

Assignment 1 Video Critique

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Introduction

Video critique in the recorded session between counsellor and client will serve as material for analysis of the application of Carl Roger's Person-Centred Theory (PCT).

Carl Rogers' PCT, a landmark in counselling, emphasises the importance of a client-oriented approach to therapeutic relationships (Rogers, 2012).

PCT principles - the core conditions of empathy, congruence and unconditional positive regard (UPR) (Rogers, 1957), have profound implications and applications in nursing and healthcare, where effective communication and counselling are pivotal to patient care.

The critique includes a general overview to look closer into the course of the meeting; then, it verifies the core conditions and counselling skills implementation and examines the counselling function, role, and goals achieved regarding usability in healthcare. At the end, there will be a conclusion that will answer the summary questions.

The General Overview

The general overview of the session shows moderate psychological contact established by the counsellor with the client from the beginning to the end. These aspects of psychological contact can significantly improve the patient approach in a healthcare environment. For instance, a nurse showing empathy and understanding towards a patient's concerns can lead to a more accurate understanding of the patient's needs, thereby improving care outcomes (Halldorsdottir, 2008).

The client was incongruent from the beginning, and the counsellor was congruent only to some point. Congruence means being genuine and transparent in patient interactions - it is essential (Norcross, 2002).

It is easy to notice that the counsellor was stressed, but he had good intentions and treated the client with UPR and empathic understanding during the meeting. UPR means showing respect and a non-judgmental attitude towards patients, regardless of their issues or behaviours, especially in the healthcare environment (Norcross, 2011). Empathetic understanding allows healthcare providers to connect with patients on an emotional level, facilitating better communication and understanding (Mercer and Reynolds, 2002).

Three Core Conditions of PCT

Focusing on empathy, the counsellor seems to understand what he hears and meets the client's experiences on her terms; he also checks that he has got the client's communication right and listens sensitively. Empathy in healthcare is associated with improved patient satisfaction and adherence to treatment plans (Derksen, Bensing and Lagro-Janssen, 2013)

Concerning the second core condition, congruence, the counsellor handled it right; genuineness, realness, and transparency were done well enough; openness and communicating genuine feelings were done correctly only as he was tense, which also affected the client. Congruence in nursing translates to authentic patient interactions, fostering trust and opening communication (Reynolds, 2000).

When UPR is closely considered, it has been done very well. The client was offered non-judgemental, warm acceptance and could feel equally valued without criticism, which has helped the counsellor build and gain her trust. The UPR approach in healthcare settings encourages a supportive environment where patients feel safe and understood (Mearns, Thorne and Mcleod, 2013).

Basic Counselling Skills

Basic counselling skills fill the space defined by all the core conditions of PCT. Let us start by attending behaviour. The counsellor was facing the client squarely, which helped with the empathy conveyed through facial expressions and eye contact. A counsellor's empathetic facial responses and appropriate eye contact help create a connection with the patient, demonstrating understanding and concern. This non-verbal communication is essential for expressing empathy effectively (Kraft-Todd et al. , 2017).

The counsellor mirrors body posture to show congruence, including leaning forward slightly when the client does, indicating attentiveness and interest (Veenstra, Schneider and Koole, 2016).

The overall body language of the counsellor was open to express UPR. Open body language, such as uncrossed arms and legs and a relaxed posture, can convey acceptance and openness. This non-verbal cue aligns with Rogers' concept of unconditional positive regard, where the therapist accepts the client without judgment (Hall, Coats and Lavonia Smith LeBeau, 2005). The client's body posture was closed almost all the time.

The counsellor was nodding often, which can encourage clients to continue speaking, showing that the counsellor is actively listening and engaged. This is especially important in healthcare, where patients may hesitate to share their concerns. These gestures can foster an environment of empathy and understanding, which is crucial for the person-centred approach (Mast, 2007).

Most of the counsellor's questions were open-ended, which encouraged the client to open up, but not all of them. In nursing, open-ended questions can encourage patients to share more about their health concerns, leading to a better understanding of their needs (Cutcliffe and Al, 2006).

The counsellor actively listened, but only in one aspect: summarising- paraphrasing, and reflecting were absent. Active listening involves fully concentrating, understanding, responding, and remembering the patient's words; it is crucial for accurately assessing patient needs and providing adequate care (Carkhuff, 2010). Reflecting on the patient's

feelings and thoughts helps clarify and explore their concerns more deeply. This skill is vital in demonstrating understanding and empathy.

The other skills that the counsellor presented were seen and understood from the client's perspective, not playing the expert, being caring, accepting and seeming genuine, which is equally vital in healthcare, where authenticity from nurses can foster a therapeutic relationship and encourage patient honesty (Watson, 2008).

Conclusion

To conclude, the following questions must be asked: Has the counsellor fulfilled his role and function? Has he achieved the goals of counselling?

The counsellor created a climate conducive to self-exploration, was genuine and honest, entered the client's world, showed the UPR, accepted the client and empathetically understood her.

The counsellor let the client engage in self-exploration; he also seems to have a favourable view of human nature; he was looking at the positive side of the person so the client could work on moving forward positively.

The body language of the counsellor is supposed to be an integral aspect of implementing Rogers' "Person-centered" approach, which seems to refer to an approach that focuses on the individual and their needs rather than on the situation or the organisation. It is a way of thinking that empowers the person at the centre of their experience to make their own choices and decisions. Theory in counselling within healthcare complements verbal communication, helping to establish an environment of trust, empathy, and understanding, which are fundamental to effective patient care.

The positive answers to the summarising questions about all the aspects show that the counselling goals have been achieved and that Carl Rogers' PCT is valid in the healthcare environment.

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