Session 1
An Introduction to Counselling Theory and Wellness
Department of Social Sciences
Session Aim:

Introduce students to the holistic approach to wellbeing and treatment on the basis of the biopsychosocial model, the patient/practitioner model of therapy, and incorporating feedback and reflection into practice.
Learning Objectives:

At the end of this session, you should:

• Be able to understand the biopsychosocial model and begin to conceptualize how it might be relevant in working with a client.
• Be able to create case formulation.
• Be able to identify the steps of a therapeutic process.
• Be able to explain the importance of utilising feedback and reflection in natural therapy practice.
Biopsychosocial Model: Determinants of Human Functioning

George L. Engel (1913 – 1999)

- American psychiatrist, worked most part of his life at Rochester University.
- In 1977, he published an article (Science), highlighting the limitations of the traditional biomedical model to understand health.
- Need to change the traditional biomedical focus on pathophysiology and other biological approaches to disease.
Biopsychosocial Model: Determinants of Human Functioning

The traditional biomedical approach follows the reductionist view → All phenomena are best understood at the lowest level of natural systems (e.g., cellular or molecular).

The Biopsychosocial approach recognises that different clinical scenarios may be better understood scientifically at several levels of the natural systems continuum.
Biopsychosocial Model: Determinants of Human Functioning

Three interactive forces play a role in human functioning, well-being and behavior:

1. **Biological** – genetic & health-related factors (viruses, bacteria, lesions, etc.)

2. **Psychological** – perceptual, cognitive, emotional & personality factors (behaviours, beliefs, coping strategies, stress management, etc.)

3. **Socio-cultural** – interpersonal, societal, cultural & ethnic factors (financial status, employment, ethnicity, etc.)
Biopsychosocial Model: Determinants of Human Functioning

- Need to understand human health and illness in a holistic way, understanding patients and their contexts:

- Interactions in understanding health, illness & health care delivery

- Psychological

- Biological

- Social
Class Activity
What influences me?

Write out on a piece of paper how you describe yourself.

Think about how the following areas have interacted and shaped your identity:

› Biological
› Psychological
› Socio-cultural
Biological Factors

Genetics & General Health

• Prenatal development
• Brain maturation
• Puberty
• Menopause
• Skin wrinkling & Hair loss
• Change in cardiovascular functioning
Psychological Factors

Cognitions, Emotions, Personality

○ The nature of our personality and our temperament.
  • E.g. Introvert – prefer internal world of thoughts, feelings, fantasies, dreams.
  • E.g. Extrovert – prefer the external world of things, people, activities.

○ A particular issue, e.g. trust, may recur & how this impacts over time.
  • E.g. infant’s trust in parents develops into more complex forms of trust over the life span for friends and lovers. This accumulated experience means that the person will deal with trust in a new way (with other people) and that trust is shown in different ways over life.
Socio-cultural Factors

Knowledge, attitudes and behavior associated with a group of people

• Family of origin (mother, father, siblings)
• Extended family (e.g. aunts, grandparents)
• School (teachers, peers)
• Social groups (religious, sports, hobbies)
• Ethnic background (language, traditions)
• Politics
• Workplace
Group Activity
How do these forces affect treatment?

As a class, let’s try and come up with some factors in each category which may affect treatment or treatment outcomes.

“A diabetic patient presents for nutritional advice.”

- What biological factors may be at play in the illness?
- What psychological factors may affect treatment?
- What are some possible social factors, and how might these affect the patient’s current functioning?
**Definition of Wellness**

**Wellness is** “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948, p.1).

**Wellness means a high level of functioning across the biopsychosocial domains/areas.**

- **Bio**: Health; Functioning body; Homeostasis
- **Psycho**: Mental well-being; Reaching one’s true potential
- **Social**: Social capital/connections (friendships, social support); Social services (community groups, welfare, education, etc.)
Case Formulation

- Case formulation is a crucial clinical skill that integrates the assessment information to the treatment plan.

- It involves exploring the **aetiology** (“causes or origins”) of a patient’s illness. It is a hypothesis about the possible mechanisms causing and maintaining the client’s symptom / problem.

- Case formulation involves mapping the original causes of problems, as well as factors that may help promote or prevent future problems with wellbeing.

The case formulation addresses the question:

“Why is **this** person, having **this** type of health problem, **now**?”
Biopsychosocial Model in Case Formulation

Psychological Factors

Biological Factors

Sociocultural Factors

CASE FORMULATION
Case Formulation Components

- Biological, psychological, and socio-cultural influences should all be considered when conducting a case formulation.

A case formulation considers:

- **Predisposing factors** = What makes a patient susceptible to a health condition
  - Family history of obesity (Bio); Hates to cook to start with (Psycho); Works lots of hours so no time to cook (Social); Live in a house next to McDonalds (Social)

- **Precipitating factors** = The immediate cause of the health condition or its current symptoms
  - Hungry (Bio); The stove breaks (Social); “You can’t eat cereal for tea” (Psycho)

- **Perpetuating factors** = What may make symptoms continue or worsen
  - No one calls landlord to repair stove so continue to need to eat out (Social); Housemates also don’t cook and suggest McDonalds for dinner every night (Social); Tired from too much work (Bio); “I really can’t be bothered” (Psycho)

- **Protective factors** = Ways people are protected from maladies
  - Mother is a personal trainer, constantly checks up on eating (Social); Internal fear of diabetes due to father’s early death from diabetes (Psycho); Feel sick from eating too much McDonalds (Bio)
Biopsychosocial Model in Case Formulation

**Predisposing factors**
Over the person's lifetime, what factors contributed to the development of the problem?

**Precipitating factors**
Why now? What are the triggers or events that exacerbated the problem?

**Perpetuating factors**
What factors are likely to maintain the problem? Are there any issues that the problem will worsen, if not addressed?

**Protective factors**
What are the client's strengths that can be incorporated to the treatment? Are there any social support networks or community resources available?
Case Formulation

“Why is this person, having this type of health problem, now?”

→ Predisposing factors?
→ Precipitating factors?
→ Perpetuating factors?
→ Positive or protective factors?

How does the diagnosis and case formulation inform your treatment plan?
### Case Formulation

- Tables can be helpful when trying to describe the aetiology of a patient’s condition or symptoms

<table>
<thead>
<tr>
<th>Factors</th>
<th>Biological</th>
<th>Psychological</th>
<th>Socio-Cultural</th>
</tr>
</thead>
</table>
| **Predisposing**
  (Make susceptible) |            |               |                |
| **Precipitating**
  (Immediate Cause) |            |               |                |
| **Perpetuating**
  (Makes symptoms continue) |            |               |                |
| **Protective**
  (Helps reduce harm) |            |               |                |
Writing a Case Formulation

1. State the problem or diagnostic impression

2. State the precipitant factors

3. Describe critical predisposing factors

4. Include a statement about perpetuating or maintaining factors

5. Highlight protective factors and positive qualities
Writing a Case Formulation

A brief example of a case formulation:

“Susan presents with ….. (1) which appears to be precipitated by ……..(2). Factors that seem to have predisposed her to (lower back pain, for example) include ….. (3). The current problem is maintained by …. (4). However, her protective and positive factors include… (5)”
From Formulation to Treatment

Think about:

How does the case formulation inform the treatment plan?

Consider:

- Best practices for this problem?
- Types of interventions that will address the predisposing, precipitating and perpetuating factors?
- How do you ensure that all these factors are considered?
- How do you tailor a holistic treatment? How do you create a strength-based treatment plan?
Generic Model of Therapy

- **Input**
  - Requirements for treatment (tx)
  - Patient, Therapist, Setting

- **Process**
  - What happens within the treatment

- **Output**
  - Outcome after individual sessions
  - Changes in life situation & functioning
All types of therapies work towards a common goal

While treatment methods and strategies may vary between disciplines and practitioners…

They all share the **goal of helping restore or improve a person’s functioning**
Incorporating the Biopsychosocial approach to clinical practice

- Remember: the quality of client-practitioner therapeutic bond is crucial
- Your patient’s relationships are central to providing health care
- Explore the patient’s history and stories (meaning attached to their life experiences)
- Determine which aspects of the BIO, PSYCH, and SOCIAL domains are most important to understanding and enhancing the patient’s health
- Incorporate self-awareness into your reflective practice – it is necessary as a diagnostic and therapeutic tool
Incorporating Feedback and Reflection into Practice

Feedback is also:
“A process in which the output of a system is returned to its input in order to regulate its further output”

In terms of therapy feedback is a process of continual skills checking and improvement
Feedback and Reflection

- Clients can provide some feedback (A response to an inquiry) information about the effectiveness of therapy
  - Did it work?
    - Clinical outcome measures
    - Subjective units of distress/pain/etc
  - How satisfied were they?

- Practitioners can also reflect (“a calm, lengthy, intentional consideration”) on their practice
  - What did I do well?
  - What didn’t work?
  - How could I do it better next time?
  - What do I need to learn?
Benefits of Feedback and Reflection

Utilising Feedback and Reflection can help you to:

• Better understand your strengths and weaknesses
• Identify and question your underlying values and beliefs
• Recognise areas of potential bias or discrimination
• Acknowledge your fears
• Acknowledge and challenge possible assumptions on which you base your ideas, feelings and actions
• Identify possible inadequacies or areas for improvement
Giving Feedback to Others (1)

As part of your learning in this subject, you are required to reflect on your skills and to elicit feedback from others. Thus it may be helpful to consider how to give good feedback to others from in-class exercises.

- **Feedback Provider’s Goal:**
  - To pass their observations and feelings to the receiver for their own learning. Observations allow the receiver to evaluate their behaviour.

- **Feedback Receiver’s Goal:**
  - To modify their ineffective behaviours (learn and utilise learning) and increase their effective behaviours by utilising their own perceptions and the observations of the provider.
Giving Feedback to Others (2)

Because the goal is to help the person receiving feedback increase helpful behaviours and decrease unhelpful behaviours, it is important to give **feedback about their behaviours as specifically as possible.**

1. **Highlighting Positives:** Give praise about a person’s observed **verbal** (“your tone of voice really conveyed empathy and concern”) and **nonverbal** (“leaning forward really showed you were interested in what I was saying”) behaviours.

2. **Offering Suggestions:** Giving a person ideas for improving their behaviours (“maybe ask more open questions so I have a better chance to speak”).

3. **Discussing the Feedback:** Check in with the feedback receiver and see how they feel about the feedback. Make sure each party understands the other (“How did you feel about your questioning during the session? Did you think you were asking lots of open questions, or like you were having to put a lot of work into probing me?”).
Revision Questions

- What is the biopsychosocial model?
  - How does it relate to wellbeing?
  - How can I use it to conceptualise a patient's case?

- What are the components of therapy?
  - Describe the patient, the therapist, the therapeutic framework.

- Why are feedback and reflection important?
  - How do I measure how well I’m doing?
  - How do I improve my skills and knowledge?

- What are the main professional challenges or issues a new therapist might experience?
References


