the lifeskills counselling model

Chapter outcomes

By studying and doing the activity in this chapter you should:

• understand the importance of looking at problems in terms of both communication/action skills and mind skills;
• know what are the stages and phases of the lifeskills counselling model;
• know some counsellor skills and client behaviours illustrating each stage and phase of the model; and
• understand some of the issues in applying the lifeskills counselling model of practice.

In Chapter 2 the distinction was made between problems and problematic skills. The previous two chapters described communication/action skills and mind skills. This discussion and description of skills lays the foundation for the Relating–Understanding–Changing or RUC lifeskills counselling model presented in this chapter. Though arguably mind skills are more fundamental than communication/action skills, counsellors and counselling skills students can view most problems that clients bring to them as consisting of both mind dimensions and communication/action dimensions.

The lifeskills counselling model shown in Box 4.1 provides a systematic framework both for addressing problems and for altering the poor mind skills and communication and action skills that sustain problems. Problems tend to repeat themselves if clients are not careful. It may be just band-aiding a problem to address it in everyday language. It may be much more preferable in the short, medium and the long term to assist clients to identify and alter the mind skills and communication skills deficiencies that create and sustain their problem or problems. On some occasions, such as immediate crises or decisions, a simple short-term view may be appropriate. However, in most instances, clients are not just concerned with getting counsellor support and suggestions to tide them through current difficulties. Instead, their focus is on gaining skills and strength for coping better after they terminate. Consequently they require self-helping skills that they understand so well that they can monitor their usage and, where possible, correct lapses on their own after counselling ends. Thus counsellors must be able to progressively augment and build clients’ skills so that they become skilled self-helpers.
Box 4.1  The lifeskills counselling model

Stage 1 Relating
Main task: Form a collaborative working relationship

Phase 1: Pre-counselling contact
Communicating with and providing information for clients prior to the first session.

Phase 2: Starting the initial session
Meeting, greeting and seating, making opening remarks, and encouraging clients to tell why they have come.

Phase 3: Facilitating client disclosure
Allowing clients space to reveal more about themselves and their problem(s) from their own perspective.

Stage 2 Understanding
Main task: Assess and agree on a shared analysis of the client's problem(s)

Phase 1: Reconnaissance
As necessary, conducting a broad review to identify the client's main problems and to collect information to understand her/him better.

Phase 2: Detecting and deciding
Collecting specific evidence to test ideas about possible poor skills and then reviewing all available information to suggest which skills might require improving.

Phase 3: Agreeing on a shared analysis of the client's problem(s)
Arriving at a preliminary analysis of the client's problem(s) including, where appropriate, specifying mind skills and communication/action skills for improvement.

Stage 3 Changing
Main task: Achieve client change and the maintenance of change

Phase 1: Intervening
Helping clients to develop and implement strategies for managing current problems and improving relevant mind skills and communication/action skills for now and later.

Phase 2: Ending
Assisting clients both to consolidate their skills for use afterwards and to plan how to maintain them when counselling ends.

Phase 3: Client self-helping
Clients, largely on their own, keep using their skills, monitoring their progress, correcting lapses and, where possible, integrating their improved skills into their daily living.

The fact that the lifeskills counselling model is presented in a series of three stages, each of which has three phases, may imply a degree of tidiness inappropriate to the often more messy and unpredictable practice of
Introduction

Stages and phases of the lifeskills counselling model

Stage 1: Relating

The main goal of the relating stage is for counsellor and client to start establishing a good collaborative working relationship. Other goals are to find out why clients have come for counselling and to gain an initial understanding of their problem or problems.

Phase 1: Pre-counselling contact

The counsellor in the process

Counselling really begins from the moment the client first hears about the counsellor. Counsellors can gain or lose clients by how they advertise, the quality of information they offer about their services, how easy they are to get hold of, the kind of messages they leave on their answering machine, how friendly they sound on the phone, and whether and how they answer email enquiries.

If counsellors work for an agency, how the office staff behave towards potential and first-time clients is very important. Warmth, tact and quiet efficiency all convey positive messages to clients, some of whom may be feeling highly vulnerable. Comfortable and tasteful furnishings in reception areas can also be reassuring.

Arriving early gives counsellors time to relax, get the room ready and, if using recording equipment, time to ensure that it works. They can check the client's name and any pertinent details about them. If possible, counsellors should do all their preparation in private. Then, when they meet clients, they can devote their full attention to them.

The client in the process

Clients have different preconceptions about counselling. These ideas are not always accurate and some of the ways in which they are formed are...
The life skills counselling model

mentioned above. Some clients will have had good, bad or indifferent experiences with other counsellors prior to coming. Clients' expectations may also be shaped by whether they were referred by previous clients or by sources who said positive things when making the referral. Some clients come for counselling reluctantly because they have been made or told to do so. Clients' pre-counselling expectations are also shaped by factors like culture, social class, financial status, age and sex.

Most often clients have a limited idea of what to expect and what their role is likely to be. Clients consider coming to counselling with varying degrees of trepidation. It can be a huge step for some clients. Reasons for this include their reluctance to face up to difficult issues, make intimate disclosures, and break barriers about talking to third parties about family and other problems. Some people find coming too difficult. Others may arrive only as a result of overcoming their fears and because they desperately want to ease their suffering.

Phase 2: Starting the initial session

The counsellor in the process

Counsellors need to develop good skills for meeting, greeting and seating clients. They should provide a warm and friendly, but not effusive, welcome. If clients are in reception areas, counsellors can go to meet them, call them by name and introduce themselves. Most counsellors are relatively sparing about small talk. A little of it may humanize the process; too much risks diverting attention from the client's agenda. Counsellors show clients into the counselling room and indicate where they should sit.

When both parties are seated, counsellors may make an opening statement that indicates the time boundaries of the session, saying something like 'We have about 45 minutes together' and then giving the client permission to talk. Counsellors may need to fulfil agency requirements that they collect basic information before giving permission to talk. Counsellors may also need to ask the clients if they can record the session. Examples of permissions to talk are 'Please tell me why you've come', 'Where would you like to start?', 'You've been referred by —. Now how do you see your situation?'

Counsellors should try to create an emotional climate of warmth, respect and interest in which clients can feel reasonably safe in sharing their inner worlds and wounds. They use active listening skills to help clients feel that their thoughts and feelings are being received and understood sensitively and accurately. At some stage counsellors may make a further statement that describes to the client the structure of the initial session and how they work. Counsellors should be prepared to answer questions, but avoid long-winded replies. Some questions are really aimed at seeking reassurance and a counsellor's manner of responding can help dispel unnecessary fears.
The client in the process

From the moment they set eyes on their counsellors, clients start summing them up. Counsellors' vocal and bodily communication may speak just as loudly as their words. Though counsellors may feel anxious, clients probably feel far more threatened. They are on unfamiliar territory, uncertain how to behave, and know that they are likely to be asked to reveal personal information to someone they do not know.

Questions running through clients’ minds include: ‘Can I trust this counsellor?’, ‘How confidential is the session?’, ‘How much am I prepared to reveal?’, ‘Will this person like me?’, ‘Will we be on the same wavelength?’, and ‘Can this person help me?’ Clients come to counselling bringing wounds and various levels of unfinished business from past relationships. It may take them some time to view counsellors as persons in their own right who differ from people who have been associated with past hurts and rejections.

Phase 3: Facilitating client disclosure

The counsellor in the process

A decision counsellors have to make is when to curtail the space they give to clients to share their internal worlds on their terms and change to being more active in collecting information. Where time permits, I generally prefer to encourage clients to keep talking for the first 10 to 15 minutes rather than to assume much direction near the beginning of the session. The main purpose of the early part of initial counselling sessions is to build good relationships. Helping clients to feel accurately understood as they share their inner worlds is a good way of achieving this objective.

In addition, I want to get clients used to the idea of participating actively in sessions and not just responding to me all the time. Another reason is that counsellors never know where clients are going to take them and by getting too focused too soon they may stay on the surface rather than access material that is more important to clients. As clients reveal themselves on their own terms, counsellors can start making useful hypotheses about the nature of their problems, their strengths, and their self-defeating thoughts and communications/actions.

During this process of client disclosure, counsellors require good relationship enhancement skills such as active listening, summarizing and asking occasional questions, which may take the form of encouraging clients to elaborate. When it seems helpful, counsellors can provide brief explanations of the stages of the counselling process.

In the lifeskills counselling model, it is advisable for counsellors to take notes discreetly in the initial session(s). They can explain that they are doing this in order to record relevant information for when they later suggest ways of viewing a client’s problems differently. Memory is fallible. When attempting to agree on shared analyses of clients’
problems, it is very helpful for counsellors to do this from actual material that clients have provided, including quoting back pertinent statements that the clients themselves have made.

Clients vary in the degree to which they are emotionally literate. Assuming clients have come to counselling of their own accord and that the counsellor is both confident and tactful when explaining the purpose of note-taking, most clients do not mind it.

The client in the process
Clients also vary in their ambivalence about disclosing problems and talking honestly about their lives. Many clients, while being willing and eager to talk about themselves, are selective about how much they reveal. Client and counsellor anxiety are always present throughout the counselling process and can distort the amount and nature of disclosure. During the initial session many clients' anxiety about the counselling process is at its highest. Some rationing or avoidance of disclosure is deliberate. On other occasions, as clients explore and experience themselves more, they get in touch with and reveal material of which they were previously unaware. Clients can be inconsistent in what they reveal. To maintain a safe emotional climate, it is sometimes best just quietly to notice this inconsistency rather than bring it to their attention. The time for greater consistency may be later rather than now.

Stage 2: Understanding
The main goal of the understanding stage is for counsellors to collaborate with clients to clarify and assess their problem(s) so that they can agree on shared initial analyses of how clients might change. Counsellors, with the assistance of clients, move from describing and clarifying problem(s) in everyday terms to assessing and analysing how clients sustain their difficulties. Throughout, counsellors respect clients as intelligent co-workers who are by the end of this stage entitled to a reasoned initial analysis of their problem(s). Depending on the complexity of problems and, sometimes, the verbosity of clients, the understanding stage may take place over more than one session. This stage can include activities for clients to undertake between sessions.

Phase 1: Reconnaissance
The counsellor in the process
Even when, on the surface, clients' problems seem reasonably clear-cut, it may be wise to conduct a broader reconnaissance. Together counsellor and client may identify further problems or uncover information relevant to understanding clients' presenting concerns. In stage 2 of the lifeskills counselling model, counsellors perform a more active role than in stage 1.
While maintaining a relationship orientation, counsellors adopt a greater task orientation as they help clients to review various areas of their functioning. Some counsellors also use biographical information or life history questionnaires that they ask clients to fill out either prior to or after the first session.

When conducting a reconnaissance, counsellors tactfully move the focus of the interview from area to area. The reconnaissance varies in length and depth according to what seems appropriate for each individual client. Influences on those areas covered are the context in which they meet, the client's presenting concerns, and anything the client has previously revealed.

Some of the reconnaissance may refer to clients' childhood and adolescence: for example, relationships with parents and significant others, schooling, problems experienced when growing up, traumatic incidents, their view of themselves, and anything else the client considers relevant. The reconnaissance can also review how clients function in their intimate and friendship relationships, their living arrangements, how they get on at work or in study, any health issues, and issues related to diversity such as culture and gender. Additional areas include information about their previous experience of counselling, any medication they are taking, any unusual current stress, and what clients perceive as their strengths. Further questioning can address their favourite hobbies and pastimes, their short-, medium and long-term goals, their central values and philosophy of life.

Counsellor skills for conducting a reconnaissance include helping clients to see that its purpose is to enable them to understand themselves better and not just for the counsellor's benefit. Counsellors should ask questions in ways that avoid making clients feel interrogated: for example by interspersing empathic responses with questions. Counsellors can make the process personal by letting clients know that they are interested in their experiencing and perceptions of events. The reconnaissance is an exploration of the client's subjective world as well as of external facts. Where possible, counsellors should keep the interview moving since they can later come back to areas that require more detailed consideration. In addition, counsellors should continue to look for evidence of clients' main problems and the poor mind skills and communication/action skills which sustain them.

The client in the process
A few words of caution are in order regarding the possible negative impact of a reconnaissance on clients. Clients need to perceive that the reconnaissance is of some potential benefit to them, so its scope should be tailored to their purposes and problems. Clients who come to counselling with fairly specific concerns are only likely to respond positively
to questions in or around the area of their concerns. Where clients' problems are multiple, complex or long-standing, there is more of a case for a thorough reconnaissance. Clients may also have areas they are reluctant to discuss in detail, if at all, and such reluctance should be respected.

Often clients willingly collaborate in sensitively conducted attempts to understand them and their problems more fully. They appreciate the time, space and concern provided for reviewing their lives and problems. Many clients have been starved of opportunities to be the focus of attention. When helped to review different aspects of their lives aloud, they feel affirmed and can gain useful insights. In the initial session clients may feel better understood by counsellors who both facilitate their disclosure and review different aspects of their lives than by counsellors who facilitate their disclosure alone, since they feel they are treated as persons and not simply as problems.

Phase 2: Detecting and deciding

The counsellor in the process

By now counsellors have already assembled a number of ideas about clients, their problems, their strengths and potential poor skills. How counsellors handle this next phase may depend on the complexity of clients' problems. For example, if clients come with specific concerns – say, the wish to improve their public speaking skills – counsellors may perform more detailed analyses of any feelings, physical reactions, thoughts, and communications/actions that will help them to make more accurate hypotheses about how clients are perpetuating such difficulties.

In a more complex case, such as that of George provided later in this chapter (see pp. 58-62), I offer an overall definition of the client's problem rather than a detailed definition of any part of it. This overall definition consists of the main mind skills and communication/action skills the client needs to improve. Characteristic poor mind skills tend to carry across a range of situations. This should come as no surprise, since Ellis detects irrational beliefs and Beck identifies inadequately reality-tested perceptions in all of their clients.

Counsellors can collect more information to test ideas about possible poor mind skills and poor communication/action skills if they wish. When this process is over, they should pull together their conclusions for presenting to clients. Counsellors can ask clients to give them a few minutes to look over their notes and information so that they can offer specific suggestions about where clients might fruitfully work in future. When making notes, I highlight any information that may be of later importance. For example, I circle a T by any thoughts that appear to be of particular relevance for subsequently identifying poor mind skills.
Later I can quickly spot these thoughts and use them to provide evidence for, decide on and illustrate potential poor skills.

The client in the process

Clients can be very cooperative in providing additional information that helps them understand specific problems more clearly. For instance, in the example of improving a client’s public speaking skills, counsellors may ask follow-up questions that elicit thoughts and feelings that occur before, during and after giving a talk. The client can also help the counsellor to understand how their distress varies across different public speaking situations. Furthermore, the counsellor can ask the client to show their actual verbal, vocal and bodily communication when, say, starting a speech.

I find that clients do not get upset if I politely ask them to give me some time to pull together the information that I have collected. What is damaging is a confusing and ill-considered assessment of their problems rather than one that is carefully constructed from what they have said.

Phase 3: Agreeing on a shared analysis of the client’s problem(s)

The counsellor in the process

Most clients require some idea of where they have been going wrong. After making preliminary assessments, counsellors attempt to agree with clients on shared analyses of the mind skills and the communication/action skills that clients need to improve. Counsellors offer suggestions for discussion with clients, illustrating how they have come to their conclusions using material that clients provided earlier.

Good counsellor suggestions of skills that clients might improve follow logically from information revealed to date. If the groundwork has been laid in the earlier parts of the session, there should be no surprises. As appropriate, counsellors work with clients to explain, modify or even discard suggestions with which clients are unhappy. It is vitally important that clients not only own their problems, but also agree on where best to improve their skills, since they are the ones who need to work hard to change.

Often I have conducted counselling sessions with a small whiteboard at the side that the client and I can turn to when necessary. I do not favour using the whiteboard before the ‘agreeing on a shared analysis’ part of the initial session. Premature use of the whiteboard can slow the assessment process down and may divert it by getting into too much detail about a specific area too soon.

Using visual as well as verbal presentation to define clients’ problems has many advantages. As in teaching, both types of communication can stimulate interest. In addition, clients’ memories are fallible and by the time counsellors move on to the next topic clients may have started to
The lifskills counselling model

The lifeskill counselling model

In short, clients like to be treated as intelligent collaborators in the process of creating shared analyses of how they can change for the better. Clients who see their problems broken down often experience feelings of relief. They get glimpses of hope that problems that up until now have seemed overwhelming can be managed both now and in future.

Stage 3: Changing

The main goals of the changing stage are first for counsellors to collaborate with clients to achieve change and then for clients to maintain that change on their own after counselling ends.

Phase 1: Intervening

The counsellor in the process
Counsellors intervene as user-friendly coaches as clients develop self-helping skills and strategies. To intervene effectively counsellors require good relationship skills and good training skills. Skilled counsellors strike an appropriate balance between relationship and task orientations; less skilled counsellors err in one or other direction.

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Counsellors work much of the time with the three training methods of 'tell', 'show' and 'do'. 'Tell' entails giving clients clear instructions concerning the skills they wish to develop. 'Show' means demonstrating how to implement skills. 'Do' means arranging for clients to perform structured activities and homework tasks.

Within collaborative working relationships, counsellors deliver specific mind skills and communication/action skills interventions drawn from cognitive-behavioural and humanistic sources. In instances where counsellors find it difficult to deliver interventions systematically, they weave them into the fabric of the counselling process. Whenever appropriate, counsellors help clients to acknowledge that they are learning and using skills. Frequently clients are asked to fill out 'take away' or homework sheets in which they record skills-focused work done on the whiteboard during sessions. Homework assignments form a regular part of counselling. Instructions for these are written down so that clients are clear what they have agreed to do.

The client in the process
The intervening stage focuses on assisting clients to manage current problems and to acquire mind skills and communication/action skills as self-helping skills. Clients are learners whose counsellors act as user-friendly coaches as they change from their old self-defeating ways to using new and better skills. Clients actively collaborate during counselling, for instance in setting session agendas, sharing their thoughts and feelings, participating in in-session activities to build their knowledge and skills, and keeping their own records of work covered during counselling.

Clients also negotiate and carry out appropriate homework assignments. Some such assignments prepare for the next session: for instance, clients list their demanding rules in a specific area so that time can be saved when this topic is addressed during counselling. Other assignments involve implementing skills learned during previous sessions: for example, learning to challenge demanding thinking and replace it with rational statements or trying to improve their verbal, vocal and bodily communication in a specific situation.

Phase 2: Ending
The counsellor in the process
Nearly always counsellors or clients bring up the topic of ending before the final session. This allows both parties to work through the various task and relationship issues connected with ending the contact. A useful option with some clients is to reduce contact by spacing out the final few sessions. Certain clients may appreciate the opportunity for booster sessions, say one, two, three or even six months later.
The lifeskills counselling model seeks to avoid the 'train and hope' approach. Counsellors encourage transfer and maintenance of skills by such means as developing clients' self-instructional abilities, working with real-life situations during counselling, and using between-session time productively to perform homework assignments and to rehearse and practice skills. Often counsellors make up short take-away cassettes focused on the use of specific skills in specific situations: for instance, the use of coping self-talk to handle anxiety when waiting to deliver a public speech.

In addition, counsellors work with clients to anticipate difficulties and setbacks to implementing and maintaining their skills once counselling ends. Together they develop and rehearse coping strategies for preventing and managing lapses and relapses. Sometimes clients require help in identifying people to support their efforts to maintain skills. Counsellors can also provide information about further skills-building opportunities.

The client in the process
Clients end counselling for many reasons, some negative, some neutral and some positive. Negative reasons include feeling unhappy with counsellors and their way of working and failure to make significant progress. Neutral reasons include clients or counsellors moving to another location or either party only being available for a fixed number of sessions. In the lifeskills counselling model, positive reasons for ending are that clients have evidence that they can manage with their current problems better and possess some skills to prevent and/or successfully cope with future similar problems.

Clients can ensure that ending is handled as beneficially as possible for them. For example, they can actively participate in discussions about how they can consolidate and maintain their skills once counselling finishes. Though some dependency may arise in the earlier parts of counselling if clients feel especially vulnerable, the consistent message they receive during counselling is that they have the resources within themselves to become happier and more effective people.

Phase 3: Client self-helping
This relates to what clients do on their own once counselling ends. The purpose of skilling clients is so that they become more skilled independently of their counsellors. Throughout the lifeskills counselling model, the emphasis is on giving clients the skills to help themselves. Counsellors try and help them understand how to apply the skills so clearly that they carry this understanding around in their heads once counselling has ended.

Clients can view the time after counselling as providing a challenge to maintain and, where possible, to improve their skills. When necessary,
clients can revise their skills by referring back to any notes or records of skills-building activities made during counselling. They can also listen to cassettes made during counselling to reinforce their understanding and application of targeted skills or apply strategies discussed during counselling to help them overcome setbacks and retrieve lapses.

Clients can involve others to support them in their self-helping. Before counselling ends they may have worked with their counsellors to identify people and resources for assisting them afterwards. Clients can request booster sessions and keep in touch with counsellors by phone or e-mail to monitor their progress, handle crises, and become even more skilled. However, limits may need to set on such contacts.

The lifeskills counselling model assumes that there is no such thing as cure. Often, after ending, clients have to work hard to minimize the effects of their poor skills and maintain their good skills. Sometimes using good skills provides obvious rewards, in which case it is not difficult to continue using them. On other occasions clients may perceive losses as well as gains when using good skills, for instance giving up a favourite bad habit. One strategy for former clients tempted to go back to their old ways is to perform a cost-benefit analysis of why they should keep using their improved skills. The following case study provides an example of the lifeskills counselling model.

Case study of the lifeskills counselling model: George

Stage 1: Relating

Phase 1: Pre-counselling contact

George, aged 52, had been unemployed for six months after being fired from his position of managing director of a communications company. He was obsessed with getting back into the workforce and had become extremely depressed at his lack of success. He had discussed his depression with his doctor, who put him on an antidepressant that he felt terrible about taking.

As part of his termination package, George was given the opportunity to use a well-respected outplacement company for senior executives. Here a consultant had been assisting George with his job search programme and providing support and encouragement. The outplacement company hired me on a sessional basis to work with clients whose job search problems went beyond the ordinary. George’s consultant notified him that I was a counselling psychologist on the staff, whom he could see as part of the company’s service. George, who was quite psychologically minded, thought he badly needed to see someone who might help lift his incapacitating depression. While he felt some anxiety about seeing a counselling psychologist, he was prepared to give it a go and reserve judgement.