SOCP121

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

Session Aim:

Introduce students to the biopsychosocial factors that influence a patient’s wellbeing, the patient/practitioner model of therapy, and incorporating feedback and reflection into practice.
An Introduction to Counselling Theory and Wellness

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 basic formulations.
- Be able to identify the general components, goals, and process of any type of therapy.
- 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

Engel (1977) suggested a new model, integrating a biopsychosocial approach, to:

- Promote the use of multi-disciplinary case formulation
- Integrate various strands of clinical information
- Explain the development and maintenance of health problems
- Provide appropriate interventions to address those symptoms
Biopsychosocial Model: Determinants of Human Functioning

The **traditional biomedical approach** follows the **reductionistic 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

Source: University of Rochester – media libraries
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
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

2. Psychological – perceptual, cognitive, emotional & personality factors

3. Socio-cultural – interpersonal, societal, cultural & ethnic factors
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
So what is ‘Wellness’?

- **Medicine**: Being in a state of good health*
  - *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948, p.1).”*

- **Economics: Quality of Life** – The sum of a number of indicators including health, wealth, social capital, access to education and community services, work-life balance and leisure time, etc.

- **Jungian / Humanistic Psychology**: Self-actualisation – finding our true selves, reaching our potential, contributing to collective well-being
Wellness

In short, 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 (friendship, supports, people to rely on); Social services (community groups, welfare, education, religious establishments, etc.)
Case Formulation

- Case formulation involves exploring the **aetiology** (“causes or origins”) of a patient’s illness.

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

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

A case formulation considers:

- **Predisposing factors** = Factors that make 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** = Factors that 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)
So what is therapy?

Therapy attempts to restore or improve a person’s normal level of functioning

- “Modern psychotherapies may be described generically as involving a professional service that provides personal help in the sphere of private life under the symbolic authority and guidance of scientific knowledge.” (Orlinsky & Howard, 1995, p.9)
The Context of Normality

Therapy attempts to restore or improve a person’s normal level of functioning

- What is normal?
  - Depends on **social norms** (local customs, attitudes, beliefs)
  - Depends on **internal norms** (person’s relative perception of normality)
What is a patient?

- Patient = One who suffers
  - Latin = *patiens* = I am suffering
  - Greek = πάσχειν = To suffer

- In this unit a patient is someone who **wants to improve their level of functioning or well-being**

- ‘Patient’ and ‘Client’ often interchanged
  - Client signifies that a service is being provided, and reduces power-imbalance by pointing out the client is a consumer and the practitioner a provider.
  - Can use terms interchangeably throughout this subject
What is a therapist?

- Someone who helps to restore or improve a person’s functioning

- Types of therapists and techniques vary depending on social context; generally work within social norms (e.g. psychologist, priest, shaman, doctor, etc.)
  - May involve assessment, diagnosis, treatment plan.
Therapeutic Frameworks

Throughout the semester we will examine major psychological frameworks:

- **Psychoanalytic**
  - Help clients overcome past conflicts and unconscious

- **Holistic & Person-Centered**
  - Work from clients’ perspective to achieve purposeful and meaningful existence

- **Behavioural**
  - Help clients unlearn or overcome unhelpful patterns of behaviour and increase helpful behaviours

- **Cognitive-Behavioural**
  - Help clients unlearn or overcome unhelpful patterns of thinking and increase helpful thought patterns.
All types of therapies work towards a common goal

While treatment methods may vary between disciplines and practitioners…

- All share the goal of helping restore or improve a person’s functioning

- All share a set of common components and stages, and thus can be viewed loosely in terms of a generic model of therapy.
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
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 remember 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?”).
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
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
• Incorporate self-awareness into your reflective practice – it is necessary as a diagnostic and therapeutic tool
• 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
• “Therapeutic GPS”: Embrace a multidimensional treatment plan
References


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?
Individual 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
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?
Case Formulation

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

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<th>Factors</th>
<th>Biological</th>
<th>Psychological</th>
<th>Socio-Cultural</th>
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<tr>
<td>Predisposing</td>
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<td>(Make susceptible)</td>
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<td>Precipitating</td>
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<td>(Immediate Cause)</td>
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<td>Perpetuating</td>
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<td>(Makes symptoms continue)</td>
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<td>Protective</td>
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<tr>
<td>(Helps reduce harm)</td>
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Group Activity: Outcome Assessment

Scenario:
“A patient cancels an appointment and doesn’t reschedule.”

- What do you do?
- What happened?
- How do you know?
Group Activity: Outcome Assessment Device

As a class attempt to create an end of session client feedback form.

- What kinds of questions would you ask?
- What is the motivation / intention of these questions?
- How will this feedback improve your practice?
- What is the benefit to the client?
- Can you measure client wellbeing, change, and growth using this feedback form?
References


