

## **Personal and Academic Development**

### **Communication and counselling comparative essay**

In this essay we will discuss, compare and contrast three counselling theories used within counselling practice. The three theories being discussed will be the Humanistic therapy, Psychodynamic and Cognitive behavioral therapy. The essay will also include the analysis of one area within the BACP (British Association of Counsellors and Psychotherapists) framework referring to its aim and importance upon professional practice within counselling practice; noting the difference between the applications of counselling skills within nursing/health care delivery and counselling as a professional practice.

The Person centered approach was founded by Carl Rogers in the 1950s, his belief was that each individual had a self-actualization tendency built in even if they do not know it, each individual will build a relationship with themselves and those who have self-actualized have achieved personal growth and maturity with a deep understanding and awareness of themselves and feelings. (Becoming a person) Rogers' as well as other humanistic therapists will base their therapy on being client led by using open ended questions allowing the client to talk and answer freely in their own right, allowing that client to build a relationship with them. (Nelson Jones, 2015).

Cognitive behavioral therapy known as CBT has both similarities and differences with the humanistic theory, CBT is based on a client and counsellor collaborative therapy rather than solely the client leading. The client is able to talk about concerns and goals allowing the counsellor to gain insight into the clients thinking patterns and emotions attached to these thoughts and with this the counsellor will be able to change these patterns within the client rather than the client self-actualize by themselves (Owen, 2018) In comparison to both these theories is the Psychodynamic theory, founded by Sigmund Freud in the early 1900s'. Freud theory is based on the assumption that when our personalities are shaped they can be affected by incidents that have occurred in our early years or in our past thus causing problems in adulthood by feelings, anxieties or fears being hidden from our consciousness.

(McLeod, 2018). (NHS, 2016) tells us that CBT therapy is used within the NHS to treat some mental health disorders such as obsessive compulsive disorder and insomnia, the therapy takes place for six to twelve weeks, the therapy sessions will happen one a week for about an hour. The therapy will only continue to work if the client is able to carry the behavior they have learnt with them when they no longer have treatment. Similarly (Rogers, 1995) belief of non-directive counselling is used greatly within the healthcare environment. It can be seen that it has many advantages; each individual patient is seen as person rather than figure, allowing their emotions and feelings to be looked at, they are allowed free expression of how they wish to be cared for by the counsellor whether that being a doctor or nurse is only there to guide (Kaushik, 2018). It can also be said that when a patient is in a mirroring environment where the nurse is nodding at an appropriate pace to the patient's conversation, shows that the nurse is listening and understanding what the patient is saying to them, it being silent encouragement to the patient without any words needed to be spoken (Coogler, 2012).

In contrast with Rogers' theory of being able to self-actualize on a conscious level the Psychodynamic theory focuses on a negative aspect of humans tendencies, that individuals have an unconscious defense mechanism that uses self-deception to protect the ego from being overwhelmed with anxiety. According to Freud, humans are unaware of most of their mental processes. The unconscious mind consists of all the instincts, wishes and experiences that are mainly unacceptable to be acknowledged, recognized or expressed. Though

consciously unaware of these repressed motives, they influence and sometimes govern behaviors. Only about ten per cent of the mind is above the surface of awareness. The main idea is that people often do not understand why they behave as they do due to unconscious motives, which need to be identified through counselling (Carly, 2015). Cognitive Behavioral Therapy, however, focuses on the here and now and believes that all out behavior is learned. When looking at various techniques that the counsellors of these theories would use there are clear similarities, (Higdon, 2011) supports the theory of Freud. Freud had introduced various techniques that the counsellor can use as a tool to help clients work out their problems. In free association, the client feels free enough to say or express whatever comes to his or her mind, however silly, irrational or painful the thoughts are. Freud believed dreams are the royal roads to the unconsciousness. Through dream analysis, the counsellor is able to understand a client's unconscious thoughts and emotions by interpreting the hidden meaning of the dream. In the process of counselling, sometimes clients begin to imagine that the counsellor is similar to the significant person in their real life, thus they transfer their emotions to the counsellor. By analysing dreams, Freud believed that the counsellor would be able to interpret the positive or negative feelings expressed by the clients. Similarly Rogers' theory is based on free association, the client leads the session, although the counsellor would not interoperate any dreams or feelings the client is feeling in a humanistic therapy session, it would be the client's role to self-actualize.

In contrasting the Person-Centered Approach with Cognitive Behavior Therapy, Cognitive Behavioral Therapy sees behavior as being a learned response whereas the Person Centered view is that clients have not been able to have previously self-actualized. From a Cognitive Behavioral perspective, human experience is viewed as a product of the interacting elements of physiology, cognition, behavior and emotion (wilding, 2007). The Cognitive Behavioral Approach is based on a rational explanation that the way in which we feel and behave is determined by how we perceive and structure our experience. In the Person-Centered Approach, a person is viewed as having had various experiences and developing a personality as a result of these subjective experiences (DeCarvalho, 1991)

The BACP sets out what can be expected for all registrants of the BACP as professionals providing services such as counselling, coaching, psychotherapy and how to use these skills. Its aim is to provide and recognize high standards of knowledge and experience alongside the development of counselling for both counsellors and patients (BACP, 2018) When focusing on respect the BACP clearly states that all counsellors should respect their clients' privacy and dignity. Respecting their clients privacy and dignity also has great importance in both counselling health care, a counsellors or health care professionals job isn't to pass judgement or give advice on a client's actions or feelings; instead through talking therapy they aim to help clients see things clearly, from a different, more optimistic viewpoint. Client's need to feel free to express their thoughts and feelings without judgement, criticism or rejection. A counsellor should be able to manage their reactions in a supportive and professional manner and by doing this they will be able to demonstrate equality, value diversity which all branch under respect.

From comparing all three counselling theories within counselling practice it is evident that both the humanistic theory and CBT are mainly used within the NHS and care environment as they view the human nature as a positive aspect rather than seeing the individual as an outcome of their past experiences, but a person who is able to develop and change their health. CBT is widely used in the NHS for treating mental health disorders as it focuses on the patient as an individual working with their needs. The humanistic theory also is used daily

within in care as each individual has a right to be treated how they wish, therefore the use of open-ended questions allow the patient to speak freely and be heard by the counsellor. When focusing on counselling therapy all three theories have advantages, Psychodynamic is able to identify deeper issues that a person may be feeling although this therapy may take longer as the clients past is looked into. The Humanistic theory is not scientifically proven and does not hold much structure to its sessions, whereas the CBT therapy sets out tasks for the individual in their spare where they are able to learn skills for life. In some cases only one theory will be used in therapy and in other a mix of all three depending on the client themselves.

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### **Communication and Counselling Interview Critique**

In this essay, we will explore communication and counselling skills observed during a counsellor and client simulation, from the counsellor's perspective, and evaluate using Carl Rogers's humanistic theory. We will also reflect on the importance of communication and counselling within the nursing and care environment; the idea that person centered care is core to nursing and health care professionals, and each patients' concerns should be treated as an individual case, and concerns should be looked upon with empathy and no disregard (Chapman, 2017).

At the beginning of the simulation, the client shows signs that they may be uncomfortable. They client appears to have closed body language; this is shown by having crossed arms and staring at the floor. However, within the first few minutes of the counselling session, the client shows signs of becoming more relaxed in the environment. (McLeod 2003) suggests that counsellors should understand the importance and remain aware that each client can pick up on any negative communication, in the form of verbal and nonverbal communication from the counsellor - although they may not notice their own behavior (Mearns, Thorne and McLeod, 2013). The client seems aware of the counsellor's position and begins mirroring the open stance that the counsellor provides, by having arms placed on their knees and keeping eye contact at the same level. Although they have only been interacting for a short time, the counsellor has been able to adopt a Person-Centered approach - applying one of Carl Rogers' three core conditions by being congruent in their body language and showing the client they

are ready to interact with them. This coincides with Rogers, 1995 theory that most people have the need for intimacy, and one of these being nonverbal communication (Rogers, 1995). When looking within the nursing and care environment, person centered theory is of huge relevance and importance. As previously discussed, congruence is fundamental to the relationship between patient and nurse. This is a mirroring environment where the nurse is nodding at an appropriate pace to the patient's conversation shows that the nurse is listening and understanding what the patient is saying to them, it being silent encouragement to the patient without any words needed to be spoken (Coogler, 2012).

This was applied throughout the session when the counsellor used open ended questions with the client, such as "how can I help you today?", and "how did you feel after you had done that?" Questions like these are greatly important, as they allow the client to answer in their words and terms and elaborate on how they are feeling, rather than being tied to a simple yes or no answer (Nelson-Jones, 2015). By the counsellor allowing the client to have freedom in their speech, and paraphrasing what the client has said, rather than assuming they know how the client feels, the client is able to think about how they feel more deeply and understand what the problem is. Although the counsellor uses open ended questions, during the simulation that the counsellor suggests a way that they could help the client; which arguably would not coincide with (Rogers, 1995) theory. Rogers' states that a non-directive approach is concrete for the counsellor to follow, allowing the client to take responsibility in their approach to change the outcome by directing the session. (Prouty, 1994).

Rogers's belief of non-directive counselling is used greatly within the healthcare environment. It has many advantages; each individual patient is seen as person rather than figure, allowing their emotions and feelings to be looked at, they are allowed free expression of how they wish to be cared for and the counsellor whether that being a doctor or nurse is only there to guide (Kaushik, 2018).

During the simulation the client reports that they have received unconditional positive regard - another of Rogers' core conditions. The counsellor has portrayed a warm environment for the client by paraphrasing and not judging. The effect of the empathy and unconditional positive regard shown, allows the client to feel they are accepted and valued, with the benefit that they are able to discuss this situation with the counsellor, as they state they do not feel they can talk to some family members without the fear of being judged. The counsellors use of unconditional positive regard, creating a welcoming and comfortable environment allows the client to feel and speak about what they like, supports Rogers theory that each individual has the power to direct self-growth through solving their own problems, and are capable of becoming the best version of themselves; with the belief that this need for fulfilment is present in everyone (Cherry, 2018).

(Mearns, 2003) supports Rogers' third condition defined as empathy, as being a vital component to person-centered counselling. The counsellor must be able to develop a deep emotional relationship with the client; this can only be done if the counsellor can understand from the client's perspective how they perceive an emotion. From observing this session, the counsellor fails to meet Rogers' condition of true empathy. Although the counsellor agrees with some of the client's statements conveying signs of empathy, again we see that the counsellor brought personal opinions into the conversation, which can dictate where the conversation leads and cloud opinions.

Overall, Rogers' Humanistic theory provides a base for the skills used in the nursing and care environment. A nurse's aim is to provide patient counselling to help assist the patient in making appropriate health behavior choices, whilst also making the change to action these

choices (Kemppainen, Tossavainen and Turunen, 2013). It aims to improve the experience of the patient, in and in turn – hopefully help their wellbeing; both mentally & physically. We could evaluate that our learnings from the simulation is that patients may need more of a structural plan, to follow with education from healthcare providers to be able to act. Similarly, from evaluating the use of Rogers’s theory in the client, counsellor simulation the humanistic theory brings many benefits to building a strong relationship with trust and understanding between client and counsellor. Although from this simulation the counsellor fails to meet all three of Rogers’s core conditions which are fundamental attitudes that the counsellor must display.

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## Health Research Assignment One

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## **Introduction**

Tingen.M (2009) supports the statement that health research provides is an important character within the nursing and healthcare role. Without research progress in nursing would not be possible and therefore nurses would not be able to be the best advocates in providing healthcare and advice for patients.

## **Research Process**

To find this research paper I went onto the University of Wales Trinity Saint David website, went to the data basis by subject category and clicked the sport, health and outdoor education link, then clicked on the ProQuest central link taking me to log in to the online library. From here I entered my key term which was mental health, my first search came with 4,426,497 hits, I refined my search with the following filters, peer review, scholarly journals, age range to from the last five years, published in the UK and a full text paper. By doing this I came out with 6,903 hits. I then searched for a title that interested me and checked that the paper was qualitative.

## **Background**

(Vitale and Ryde,2018) identify the purpose of the study as being able to specify the risk factors that show a correlation to the mental health and living conditions of refugee women living with HIV. As well as being able to provide evidence to constitute change and the execution of effective mental health care to allow the women to have higher living conditions due to the improvement of their mental health.

## **Abstract**

(Polgar and Thomas,2013) states that an abstract is a brief summary of the research report which will be found at the beginning of the paper, the abstract will also contain information that allows the results to be received through key words that are relevant to the outcome. (Lukenbill, 2012) informs us that there are two variations of an abstract. One being descriptive; a short piece of writing that only describes the contents and usually around one hundred words. A descriptive abstract does not usually provide evidence of the outcome but may contain information about the methods used and scope of the paper. A descriptive abstract does not include any of the researchers' outcomes. In comparison (Koltay,2010) explains that an informative abstract provides much more information to the reader, also

including the methods and scope, as well as including the results, conclusions and recommendations of the research that has taken place, therefore allowing the reader to decide if they are interested in the paper. An Informative can be a short paragraph to a page or two. The research paper contains an informative abstract in a paragraph, this can be identified as the abstract states the methods used for collection of data, it also provides the overall findings of the research along with the recommendations from the participants.

### **Literature review**

(Riddley, 2012) explains that a literature review is a highly referenced piece in the research paper, as the researcher engages in many sources of research that are in line with their own research. Undertaking research in the chosen area enables the researcher to identify with previous research that has been undertaken on the subject of choice and build a background while also any finding gaps that there may be, the writer is able to pull out the main points, issues and findings from reviewing other pieces of work. Within the research paper there has been an extensive amount of research into many separate topics surrounding HIV and aids as well as mental health and refugees. Most references are recent and are from the past ten years, although there are a few that are from 20 years or more ago.

### **Aim**

The aim of a research paper is important to allow the reader to clearly understand what the clear intentions of the study and what is going to be accomplished.

### **Study Design**

A researchers' choice of study design is usually divided into two main types. (Muijis, 2011) tells us that these are quantitative and qualitative. Quantitative research is collecting data and displaying it through mathematical methods such as numbers, statistics and graphs. These results usually come from questionnaires with Likert scales. Quantitative research can be useful when comparing the results of questions that could have an outcome of either one or another and can be analyzed statistically. In comparison qualitative design is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem and helps to develop ideas or theory for potential quantitative research (Munhall, 2012). Although some papers may include mixed methods which use both quantitative and qualitative data (Lapan, 2011). (Vitale and Ryde, 2018) have used a qualitative study design, for the purpose of this research it is the best fitting as it gains a substantial insight into the experiences of the individuals who are subject to the research. (Vitale and Ryde, 2018) state that this method creates a person-centered perspective.

### **Sampling**

In research, sampling is used to gather conclusions of a specific group of people, the groups can vary in size, age, gender and sex depending on the purpose of the study (Fridah, 2002). There is a variety of sampling methods that can be used when undertaking research on a topic, one of these being snowball sampling. Snow ball sampling simply involves the earlier

participants making referrals to other participants who they know, this method cuts costs for researchers and simplifies the process of gaining suitable participants (Polit and Beck, 2008). (LoBiondo-Wood and Haber, 2017) describe simple random sampling as a more defined process where each participant will come from a set population in a specific sampling frame, from here the participants are usually picked via a computer program where a random selection is picked out. Another sampling method is purposive sampling, the sample participants are chosen purposely as they have key features, experiences related to the central theme of the study (Ritchie et al. 2013).

(Vitale and Ryde, 2018) have used a purposive sampling method within their research. The selection criteria is very objective as they have specified for all participants to be female, aged over eighteen and having being a forced migrant as well as having a certain standard of English. The outcome of these objectives leaves a small sample size of eight, although this is stated to be normal as these participants are hard to reach due to their background and a larger sample size would be more ideal as a larger and more substantial range of information would be collected.

## **Data Collection**

(Morgan, 1993) describes one form of data collection as focus groups which usually group about six to twelve people, the session usually lasts between one to three hours and include about five to ten open-ended questions relating back to the focus topic. The group mediator will ensure that no single participant takes over the discussion and keeps the topic around the focus point. The interviews are taped so that no data is misinterpreted or lost. There are three different kinds of interviews, one being structured, where a set of questions will be asked and not deviated from (Green and Thorogood, 2018). Similar to structured interviews (Clifford, et al. 2003) states that semi structured interviews also have a mediator who will ask questions and participants who answer, although a question is asked the participant is able to talk about other issues that they feel are important. Unlike structured interviews there are unstructured interviews which do not use set questions but allow the participants to talk freely, although they are not random and nondirective. The researchers' vocal presence will be minimal in these interviews although they will sometimes keep the interviews relevant to the topic (Wildemuth, 2017). Another form of data collection is questionnaires (Bowling, 2014) explains that questionnaires have a set number of questions that are the same for all participants, some questionnaires will have structured questions or scales where the participants can only choose one answer but can also include open ended questions allowing the participant to answer freely. Although questionnaires can give less accurate data as the researcher assumes the questions have the same meaning for all participants. During the research into exploring the risk factors affecting mental health of refugee women living with HIV the women were individually interviewed, although it does not specify what structure the interviews followed, it can be assumed that they were either semi structured or unstructured as the research paper states that the women were allowed to talk freely about topics they raised, it also states that additional questions were asked to

gather more information, from this we can assume that the researchers follow a set list of questions.

### **Ethical Consideration**

Ethics create a set of standards that are key when undertaking research, they minimize error and promote any misinterpretation. Ethics ensure no harm is brought upon any participants whether this being physical or mental as well as keeping all information about participants confidential. Resnik (2015). Vitale and Ryde (2018) have taken into account the ethical considerations that may arise within this study, the process and objectives of the study were clearly outlined to the participants and they were able to withdraw from the study at any time as well as not answer any questions they did not want to. The authors are fully aware of the mental implications that being interviewed may have on these women, therefore have provided the women with contact details of organizations that can offer support. Ethical approval was granted by the Ethics Committee as well as the interview process being in line with the British Psychological Society's guidelines.

### **Data analysis**

The data was analyzed by both authors using two different methods to ensure a consistency and accuracy of the results. Thematic analysis allows the researcher to identify quantitative patterns and develop codes or themes to determine what interventions would be useful to the research. (Boyatzis, 1998). Firstly the interview transcripts were analyzed via thematic analysis and then separated into five themes containing both broad and more focused themes rather than codes. The second author then used a coding template to ensure the first analysis was accurate, the paper does not specify what coding template was used although.

### **Results**

Results are usually displayed via table's graphs or charts to allow easier analysis for readers Tuncel, A (2013). This papers' results are presented narratively rather than being in the form of charts. The themes are individually sectioned and the results for each theme are presented individually.

### **Discussion**

Vitale and Ryde (2018) have focused on parts of the literature review, they discuss the importance of mental health as was mentioned in the literature review as well as the risk factors that surround mental health. They also discuss the psychological and physical impacts of living with HIV has on the refugee women.

### **Conclusion**

Vitale and Ryde (2018) conclude from this study that there are major risk factors surrounding these refugees not only because they are living with HIV, but the fact that they are refugees

holds an important part in the outcome of their poor living conditions and access to health care but mental and physical. They conclude that these woman are vulnerable to gender and social discrimination due to their situations. They also conclude that refugee women living with HIV should have the right to make decisions involving their care, social recovery and mental health support.

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## **Physiology Exam Three**

# Fundamentals of Anatomy and Physiology Exam March

Name:

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C/A

Results:

70%

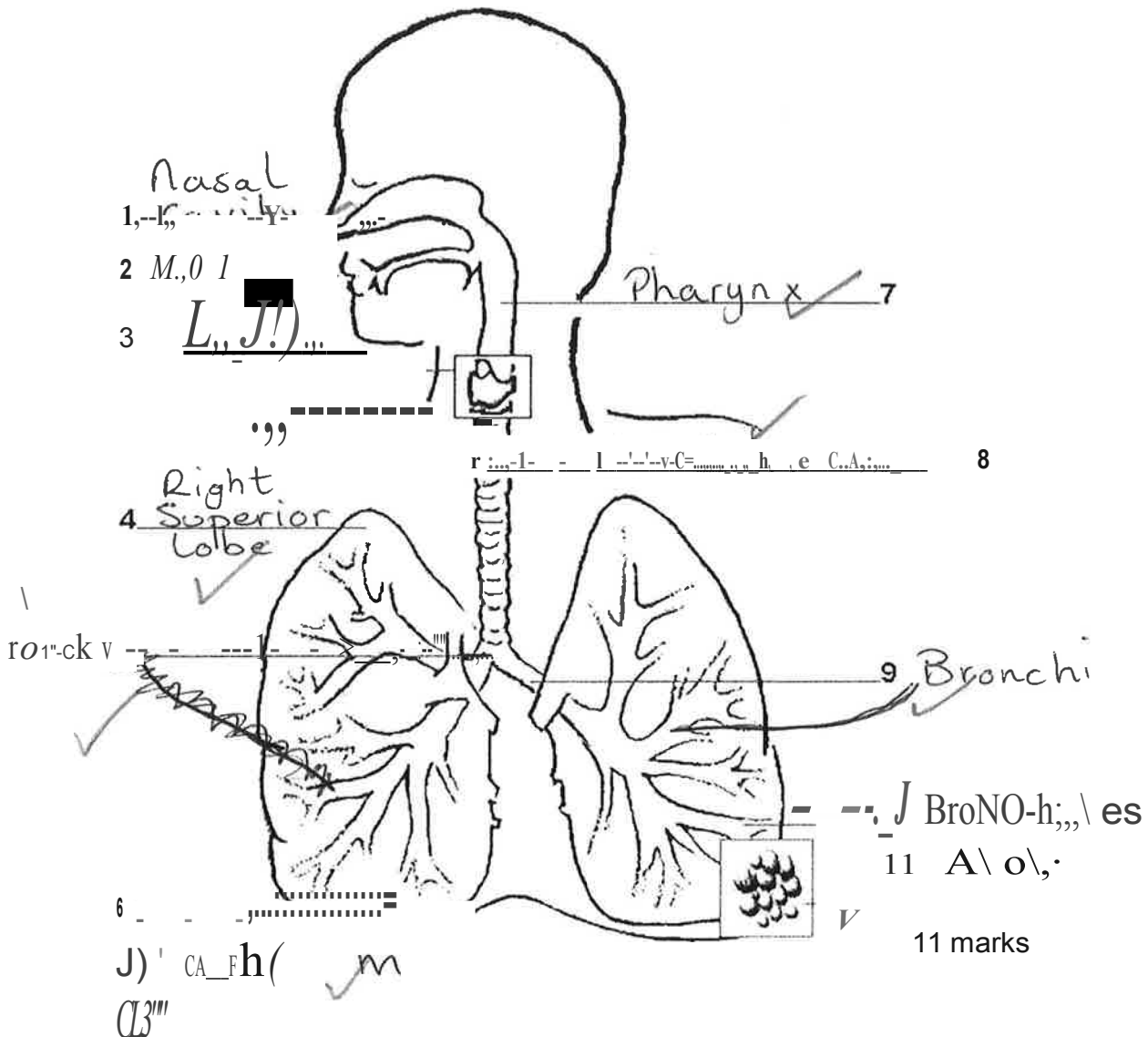
x,q' ..\nJule,C

Date:

26/3/19

Please read the answers carefully you have you have two hours to complete the exam please ensure you only circle one answer

1. Label the following diagram of the respiratory system.



4. Name the six functions of the respiratory system (6 marks)

2. fM.°- V" 0...1 r\ pH levels (acidity)  
2. Cr r-l'd of waste ✓  
3. -e. \Nt r- temperature ✓  
lt. Supply oxygen ✓  
S. Exchange gases ✓  
b Energy ✓

5. Where in the respiratory tract is filtered, warmed and humidified 1 mark

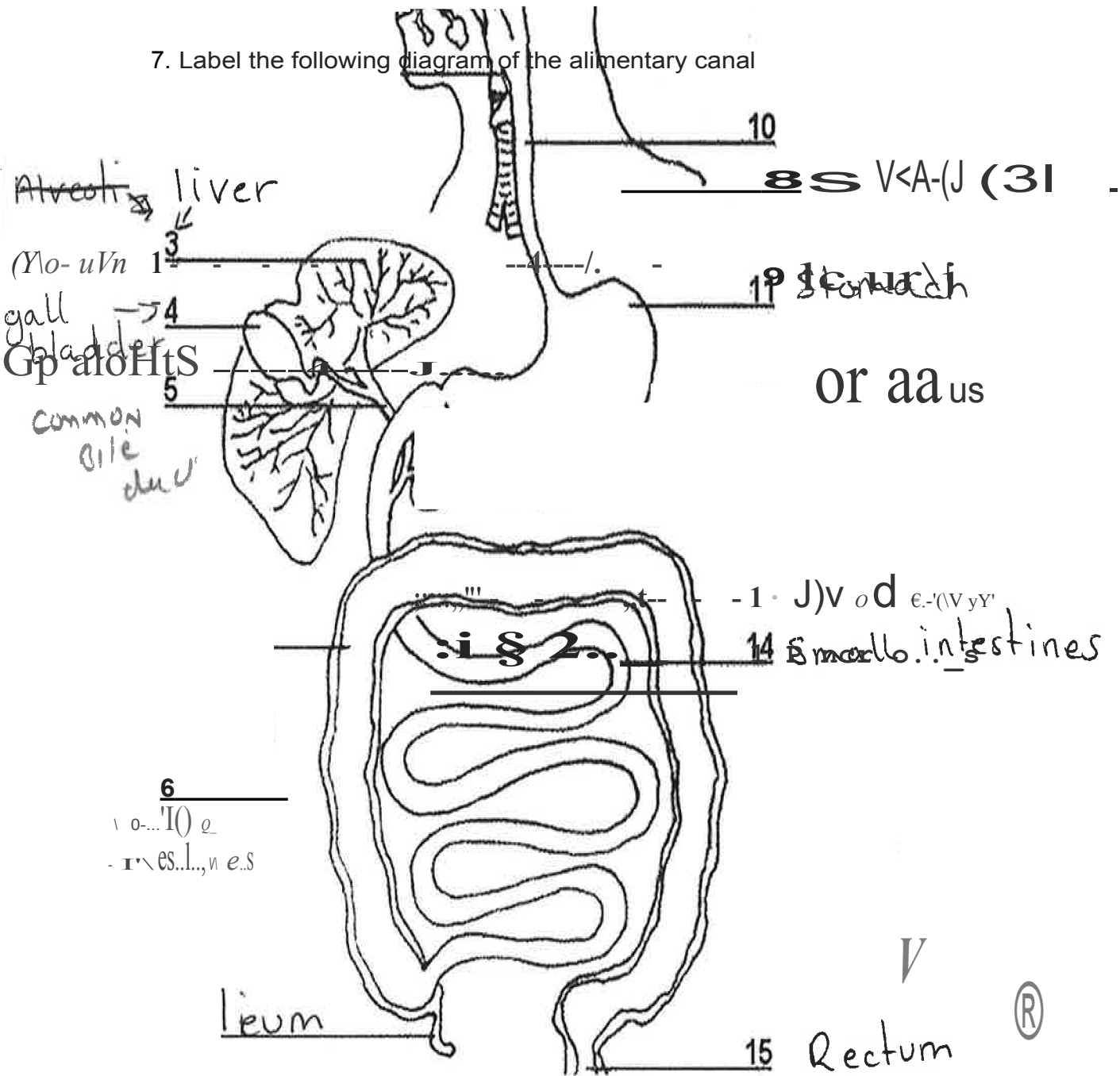
(\\_e,s-e\\_)

6. Describe in detail the process of digestion (15 marks)

Spare paper.

① +13  
②

7. Label the following diagram of the alimentary canal



8. What are enzymes?

Enzymes help break down food and proteins

pro -le<sub>CLS e</sub>

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Proteins → peptides

14

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11. Describe why excretion is so important in the body 3 marks

The body needs to get rid of waste products from the internal environment. The body needs to maintain a constant internal environment. The body needs to maintain a constant internal environment. The body needs to maintain a constant internal environment.

12. The renal system does not play a direct role in regulating which of the following?

- a. Blood solute concentrations
- (a) Blood temperature
- c. Blood Ph.
- d. Blood pressure

13. Which of the following anatomical portion of a nephron connects the Bowman's capsule to the loop of Henle?

- a. Distal convoluted tubule
- b. Proximal convoluted tubule
- c. Collecting duct
- (V) Connecting tubule

14. What is the main functional unit of the kidney?

15. Urine is formed in a three-step process: which of the following gives the correct order in which these steps take place in the nephron?

- a. Tubular secretion, tubular reabsorption, glomerular filtration
- (b:.) Tubular reabsorption, tubular secretion, glomerular filtration
- Y Glomerular filtration, tubular reabsorption, tubular secretion
- d. Glomerular filtration, tubular secretion, tubular reabsorption

t:i\,  
!.J

16. Which of the following is least likely to be present in the glomerular filtrate (the filtrate produced by the nephron before it enters the loop of Henle) of a healthy adult nephron.

24. What is the functional unit of the kidney called?

CL e n. L M- ed\_oll .

25. Where in the gastrointestinal tract does most digestion and absorption take place?

So ( b C\ 0° -L C, \, J J I, r v-'

26. During

exercise, the concentration of carbon dioxide in the blood increases.

In. e.. CCAp. \_ 1 l l . I e. J CA...A"-... V e..( r\ S Explain what causes this increase. V CL&od 'a..I a \_ -\ -e. a.).J. \_cx...U / ('A o l, o l o c, d\_ l-c. - ? (o c. J. J +, h \_ r-c> t\_j k, \_ -1-k

During digestion

what are proteins broken down into?

\. p CL-S .e C r0 f t;-S -

28. What are the finger shaped projections in the small intestine that help absorb nutrients?

\ 1 i /

29. What nutrient is not digested and helps keep the digestive system healthy?

Vitamins B + K are r -e\_o....b o r b "-""d \ A. c....r \ V. \ - est\ h....e .

30. Chyme enters the small intestines

a. What is the first part of the small intestine called? duo de..nv frV'

b. What is the food now called?

c. Two fluids are secreted into the duodenum. One is bile - what is the other? S + 0 M..h .

d. What do both the fluids help to restore?

e. What is the other purpose of the bile? , e, \ -Q\_u \ -Y0....l \ 5 e.. .p0. 0



10. Describe the process of ultrafiltration.

k

6. Describe in detail the process of digestion.

mouth = Mechanical

by the tongue and teeth

the

Swallowing = Deglutition  
The food is pushed into the esophagus by the tongue and the pharynx.

Stomach

Peristalsis = rhythmic contractions of the muscles of the stomach wall.

Food is broken down into small particles by the action of gastric juice. The gastric juice contains hydrochloric acid and pepsin. The acid kills the bacteria and the pepsin breaks down the proteins into peptides. The food is then mixed with the gastric juice and the mixture is called chyme.

Food enters the small intestine through the duodenum.

The small intestine is divided into three parts: the duodenum, the jejunum, and the ileum.

The duodenum is the first part of the small intestine and is about 25 cm long.

The jejunum is the middle part of the small intestine and is about 2.5 m long. The ileum is the last part of the small intestine and is about 3 m long.

The small intestine is lined with villi.

The villi are small finger-like projections that increase the surface area of the intestine.

The villi are covered with a layer of mucus.

The mucus

is secreted by the goblet cells.

The villi are also covered with microvilli.

The microvilli are small hair-like projections that increase the surface area of the villi.

Accessory organs  
Pancreas  
Bile  
Bile  
Amylase  
Lipase

to the large intestine. The large intestine is about 1.5 m long and is divided into the caecum, the ascending colon, the transverse colon, the descending colon, and the sigmoid colon.

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q l 'ot e

c\_

-----t - SJ \_el b d -e.

Y--d s cc r cl 't: e

'i •  
1

-- s\_t'V'--( t'\t -t\ -a-e.

.tl

-

EXCRETED.

) - Rectum - All left over ~~waste~~ is secreted.

Uu\_(j)

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./-

1

e.A.b of 66 o'

 $M \setminus \{.,.._-\} \subset \mathbb{C}$ 

$\mu O$   $JSO$  ( $b$   $b$  :

—”

Q1 Q, ..bcofblrQ0

$$b_{r'0} \quad '10_{v''8}.$$

100

1 e, {1

cA

x: 0-6s c r b .Q d

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