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Video Critique

Person-centered theory is a humanistic approach developed by Carl Rogers in the early 1940's (Rogers, 1942). As stated by The Person-Centered Association (2018) The approach brings greater focus to the client helping themselves rather than depending on the therapist. In this sense, the therapist acts as more of a facilitator, providing guidance and a non-judgemental space for the client without directly instructing them. The aim of this essay is to perform a critique of a simulated counselling session and to identify the usage or lack thereof Carl Rogers' person-centered theory, additionally relating the importance of counselling and communication skills in healthcare settings.

Bor, et al (2009) define counselling as any interaction which occurs in a therapeutic setting. These interactions tend to focus on topics such as a person's beliefs, relationships, feelings and behaviours, through these the client's issue is made clear and ideas for the resolution are formulated.

As the counselling simulation begins, it can be seen that the counsellor has applied the SOLER model of effective listening, positioning themselves in an open and non-threatening manner that reassures the client that the counsellor is actively listening to their issue (Stickley, 2011, pp. 396). Burnard (1999) talks about active listening, truly taking in what the client says and how it is said in order to understand what is troubling them. Counsellors must make an active effort to take information from what has been said rather than going through what they will say when their client is finished. The counsellor in the simulation seems to try to actively listen but obviously struggles with either picking out important terms or phrases, or expressing said terms. The counsellor also makes brief use of paraphrasing when feeding back their understanding to the client. Lekka, Efstathiou and Kalantzi-Azizi (2015) describe paraphrasing as repeating back what the client has said but in a more concise manner. As Burnard (1999) writes, paraphrasing can prompt clients to elaborate on certain trains of thought using certain keywords, if done correctly, it can be a covert means of extracting information and requires little input from the counsellor. As a result of their use of paraphrasing, the counsellor was able . Although the counsellor in the simulation has made use of most aspects of the nonverbal communication model SOLER. They fail to maintain; an appropriate body position, keeping their hands together on their lap, and facial expressions, seeming bored at times. According to The Royal College of Nursing (2016), facial expressions in particular give away a lot of meaning and emotion not conveyed through verbal means, thus poor

facial expressions can make clients feel uncomfortable or unheard. This in turn can weaken the rapport between client and counsellor, failing the condition of congruence in Rogers' person-centered approach as the counsellor seems to not care enough to pay attention to their client. The counsellor also makes good use of open-ended questioning, as AbuSabha (2013) puts it, open-ended questions are designed to evoke more than a few words from clients, instead providing a means of enriching the interaction. This aids counsellors in being non-judgemental towards their client, allows clients to feel at ease and be more open with the counsellor, and encourages clients to give longer, more informative responses. The simulated counselling session ends abruptly and the counsellor fails to summarise their discussion with the client. Summarising, also known as terminating, occurs near the end of a counselling session. It is a time for reflection and linking together what has been said over the course of the session, allowing both counsellor and client to either move onto other discussions or to add something to the current discussion. If the counsellor in the simulated session were to have summarised, they would have needed to gather together the key points of the discussion such as the initial issue, any goals that were set and the steps needed to reach those goals. Then they would ask the client to confirm or correct this information and perhaps add to it (Borck and Fawcett, 1982).

Predominantly, when utilising person-centered skills, nurses and similar health professionals will tend to focus on communication skills and the quality of being empathetic (Cavanaugh and Konrad, 2012). This allows them to be both reliable members of a team and effective care providers. As part of Carl Rogers' model, he states three core conditions, first being the core condition of being congruent in the client-counsellor relationship (Casemore, 2012). Monach (1998) stated that congruence means that the client and counsellor have a professional yet open relationship, the counsellor applying experiences they share with their client in order to attain greater understanding of their issues. It is useful in counselling settings because it facilitates an effective listening environment and outlines behaviour to maintain said environment. Another of Person-centered's core conditions is empathy, which may be described as understanding the current feelings of clients and using that understanding as a means of assisting them (Western, 2012). Practitioners in health can show empathy through reflection, validating their understanding with clients, getting a sense of the emotions brought on by what the client experiences and helping in building a positive relationship (Martin, 2017), the counsellor uses this in the session after the client states that their stepmother is unpleasant and drives a rift between the client and their father. The counsellor takes from that statement and says "Would you blame your stepmother for that? [poor relationship with the father]" though the client doesn't elaborate upon this. Roger

(1957) states that in order to achieve the third core condition of unconditional positive regard, counsellors must retract all personal conditions for acceptance and simply accept their client as a worthwhile human being and treat them in a manner befitting. Because the counsellor disassociates their client from their flaws and wrongdoings, the client can truly feel at ease and begin the process of facilitated self-healing. An example of this within the simulation could be how the counsellors body language did not display shock or judgement whenever the client stated something the counsellor did not personally agree with.

In conclusion, after analysing several techniques and approaches to communication and counselling, Carl Rogers' humanistic, person-centered approach to therapy and these may be applied within nursing, it is evident that such skills are not only integral for effective patient care, but also allow nurses to build strong interpersonal relationships with their patients. This in turn allows nurses to put issues faced by patients into a much larger scope and see about preventing such issues in future.

References

AbuSabha, R. (2013) 'Interviewing Clients and Patients: Improving the Skill of Asking Open-Ended Questions', *Journal of the Academy of Nutrition & Dietetics*. 113(5), pp. 624-633. (Date accessed: 20/01/2019) DOI: <https://doi.org/10.1016/j.jand.2013.01.002>

Bor, R. et al. (2009) *counselling in health care settings: a handbook for practitioners*. Basingstoke: Palgrave Macmillan

Borck, L.E. and Fawcett, S.B. (1982) *Learning Counselling and Problem-solving Skills*. London: Routledge

Burnard, P. (1999) *Counselling Skills For Health Professionals*. 3rd edn. Cheltenham: Stanley Thornes Ltd

Casemore, R. (2012) *Person-Centred Counselling in a Nutshell*. 2nd edn. London: SAGE Publications Ltd.

Cavanaugh, J and Konrad, S. (2012) 'Fostering the development of effective person-centered healthcare communication skills: An interprofessional shared learning model', *Work*. 41(3), pp. 293-301. (Date accessed: 20/01/2019) DOI: <https://doi.org/10.3233/WOR-2012-1292>

Hawtin, S. (2000) 'Person-Centred Counselling and Psychotherapy' in Palmer, S. (ed.) *Introduction to Counselling and Psychotherapy The Essential Guide*. London: SAGE Publications

Lekka, F., Efstathiou, G. and Kalantzi-Azizi, A. (2015) 'The effect of counselling-based training on online peer support' *British Journal of Guidance & Counselling*. 43(1), pp.156-170. (Date accessed: 20/01/2019) DOI: <https://doi.org/10.1080/03069885.2014.959472>

Martin, A. (2017) *Responding and Reflective Skills*. Available at: <http://www.thecounsellorsguide.co.uk/responding-reflective-skills.html> (Date accessed: 16/01/2019)

Monach, J. (1998) 'Mental illness and Communication', in Bayne, R., Nicolson, P. and Horton, I. (ed.) *Counselling and Communication Skills for Medical and Health Practitioners*. Leicester: BPS Books

Rogers, C.R. (1942) *Counselling and Psychotherapy: Newer Concepts in Practice*. Boston: Houghton Mifflin Company.

Rogers, C.R. (1957) 'The Necessary and Sufficient Conditions of Therapeutic Personality Change', *Consulting Psychology Journal: Practice and Research*. 21, pp. 95-103. (Date accessed: 20/01/2019) Available at: <https://app.shoreline.edu/dchris/psych236/Documents/Rogers.pdf>

Royal College of Nursing (2016) *Non-verbal communication*, Available at: <https://rcni.com/hosted-content/rcn/first-steps/non-verbal-communication> (Date accessed: 16/01/2019)

Stickley, T. (2011) 'From SOLER to SURETY for effective non-verbal communication', *Nurse education in practice*. 11(6), pp. 395-398. (Date accessed: 15/01/2019) DOI: <https://doi.org/10.1016/j.nepr.2011.03.021>

The British Association for the Person-Centred Approach (2018) *What is the Person-Centred Approach?* Available at: <https://www.bapca.org.uk/about/what-is-it.html> (Date accessed: 15/01/2019)

Western, B. (2012) *01-Carl Rogers on Empathy [video]* Available at: <https://www.youtube.com/watch?v=iMi7uY83z-U&t=7s> (Date accessed: 16/01/2019)