with traumatic experiences
- Includes educating the client with respect to different stressors, muscle relaxation training, breathing retraining, covert modeling, role playing, guided self dialogue & thought stopping
- Gives valuable insights to clients in all life areas & provide them with the coping skills to deal with stressors in life

Counseling Interventions steps

The stress inoculation training takes place in five phases of effective counseling. The five phases of counseling are:-

PHASE I: Introductory phase

- Establish a therapeutic alliance or client- counselor relationship
- Encourage the client to share his/ her traumatic story at his/ her own comfortable pace
- Conduct assessments both psychological and medical & also assess the clients strengths
- Educate the client about the nature of post traumatic stress disorder and accompanying sequel
- Validate and help the client reframe his/ her reactions and engender “hope”

PHASE II: Address the clients presenting symptoms and signs of co morbidity

- Help stabilize clients clinical picture, reduce symptoms and provide relief
- Teach coping skills to address the specific issues
- Assist client in affect modulation and emotional regulation so he/she does not fluctuate between numbing and withdrawal
- Ensure the clients safety in terms of addressing the dangers of “stigmatization”
PHASE III: Help the client to restructure his/her story and transform traumatic memory, shift from ‘victim’ role to ‘survivor’ and ‘thriver’ roles

- Help the client to retell his/her story & revise the account in a way that leads to integration and sense of mastery
- Provide an opportunity to find ‘meaning’
- Re-expose the client to traumatic cues in structured and supportive manner
- Address the clients ‘shattered’ beliefs and resultant inter & intra personal difficulties by means of cognitive restructuring procedures

PHASE IV: Help the client to reconnect with others and restore familial, social and occupational functioning

- Re-establish relationship with significant others and work on clients interpersonal goals
- Address interpersonal difficulties and issues such as intimacy, trust, sexual difficulties
- Address the possibility of ‘revictimization’ by employing cognitive restructuring
- Explore with the client the value of undertaking attempts of rewriting his/ her narrative
- Empower the client by encouraging

PHASE V: Termination Phase

- Bolster the clients self confidence, sense of competence& self efficiency
- Ensure that the client documents and takes credit for his/ her accomplishments
- Discuss the recovery work that lies ahead
- Discuss the relapse prevention strategy- client is taught ways to anticipate, accept and cope with possible lapses, setbacks and re-experiences
- Arrange for “Booster-sessions” and follow through sessions

(2) ANGER MANAGEMENT

Behavioral definitions

- Overreaction of hostility to insignificant irritants
- History of explosive aggressive outbursts out of proportion to any precipitating stressors leading to assaultive acts or destruction of property
- Swift and harsh judgment statements made to or about others
- Use of verbally abusive language
- Body language of tense muscles
• Social withdrawal due to anger

**Long term goals**

• Decrease overall intensity and frequency of angry feelings and increase ability to recognize and appropriately express angry feelings as they occur
• Develop awareness of current angry behaviors, clarifying origins of and alternatives to aggressive anger
• Come to an awareness and acceptance of angry feelings while developing better control and more serenity

**Short term goals**

• Increase awareness of anger expression patterns
• Identify pain and hurt of past or current life that fuels anger
• Verbalize feelings of anger in a controlled assertive way
• Verbalize an understanding of the need for a process of forgiveness of others and self to reduce anger
• Decrease the number and duration of angry outbursts
• Identify targets of and causes for anger
• Increase awareness of how past ways of handling angry feelings have had a negative impact
• Develop specific, socially acceptable and non-self defeating ways to handle angry feelings
• Decrease verbal and physical manifestations of anger, aggression or violence while increasing awareness and acceptance of feelings

**Counseling Interventions steps**

1) Confront/ reflect angry behaviors in group and individual sessions
2) Assign clients to list experiences of life that have hurt and led to anger
3) Empathize and clarify feelings of hurt and anger tied to traumas of the past
4) Teaching them assertiveness skills
5) Ask clients to write a forgiving letter to target of anger as step toward letting go of anger
6) Assign and process a thorough list of all targets and causes of anger
7) Work with clients in individual therapy sessions, using role-playing techniques to develop non-self defeating ways of handling angry feelings
8) Process clients angry feelings or outbursts that have recently occurred and review alternative behaviors available
LOW SELF ESTEEM

Behavioral definitions

- Inability to accept compliments
- Self disparaging remarks
- Takes blames easily
- Lack of pride in grooming
- Difficulty in saying no to others, assumes not being liked by others
- Fear of rejection by others, especially peer group
- Verbalization of dislike for self e.g. unattractive, worthless, unimportant
- Inability to identify positive things about self

Long term goals

- Elevate self esteem
- Develop a consistent positive self image
- Demonstrate improved self esteem through more pride in appearance, more assertiveness, greater eye contact, and identification of positive traits in self talk messages

Short term goals

- Increase awareness of self disparaging statements
- Decrease frequency of negative self statements
- Increase frequency of assertive behaviors
- Decrease fear of rejection while increasing sense of self acceptance
- Identify positive things about self
- Increase eye contact with others
- Identify verbally or in writing needs for self and a plan for assertively satisfying those needs
- Identify accomplishments done to improve self image and a plan to achieve those goals
- Increase insight into the historical and current sources of low self esteem
- Positively acknowledge verbal compliments from others
- Form realistic, attainable and appropriate goals for self in all areas of life
- Identify negative self talk messages used to reinforce low self esteem
Counseling Interventions steps

1) Confront and reframe clients self disparaging comments
2) Reinforce clients positive self descriptive statements
3) Assign mirror exercises of clients talking positively about self
4) Assign clients to make one positive self statement daily and record it in journal
5) Teach them assertiveness skills via role plays, lectures
6) Help client become aware of fear of rejection and its connection with past rejection or abandonment experiences
7) Confront clients when he/ she is observed avoiding eye contact with others
8) Help clients analyze goals to make sure they are realistic and attainable
9) Reinforce verbally the use of positive statements of confidence and accomplishments
10) Help clients identify distorted, negative beliefs about self and the world
11) Reinforce use of more realistic positive messages to self in interpreting life events

(4) SLEEP DISTURBANCE

Behavioral definitions

- Difficulty in getting to or maintain sleep
- Sleeping adequately but not feeling refreshed or rested after waking
- Pre dominant daytime sleepiness
- Insomnia or hypersomnia complaints
- Distress resulting from repeated awakening with detailed recall of extremely frightening dreams involving threats to self
- Repeated incidents of sleep walking accompanied by amnesia for the episode

Long term Goals

- Restore restful sleep pattern
- Feel refreshed and energetic during wakeful hours
- Terminate anxiety producing dreams that cause awakening
- End abrupt awakening in terror and return to peaceful, restful sleep patterns
- Restore restful sleep with reduction of sleepwalking incidents

Short term goals

- Keep a journal of daily stressors and sleep patterns
- Share history of substance abuse or medication use
- Verbalize depressive feelings and share possible causes
Discuss experiences of emotional traumas that continue to disturb sleep
Practice deep muscle relaxation exercises
Discuss fears regarding relinquishing control
Share childhood traumatic experiences associated with sleep experience
Reveal sexual abuse incidents that continue to be disturbing

Counseling Interventions steps

1) Assign client to keep a journal of daily stressors and nightly sleep patterns
2) Assess the contribution of substance abuse or medication to sleep disorder
3) Assess role of depression as a cause of sleep disorder
4) Explore recent traumatic events that interfere with sleep
5) Assign strict adherence to low stimulation prior to sleep, relaxation training
6) Refer to physician to rule out physical and pharmacological causes for sleep disturbance
7) Probe nature of disturbing dreams and relationship to life stress
8) Probe fears related to letting go of control
9) Explore traumas of childhood that surround the sleep experience
10) Explore possible sexual abuse that has not been revealed

(5) JACOBSON PROGRESSIVE MUSCLE RELAXATION

Behavioral definitions

- Technique for reducing anxiety by alternately tensing and relaxing the muscles.
- Jacobson argued that since muscle tension accompanies anxiety, one can reduce anxiety by learning how to relax the muscular tension.
- PMR entails a physical and mental component.

Counseling interventions steps

- The physical component involves the tensing and relaxing of muscle groups over the legs, abdomen, chest, arms and face.
- With the eyes closed and in a sequential pattern, a tension in a given muscle group is purposefully done for approximately 10 seconds and then released for 20 seconds before continuing with the next muscle group.
- The mental component focuses on the difference between the feelings of the tension and relaxation. Because the eyes are closed, one is forced to concentrate on the sensation of tension and relaxation.
- Because of the feelings of warmth and heaviness are felt in the relaxed muscle after it is tensed, a mental relaxation is felt as a result. With practice, the patient learns how to
effectively relax and deter anxiety when it becomes at an unhealthy level where an anxiety attack would otherwise occur.

- A person using PMR may start by sitting or lying down in a comfortable position. With the eyes closed, the muscles are tensed (10 seconds) and relaxed (25 seconds) sequentially through various parts of the body.
- The whole PMR session takes approximately 30 minutes.

REFERENCES


Ivey & Ivey (1999), Intentional interviewing & counseling, Brooks / Cole publishing company, pg 11-24