DOWNLOAD PDF CLINICAL COUNSELLING IN CONTEXT

Chapter 1 : Clinical Counselling in Context: An Introduction, 1st Edition (Paperback) - Routledge

Using a wealth of clinical information, Clinical Counselling in Schools is timely and essential reading for counsellors and all educational professionals who wish to utilise the full potential of counselling in the context of schools.

Information You Need to Know Introduction Clinical supervision is emerging as the crucible in which counselors acquire knowledge and skills for the substance abuse treatment profession, providing a bridge between the classroom and the clinic. Supervision is necessary in the substance abuse treatment field to improve client care, develop the professionalism of clinical personnel, and impart and maintain ethical standards in the field. In recent years, especially in the substance abuse field, clinical supervision has become the cornerstone of quality improvement and assurance. Your role and skill set as a clinical supervisor are distinct from those of counselor and administrator. Quality clinical supervision is founded on a positive supervisorâ€"supervisee relationship that promotes client welfare and the professional development of the supervisee. You are a teacher, coach, consultant, mentor, evaluator, and administrator; you provide support, encouragement, and education to staff while addressing an array of psychological, interpersonal, physical, and spiritual issues of clients. Ultimately, effective clinical supervision ensures that clients are competently served. Supervision ensures that counselors continue to increase their skills, which in turn increases treatment effectiveness, client retention, and staff satisfaction. The clinical supervisor also serves as liaison between administrative and clinical staff. This TIP focuses primarily on the teaching, coaching, consulting, and mentoring functions of clinical supervisors. Supervision, like substance abuse counseling, is a profession in its own right, with its own theories, practices, and standards. The profession requires knowledgeable, competent, and skillful individuals who are appropriately credentialed both as counselors and supervisors. The clinical supervision competencies identify those responsibilities and activities that define the work of the clinical supervisor. This TIP provides guidelines and tools for the effective delivery of clinical supervision in substance abuse treatment settings. The perspective of this TIP is informed by the following definitions of supervision: Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Rationale For hundreds of years, many professions have relied on more senior colleagues to guide less experienced professionals in their crafts. This is a new development in the substance abuse field, as clinical supervision was only recently acknowledged as a discrete process with its own concepts and approaches. As a supervisor to the client, counselor, and organization, the significance of your position is apparent in the following statements: Organizations have an obligation to ensure quality care and quality improvement of all personnel. The first aim of clinical supervision is to ensure quality services and to protect the welfare of clients. Supervision is the right of all employees and has a direct impact on workforce development and staff and client retention. You oversee the clinical functions of staff and have a legal and ethical responsibility to ensure quality care to clients, the professional development of counselors, and maintenance of program policies and procedures. Clinical supervision is how counselors in the field learn. In concert with classroom education, clinical skills are acquired through practice, observation, feedback, and implementation of the recommendations derived from clinical supervision. These roles often overlap and are fluid within the context of the supervisory relationship. Hence, the supervisor is in a unique position as an advocate for the agency, the counselor, and the client. You are the primary link between administration and front line staff, interpreting and monitoring compliance with agency goals, policies, and procedures and communicating staff and client needs to administrators. As shown in Figure 1 , your roles as a clinical supervisor in the context of the supervisory relationship include: Figure 1 Roles of the Clinical Supervisor Teacher: Assist in the development of counseling knowledge and skills by identifying learning needs, determining counselor strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth. Supervisors are teachers, trainers, and professional role models. Bernard and Goodyear incorporate the supervisory consulting role of case consultation and review, monitoring performance, counseling the counselor regarding job

performance, and assessing counselors. In this role, supervisors also provide alternative case conceptualizations, oversight of counselor work to achieve mutually agreed upon goals, and professional gatekeeping for the organization and discipline e. In this supportive role, supervisors provide morale building, assess strengths and needs, suggest varying clinical approaches, model, cheerlead, and prevent burnout. For entry-level counselors, the supportive function is critical. Although the Panel recognizes that clinical supervision can initially be a costly undertaking for many financially strapped programs, the Panel believes that ultimately clinical supervision is a cost-saving process. Clinical supervision enhances the quality of client care; improves efficiency of counselors in direct and indirect services; increases workforce satisfaction, professionalization, and retention see vignette 8 in chapter 2 ; and ensures that services provided to the public uphold legal mandates and ethical standards of the profession. The central principles identified by the Consensus Panel are: Clinical supervision is an essential part of all clinical programs. Clinical supervision is a central organizing activity that integrates the program mission, goals, and treatment philosophy with clinical theory and evidence-based practices EBPs. The primary reasons for clinical supervision are to ensure 1 quality client care, and 2 clinical staff continue professional development in a systematic and planned manner. In substance abuse treatment, clinical supervision is the primary means of determining the quality of care provided. Clinical supervision enhances staff retention and morale. Staff turnover and workforce development are major concerns in the substance abuse treatment field. Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision. Supervision needs to be tailored to the knowledge base, skills, experience, and assignment of each counselor. All staff need supervision, but the frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual. The benefits that come with years of experience are enhanced by quality clinical supervision. Clinical supervision needs the full support of agency administrators. Just as treatment programs want clients to be in an atmosphere of growth and openness to new ideas, counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff. The supervisory relationship is the crucible in which ethical practice is developed and reinforced. The supervisor needs to model sound ethical and legal practice in the supervisory relationship. This is where issues of ethical practice arise and can be addressed. This is where ethical practice is translated from a concept to a set of behaviors. Through supervision, clinicians can develop a process of ethical decisionmaking and use this process as they encounter new situations. Clinical supervision is a skill in and of itself that has to be developed. Good counselors tend to be promoted into supervisory positions with the assumption that they have the requisite skills to provide professional clinical supervision. However, clinical supervisors need a different role orientation toward both program and client goals and a knowledge base to complement a new set of skills. Programs need to increase their capacity to develop good supervisors. Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision tasks. Sometimes these roles are complementary and sometimes they conflict. Often the supervisor feels caught between the two roles. Administrators need to support the integration and differentiation of the roles to promote the efficacy of the clinical supervisor. Culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence. Supervisors require cultural competence at several levels. Since supervisors are in a position to serve as catalysts for change, they need to develop proficiency in addressing the needs of diverse clients and personnel. Successful implementation of EBPs requires ongoing supervision. Supervisors ensure that EBPs are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors. Excellence in clinical supervision should provide greater adherence to the EBP model. Because State funding agencies now often require substance abuse treatment organizations to provide EBPs, supervision becomes even more important. Supervisors have the responsibility to be gatekeepers for the profession. Supervisors are responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of clients. More than anyone else in an agency, supervisors can observe counselor behavior and respond promptly to potential problems, including counseling some individuals out of the field because they are ill-suited to the profession. Finally, supervisors also fulfill a

gatekeeper role in performance evaluation and in providing formal recommendations to training institutions and credentialing bodies. Clinical supervision should involve direct observation methods. Direct observation should be the standard in the field because it is one of the most effective ways of building skills, monitoring counselor performance, and ensuring quality care. Supervisors require training in methods of direct observation, and administrators need to provide resources for implementing direct observation. Although small substance abuse agencies might not have the resources for one-way mirrors or videotaping equipment, other direct observation methods can be employed see the section on methods of observation, pp. Guidelines for New Supervisors Congratulations on your appointment as a supervisor! By now you might be asking yourself a few questions: What have I done? Was this a good career decision? There are many changes ahead. First, it is important to face that your life has changed. You might experience the loss of friendship of peers. You might feel that you knew what to do as a counselor, but feel totally lost with your new responsibilities see vignette 6 in chapter 2. You might feel less effective in your new role. Supervision can be an emotionally draining experience, as you now have to work with more staff-related interpersonal and human resources issues. Before your promotion to clinical supervisor, you might have felt confidence in your clinical skills. Now you might feel unprepared and wonder if you need a training course for your new role. Although you are a good counselor, you do not necessarily possess all the skills needed to be a good supervisor. Your new role requires a new body of knowledge and different skills, along with the ability to use your clinical skills in a different way. Be confident that you will acquire these skills over time see the Resources section, p. Suggestions for new supervisors: Seek out this information as soon as possible through the human resources department or other resources within the organization. Ask for a period of 3 months to allow you to learn about your new role.

Chapter 2 : Clinical Counselling in Context - Routledge

In the light of the current professionalization of counselling, Clinical Counselling in Context examines the hypothesis that counselling theory and practice is altered by the specific organizational context in which it takes place - the consequence of which is that context is an important force for therapeutic change.

It is the initial clue encountered by psychologists in their efforts to help clients solve the problems that have brought them to therapy. The presenting issue may be complete and focused on the primary issue of concern to the client, vague and largely unrelated to the most pressing concerns of the client, or somewhere in between those extremes. This imperfect relation between the presenting issue and the focal issues upon which the client and psychologist will eventually work is reflected in the common clinical adage: As such, psychologists must give it their close attention and treat it with the respect it deserves while understanding that it does not necessarily tell the entire story. Presenting issues tend to vary as a function of the helping professional being addressed e. This entry reviews the presenting issues prominent in each of these. Tinsley have been instrumental in demonstrating the influence of the helping professional on the presenting problem. The typical individual is more likely to seek help for personal problems involving a spouse, family member, or member of the opposite sex from a counseling psychologist. Psychiatrists, clinical psychologists, and peer counselors are less likely to be seen by persons with those presenting problems. Psychiatrists and counseling psychologists are most likely to be seen by individuals who are troubled by thoughts of suicide or concern about their emotional stability. People who desire help with career plans, problems on the job, or developing a life plan are most likely to seek the assistance of a career counselor, a college counselor, a close friend, or a relative. In general, therefore, people tend to have a general idea of the relative areas of expertise offered by the different potential helpers and to base their help-seeking decisions on those beliefs. Although this is a sound, common-sense approach, people seeking help do not always understand or may not be ready to admit the true nature of their concerns. For this reason, helping professionals must be broadly trained and stand ready to refer clients when they conclude that another helper is better prepared to help the client. Clients are in a state of vulnerability or even crisis at the time they are stating their presenting problem. For this reason, Randolph Pipes and Donna Davenport have underscored the importance of therapist sensitivity and competence in crisis management. Skilled therapists understand that in addition to the pain caused by their personal situation, clients typically experience some trepidation about disclosing the relevant personal information to a therapist and many clients are troubled by the nagging doubt that no oneâ€”and especially not the therapist they do not yet knowâ€”could understand what they are experiencing. A substantial number of clients do not return after their first interview with a therapist. For this reason, experiencing and communicating respect for clients and their experiences is a key therapeutic factor when considering the referral problem. Although that may sound like a fundamental social skill, skilled psychologists understand that respect is deeply embedded in a cultural context. Setting The most systematic body of research on presenting issues has been conducted in university counseling centers. The evidence, of course, tends to yield answers that are somewhat typical of individuals at that developmental stage. Concerns about personal values, academic and emotional stress, body image, alcohol use, and adjustment to college life tend to be salient presenting issues on college campuses. For female students the 10 most distressing concerns, ranked in terms of their severity, are anxiety and worry, academic concerns, depression, stress management, concern about the future, self-esteem and self-confidence, procrastination and motivation, career and college major selection, finances, and concentration. In contrast to popular stereotypes of the college years, loss of relationships and dating concerns ranked relatively low. For males the same 10 problems were ranked as their most severe presenting concerns, but the order was slightly different. The men ranked concentration, procrastination, and motivation as more troublesome than the women did, and stress management, self-esteem, and self-confidence as less troublesome. A different picture emerges from clients seeking services from the department of psychiatry in a university medical center. Their most frequent presenting issues involved mood disorders, substance abuse, anxiety disorders, psychotic disorders, and eating disorders. Community mental health centers often see the broadest range of presenting problems,

since these centers tend to be both the initial point of contact for the community, particularly those with few resources, and the safety net or service provider of last resort. As a result, community mental health centers deal with mental health matters ranging from the crises of suicidal behavior to the chronic problems of schizophrenia and bipolar disorder. Help Seekers Children and Adolescents In general, parents initiate mental health services for their children. However, the agreement between parent and child identifications of the presenting problem is quite low. Even when the presenting issues were grouped into broad categories, more than a third of the parent-child pairs failed to agree on even one general area in which the child needed help. It appears that parents and children see the presenting problems quite differently. In contrast, internalizing behaviors such as anxiety, depression, and low self-esteem are more subjective. It is also true that parents and children are in better agreement regarding the problems that bother the child than they are the problems that bother the parents. Impaired self-esteem was rated as the most serious problem. Suicidal thoughts or behaviors and inappropriate sexual behavior were generally rated as being of least concern. School personnel may be quite aware of the troublesome nature of common and observable problems. More severe problems may be more rare and not as readily observable internalized. For example, even highly trained specialists are not able to predict with any degree of accuracy which child will commit suicide or bring a gun to school with the intent of harming others. Young Adults Young adults form the predominant clientele of university counseling centers, so information on the presenting complaints that are most prominent in this age range is largely overlapping with that for university counseling centers presented earlier. One recent study compared the prevalence of presenting issues gathered from 50 university counseling centers on two occasions across a 6-year interval. Comparison of the earlier and more recent years revealed that the presenting complaints of students had increased in severity and chronicity. For example, longstanding, persistent depression, bipolar disorder, and schizophrenia have become more common. Even within a somewhat homogeneous group such as university students, subgroups of students can experience quite different concerns. For example, the major presenting issues of concern to gay, lesbian, bisexual, transgender, and questioning GLBTQ clients are development of their social identity, isolation, educational issues, family issues, and health risks. Roughly half of the patients seeking services from a community-based clinical setting meet the diagnostic criteria for a personality disorder. Mandated Clients Clients who are ordered to receive psychological services by the courts or some other authority pose particular challenges because they did not freely choose to seek the services of the mental health professional. However, therapists cannot assume that mandated clients are unwilling clients, or that their motivation to seek therapy is different from that of nonmandated clients. Some mandated clients are willing if not eager to see the mental health professional. It is also true that many nonmandated clients seek the services of a psychologist because someone else brought them or urged them to do it. For example, children and adolescents often seek the services of a therapist at the urging or direction of their parents, and oftentimes one of the persons in a marital dyad is an unwilling participant. Many court-ordered mandated clients are more willing to participate in therapy than might be expected. While the presence of legal charges provides some information, this information cannot be taken at face value. For example, the juvenile who took the family car and is referred to therapy because of the stated offense of auto theft is different from the youth who stole a car from the streets. Nevertheless, many mandated clients are resistant to the notion of counseling. Mandated clients, like nonmandated clients, need to tell their story because the presenting problem makes little sense without context. Implications of cross-informant correlations for situational specificity. Psychological Bulletin, , Diagnostic and statistical manual of mental disorders 4th ed. Gay and lesbian adolescents: Professional School Counseling, 1 3 , Principles for psychosocial treatment of personality disorder: A comparison of clinical and nonclinical national samples. Research and Practice, 37 3 , Barriers to health care research for children and youth with psychosocial problems. Journal of the American Medical Association, , Efficacy, effectiveness, and patient progress. American Psychologist, 51, The prevalence of personality disorders, psychotic disorders and affective disorders amongst the patients seen by a community mental health team in London. Mental health in schools: Guidelines, models, resources, and policy considerations. A school mental health issues survey from the perspective of regular and special education teachers, school counselors, and school psychologists. Youth functional status and academic achievement in

collaborative mental health and education programs: Two California care systems. Journal of Emotional and Behavioral Disorders, 7, Prevalence and correlates of personality disorders in a community sample. British Journal of Psychiatry, 6 , Existentialism is a humanism lecture. Multicultural counseling competencies and standards: A call to the profession. Working with multicultural court-ordered clients. Journal of Marital and Family Therapy, 25, Why are we here at the clinic? Parent-child dis agreement on referral problems at outpatient treatment entry. Journal of Consulting and Clinical Psychology, 69 6 ,

Chapter 3 : CRC Press Online - Series: Clinical Counselling in Context

In the light of the current professionalization of counselling, Clinical Counselling in Context examines the hypothesis that counselling theory and practice is altered by the specific organizational context in which it takes place - the consequence of which is that context is an important force for.

Well, behavior is a very broad concept that can include all sorts of influences, both rational and irrational. The word clinic derives from the Latin clinicus, a bed-ridden person or a physician who attends patients sick in bed. A clinic, therefore, is a place where sick patients are treated. In the broader, contemporary sense, however, clinical psychology involves teaching about, research about, or treatment of persons with any of the common mental health disorders. Although the whole story is quite complicated, the various forms of clinical treatment that emerged in the midth century through the associations with, and reactions against, psychoanalysis resulted in what we now collectively call psychotherapy. Usually, the degrees associated with clinical psychology are the traditional Ph. Getting a graduate degree in clinical psychology, however, is only part of the story. If a person wants to provide clinical services such as psychotherapy to the public as an independent practitioner as opposed to teaching or conducting research , the person must receive a license. Persons with doctorates in clinical psychology usually become licensed as Psychologists. See below, under Licensure. Counseling as a professional occupation, therefore, derives not from the clinic but from more social settings. It focuses on helping persons resolve problems or role issues related to work or school or family matters. Here are some general characteristics of counseling. Counseling has traditionally been associated with the field of education M. In addition, many psychology programs offer degrees, most usually the Ph. Moreover, many counseling psychologists receive training in vocational psychology, an aspect of psychology that, through personal guidance and vocational testing , helps individuals discover a fulfilling and productive work life. Even though counseling programs usually teach the various theories of psychotherapy, training and supervision in the practice of psychotherapy usually is not part of the education for counseling; accordingly, personal psychotherapy is usually not an academic requirement. In general, whereas psychotherapy tends to involve a complex change in basic character and often works with unconscious conflicts, counseling tends to be more limited and more concerned with the immediate situation. Still, many counselors disagree among themselves about the distinction between counseling and psychotherapy; some training programs in counseling psychology, for example, may put a large emphasis on psychotherapy. Coaching Since you might find persons advertising themselves as providers of coaching, I will give a brief description of this relatively new practice. Licensure In the U. These laws vary from state to state, so see below in Additional Resources for links categorized by type of practice to the various regulating boards. Some Protestant ministers and Rabbis can also provide counseling within the context of religious duties. Also, any one of these persons who has received an advanced degree in psychology or education and who has received supervised clinical training in psychotherapy may ethically practice psychotherapy within the pastoral role. M any states in the U. T hen, there are many different licenses under which individuals may practice psychotherapy. A psychiatrist has an MD degree and is licensed in California by the Medical Board of California ; by virtue of his or her license to practice medicine, he or she can perform psychotherapy or psychoanalysis , with the proper training from a psychoanalytic institute. A psychiatric nurse RPN , by virtue of his or her license to practice nursing, can perform psychotherapy with proper training in some settings, but not independently except for an Advanced Psychiatric Nurse. In practice, it can be stretched to mean anything. Marriage and Family Therapist. Also, in California, an MFT Intern can perform psychotherapy while working under the supervision of an MFT in order to accrue supervised experience before becoming licensed. Consequently, because such practitioners charge less for their services than psychologists, they are routinely paid to treat psychiatric issues they are not qualitied to treat. And managed care companies are quite happy to stretch their profits thereby. You might occasionally find a psychotherapist who has a Ph. Such a case can be deceptive and calls for caution, for two reasons. This person might have a Ph. This person might have the Ph. The title Psychologist in the U. In California, psychologists are licensed by the Board of Psychology. So in most states a person with a

psychologist license can legally do clinical work or counseling work, regardless of training or type of degree. In California the degree must be a doctorate, but in some states a person with a masters degree can be licensed as a psychologist. In California, both a Registered Psychologist and a Psychological Assistant are specific forms of registration by which an unlicensed person can perform limited psychological functions to accrue hours of supervised professional experience. A registered psychologist can be registered only at a nonprofit community agency and must possess a a doctoral degree which qualifies for psychology licensure and b at least hours of qualifying supervised professional experience. For more information about registered psychologists and psychological assistants, see the website of the California Board of Psychology. As a consumer , therefore, you should know a what degree, b what license if any! You should also understand that psychotherapy and counseling, because of their different origins and purposes, have different ethics. Still, an incomplete degree is no degree, and there can be no respectable reason to pretend otherwise. Nevertheless, some psychotherapists-in-training feel so insecure about having an incomplete degree that they will make business cards with ABD after their names, to mislead their clients, as if the ABD were a title. But those three letters, despite having the appearance of something official, are neither a degree nor a license. And that leads to a chilling thought. When a psychotherapist-in-training is caught up in unconscious victimization and entitlement , what chance do his or her clients have to learn how to live honest lives?

Chapter 4 : Clinical Counselling in Context: An Introduction - Google Books

Clinical counselling in context: an introduction. [John Lees;] -- This text examines the hypothesis that counselling theory and practice is altered by the specific organizational context in which it takes place, the consequence of which is that context is an.

Chapter 5 : Clinical Counselling in Context: An Introduction - CRC Press Book

Free Download Clinical Counselling In Context An Introduction Book PDF Keywords Free DownloadClinical Counselling In Context An Introduction Book PDF, read, reading book, free, download, book, ebook, books, ebooks, manual.

Chapter 6 : Clinical Psychology, Counseling Psychology, and Professional Licensure

Clinical Counselling In Pastoral Settings Clinical Counselling In Context Document for Clinical Counselling In Pastoral Settings Clinical Counselling In Context is available in various format such as PDF, DOC and.

Chapter 7 : clinical counselling in context | Download eBook PDF/EPUB

Professional counselling practice is full of complexities and subtleties, yet the author argues that the richness of clinical counselling still receives insufficient recognition in the literature and in public opinion.

Chapter 8 : Clinical Counselling in Context: An Introduction - | SlugBooks

Clinical Counselling in clinical Settings deals a decent exam of the chances and obstacles of counselling in more than a few scientific settings and sufferer teams. It exhibits how each one environment has specific beneficial properties that impression the healing approach.

Chapter 9 : Clinical Presenting Issues (Counseling Psychology) IResearchNet

Finally, counselling takes place in the context of culture and society as a whole. The beliefs and prejudices of counsellors and their clients can be seen as reflecting, or as being in opposition to, prevailing cultural assumptions about the nature of self.