

*Establishing the counsellor-client relationship in the first counselling session*

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Aims of workshop

- To identify the key components of a successful counsellor–client relationship
- To understand the impact of different practice settings on the therapeutic relationship
- To identify the essential components of an initial session
- To examine the potential limits of the initial counselling session
- To consolidate understanding through case discussions

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What are the key components of the therapeutic relationship?

- The therapeutic frame: physical, temporal and emotional space
- Holding
- Containment
- A 'way of being' (empathy, congruence, positive regard)
- Psychological contact
- Client incongruence / vulnerability

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### What makes the first session so important?

- Brief therapy increasingly popular
- Many clients attend for only one session (up to 25%, Feltham 1997)
- CBT, stress management, crisis intervention
- Making a connection for future client engagement
- Assessment – therapist and client
- Establishing a collaborative approach
- Engendering hope

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### Assessment

- Formal v informal (transparent v hidden / internal)
- Gathering information about the client
- Establishing whether it is appropriate to offer therapy
- Ensuring the client is aware of the therapeutic process
- Gathering the facts to make a contract for therapy
- Risk assessment
- Providing the client with an opportunity to make an informed choice about whether to proceed
- Making a decision with client about referral on where necessary and appropriate

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### Establishing the therapeutic contract

- Minimum and maximum number of sessions
- Times available
- Length of sessions
- Details of fees, if any
- Main characteristics of therapeutic approach
- Limits of confidentiality / record-keeping
- Between sessions contact
- Cancellation policy
- Agree realistic client aims / focus of work

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## Infertility counselling and practice settings

### *Specialist ART Clinic:*

- Referral route – clinic or direct
- Number of sessions available – limited?
- Cost
- Confidentiality boundaries
- Knowledge base
- Focus of counselling

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## Infertility counselling and practice settings

### *Independent practice:*

- Self referral?
- Flexibility of sessions
- Cost
- Confidentiality
- Knowledge base
- Focus of counselling

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## Working with difference and diversity

- Cultural
- Religious
- Class
- Sexual
- Gender
- Disability

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## Focus of counselling

- Personal
- Couple / relationship
- Family
- Psychosexual
- Infertility and loss
- Treatment options
- Treatment implications
- Support
- Making endings / new beginnings
- Other?

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## Starting points

- Phone call
- Referral letter
- Medical notes
- Anecdotal information
- Client's narrative

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## First impressions

- Physical environment
- Personal presentation
- Time management
- Client expectations
- Contracting

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## Trying for a baby ~ the infertility journey

May feature four main phases

- Phase I **REALISATION**
- Phase II **DIAGNOSIS**
- Phase III **PROCESS OF TREATMENT**
- Phase IV **RESOLUTION**

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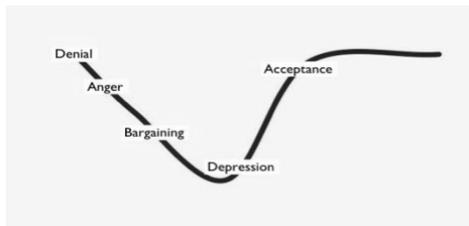
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## Kubler-Ross Phases of Grief (1969)



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## Phases of Loss & Tasks of Grieving

Phases of Grief	Tasks of Grieving
■ Denial	■ Accept reality of loss
■ Pain and distress	■ Experience pain of grief
■ Realisation	■ Adjust to environment in which person / child is missing
■ 'Acceptance'	■ Relocate emotional energy elsewhere

[Murray-Parkes]

[Worden]

BICA Workshop 08.07.09

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Phase I REALISATION

- Acknowledgement to self and others that a problem does exist
- Feelings of shock, anger, guilt, blame, envy, self-pity may predominate

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Phase II INVESTIGATIONS & DIAGNOSIS

- Answers are looked / hoped for
- Processes are time-consuming and anxiety-producing
- Results may provoke further feelings of guilt, blame etc
  - along with shock / denial, anger, searching
- May also bring a sense of relief that 'something can be done' to help - mixed with urgency to 'get on and do

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Phase III PROCESS OF TREATMENT

- Focussed activity - highs and lows
- Desire to conceive may 'take life over'
- Feelings of hope and dread co-exist
- Intensity / duration of emotions is often unexpected - and challenging of existing coping resources /strategies
- If unsuccessful, feelings of loss / failure are reinforced and may have cumulative impact

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## Phase IV RESOLUTION

- Mourning the loss
- reviewing past treatment and experiences
- making decisions regarding further / no further treatment
  - may include taking a break from treatment, pursuing other life goals, considering adoption
- adjusting to 'real' experience of pregnancy and making decisions regarding parenthood

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## Case scenarios

- What do you think are the potential issues relating to
  - the man
  - the woman
  - their relationship
  - their past / present / future infertility experience
- What might be the focus for work in a first counselling session?
- What might be the longer term focus?
- What limitations would you anticipate?
- With whom would you work and when?

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## Case Scenario 1

- Carla, 40 yrs + Edward, 39 yrs have a 3 year history of infertility.
- The referral letter states that in the last two months, Edward has been diagnosed with a mild form of cystic fibrosis and azoospermia
- Carla's tests suggest that her ovarian reserve is low
- The couple have been advised by their consultant to attend counselling to discuss treatment with donor sperm
- They enter the counselling room and sit down at opposite ends of the sofa. Carla looks upset and anxious; Edward does not make eye contact.

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## Case Scenario 2

- Esme is a 28 yr old secretary who has been undergoing IVF treatment for the last 18 months.
- She has had 3 full IVF cycles and 2 frozen embryo replacements.
- She telephones you, after another negative pregnancy test, to arrange a counselling appointment.
- On the phone, she mentions that her partner is keen to start another IVF cycle as soon as possible and that this is leading to arguments
- At the start of her first counselling session, she tells you that she can't face life anymore and bursts into tears.

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## Case scenario 3

- Ayesha is 39 yrs and has a history of bipolar disorder. She has had several episodes of in-patient treatment in the last 6 years but apparently has ongoing support from a strong mental health team
- According to the consultant at the centre, Ayesha's husband Imran, 28 yrs, appears to have little insight into or tolerance of Ayesha's mental health condition
- The level of support from their extended family has been difficult to determine
- The couple, whose infertility is unexplained, have been asked to see the counsellor prior to a decision whether to offer treatment or not
- Ayesha presents with a very flat profile, bowed head and says little; Imran, in contrast, appears to be very animated and excited at the prospect of treatment

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