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COUNSELLING SKILLS FOR NURSES, MIDWIVES AND HEALTH VISITORS

Counselling is a diverse activity and there are an increasing number of people who find themselves using counselling skills, not least those in the caring professions. There is a great deal of scope in using counselling skills to promote health in the everyday encounters that nurses have with their patients. The emphasis on care in the community and empowerment of patients through consumer involvement means that nurses are engaged in providing support and help to people in order to change behaviours.

Community nurses often find themselves in situations which require in-depth listening and responding skills: for example, in helping people come to terms with chronic illness, disability and bereavement. Midwives, for example, are usually the first port of call for those parents who have experienced miscarriages and bereavements, or are coping with decisions involving the potential for genetic abnormalities. Similarly, health visitors are in a good position to provide counselling regarding the immunization and health of the infant. These practitioners are having to cope not only with new and diverse illnesses, for example HIV and AIDS, but also with such policy initiatives as the National Service Framework for Mental Health and their implications.

This book examines contemporary developments in nursing and health care in relation to the fundamental philosophy of counselling, the practicalities of counselling and relevant theoretical underpinnings. Whilst the text is predominantly aimed at nurses, midwives and health visitors, it will also be of interest to those professionals allied to medicine, for example physiotherapists, occupational therapists and dieticians.

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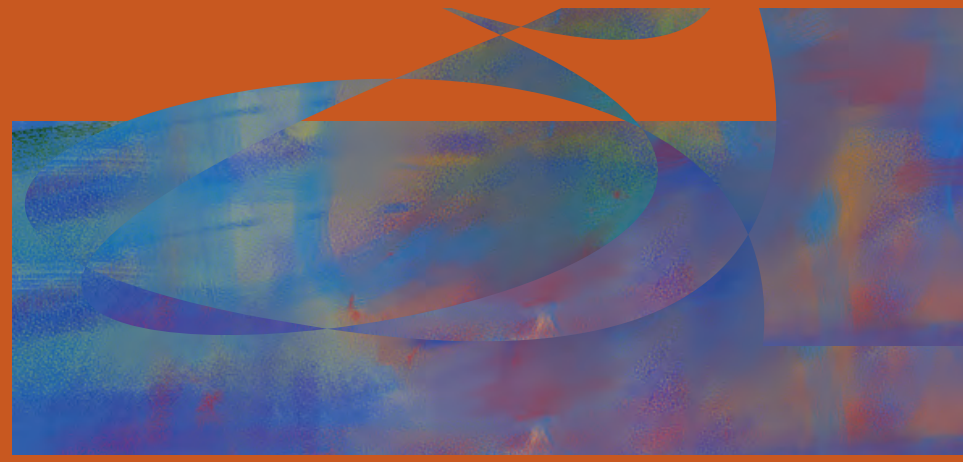

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This book is dedicated to all the patients with whom I have had the privilege of working.

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Preface

> Counselling has become part of the fabric of nursing.
> (Burnard 1995: 261)

I was delighted to be asked by Michael Jacobs to write this book. Having trained to become a nurse over 20 years ago and being a practising counsellor for some 12 years I have often found it difficult to balance the boundaries between counselling and the use of counselling skills within the workplace. This is complicated by the fact that I have also been in academia for a number of years, supporting the development of undergraduate and postgraduate students in both an educative and pastoral role. Like many teachers and nurses engaged in education, I come across students experiencing personal difficulties, just as nurses, midwives and health visitors encounter patients in their everyday work whose life circumstances are causing a great deal of emotional, psychological, physical and sometimes spiritual distress. This book aims to outline the role that counselling skills can play in supporting, enabling and empowering patients and staff within the context of nursing.

When I refer to nursing, I use it as a broad term to incorporate a number of specialities; I also take the liberty of including health visitors and, for the sake of ease, midwives. The skills referred to throughout this text are transferable not only across disciplines but also within disciplines and, importantly, are just as helpful for supporting the practitioner as they are for the patient.

Having trained to be a counsellor over a decade ago, the biggest challenge and the aspect that I found most rewarding in

the writing of this book was that of returning to the importance of creating an empathic relationship. While this is the most fundamental of all counselling skills, it is not easy to stay with what are often termed the more basic skills: a parallel that many nurses will recognize in relation to their own practice. As Winnicott, in his discussion of the analyst's knowing and not knowing notes

> When he [the analyst] has had several patients he begins to find it irksome to go as slowly as the patient is going, and he begins to make interpretations based not on material supplied on that particular day by the patient but on his own accumulated knowledge or his adherence for the time being to a particular group of ideas.
>
> (1965: 50–1)

Nursing too falls into this trap, approaching practice and the patient with a whole set of assumptions and paradigm examples from which to deduce the patient's needs. This text challenges the practitioner to put aside their assumptions and preconceptions and to go back to the foundations of nursing, that is, the nurse–patient relationship.

Egan, in *The Skilled Helper*, discriminates between the formal and the informal helper. Formal helpers are counsellors, psychologists, psychiatrists, social workers and members of the clergy. He notes that there are also informal helpers who 'deal with people in times of crisis and distress' (1994: 4). Here he includes doctors, dentists, teachers, police officers and importantly, for this book, nurses. He points out that 'Although these people are specialists in their own professions, there is still some expectation that they will help their clients or staff manage a variety of problem situations' (1994: 4). While this is a useful discrimination in relation to counselling, for the purpose of this book the various terms used to describe the carer (helper, practitioner, clinician and nurse) are used interchangeably. I would also like to point out that the clinical material that is used throughout this text in order to illustrate specific skills is based on fictitious patients and is based on my own experience of counselling within a healthcare setting.

I would like to thank various people who have offered their support and encouragement in the writing of this book. Thank

you to Michael Jacobs, whose writing I found invaluable when in training as a counsellor, and whose editing has been supportive and enabling. In addition, the friendship that both Michael and Moira Walker have extended to me over recent months has been very much appreciated.

Going back to my own training and early experiences of counselling, I wish to acknowledge Dilys Phipps for her insight and wisdom as a trainer and a colleague, and Sandra Griffiths and Vicki Gardiner. Thank you to Jeni Boyd who has been a sounding board for ideas, a proofreader, a colleague and a friend. Importantly, I would like to thank all those patients with whom I have had the opportunity to work over the last decade. I continue to learn and marvel at the mystery that is human relationship.

Dawn Freshwater

Chapter 1

Introduction

Communication is an essential part of healthcare, yet while it is recognized that good communication is fundamental to the caring relationship, in reality there are considerable variations in the quality of that communication and there is still the need for improvement. Skills derived from counselling are increasingly being used in nursing in an attempt to improve the level and degree of communication, and as such counselling skills are being taught in Project 2000 courses, bachelor's and master's degrees in health studies and post-registration continuing professional development (CPD) courses. Counselling skills have of course been used, perhaps in an unstructured manner, for many years in all branches of nursing including mental health, sick children's nursing and primary care as well as in health visiting and midwifery.

According to Buber (1958: 25), 'all real living is meeting'. The currency of this meeting is dialogue. Dialogue is not just about verbal and non-verbal interaction, but much more, as the physicist and cosmologist David Bohm (1990) notes in his work on wholeness and dialogue. Wholeness is not an unfamiliar concept in nursing; indeed many nursing practices, theories and philosophies are based on the principle of Holism. As I will demonstrate, many of the principles and concepts of counselling have influenced the development of nursing theory, nursing practice and nurse education.

This book explores aspects of counselling dialogue and how it might be used in a facilitative way within the context of healthcare, more specifically to facilitate holistic practice within nursing, midwifery and health visiting. While I refer to the fundamental philosophy of nursing, midwifery and health visiting as that of holism, this is not the place to debate the concept. Nevertheless the concept will be used to illustrate some of the ways in which counselling skills and the dialogic relationship might create the opportunity for authentic, congruent practice, something that many practitioners are experiencing as missing (Johns and Freshwater 1998) – witness the increasing problem of recruitment and retention within these professions. This book therefore, while focusing on the use of counselling skills for improving the patient's experience and the quality of care and of life, also attends to the potential of such skills for enhancing the meaning and satisfaction of caring for the practitioner.

A person's experience of herself or himself in this world is through psychological and physiological awareness, contained within a reflexive dialogue with both the self and the outside world. Cole (2001: 11) argues that:

> The presence of dialogue offers the *possibility* of balance, a state of equilibrium, a stress-less state. But the nature of the dialogue determines whether there is actually a balance, a state without stress, or whether a lack of balance indicates a state of stress.

The significant part of this statement in the current context is 'the nature of the dialogue'. I intend to focus upon this aspect. If the nature of the dialogue is empathic, then this is confirming and grounding for the patient. In responding empathetically, the practitioner stands alongside the patient, normalizing the struggle in which the patient is engaged, bringing the client back into the boundaries of being human.

Cook comments that 'many health professionals do not understand the value of counselling' (2001: 16). In order to work towards a better understanding of the use of counselling skills in nursing, midwifery and health visiting, this first chapter provides a brief overview of the status of counselling within these disciplines. While counselling skills form a substantial part of

everyday practice for many health care practitioners, relatively few nurses are accredited counsellors. As such it is important to note that while this text refers to professional codes of conduct for counsellors and regulatory bodies, this book is not about the sort of counselling undertaken by professional counsellors. It is written for, and aims to support and supplement the skilled practitioner in the practice of their everyday work. For the novice practitioner it provides an insight into the counselling process, the therapeutic alliance and skills that may prove invaluable in the context of the nurse–patient midwife–family/mother and health visitor–client role. For the experienced practitioner it adds substance to the existing therapeutic expertise, while offering some contemporary reflections on the role of the counselling skills in nursing practice.

In October 1975 the Royal College of Nursing (RCN) set up a working party to:

> Explore further the concept of counselling within nursing with a view to providing information or producing recommendations for the attention of professional and official bodies which have the capacity to influence the development of counselling within the nursing profession.
>
> (RCN 1978: 7)

The report of the working party found that there were a number of misconceptions surrounding the use of counselling in nursing, complicated by the confusion regarding the term itself. They suggested that the term counselling, when used in ordinary conversation, denoted 'any interview or discussion which is undertaken to help people with problems' comparing this to the more restricted use of the term, which involves 'personal growth and development' (RCN 1978: 10). The confusion between counselling skills and counselling proper has existed and continues to exist in nursing as it does in other professions. The British Association for Counselling and Psychotherapy (BACP), in its earlier code of ethics for counsellors (1998) and for those using counselling skills in their functional role (1999), for example nurses, midwives and health visitors, has made clear distinctions between the two different uses of the term. More importantly BACP makes explicit the significance of the intention and aim behind

the use of the counselling skills, which it argues is often to enhance the performance of the professional role of the practitioner rather than that of being a counsellor (BACP 1999). While many nurses use counselling skills as part of their daily work, acting as a counsellor is something very different.

Burnard (1995: 261) contends that:

> By the nature of their job, most nurses are involved in some form of counselling every day. A distinction has to be made, however, between exercising counselling skills and being a counsellor, and while nursing courses offer training in basic counselling skills, there is little or no training in how to be a counsellor.

Like the BACP, Burnard emphasizes the difference between the use of counselling skills and acting as a counsellor. Further, he indicates the significance of appropriate training, whether using such skills in a functional capacity to support a professional role or as a professional counsellor does. Nursing, midwifery and health visiting have their own professional code of conduct, which also identifies issues of patient safety, public protection and the extent and limits of any extension of the practitioners' role – something that the RCN working group (1978: 11) also raised, stating:

> When nurses counsel they require sufficient insight to recognise the extent and limits of their counselling skills, the dangers of exceeding those limits and knowledge of the availability of skilled counselling resources in their locality.

Thus there is the need for training, not only regarding the appropriate use of counselling skills in nursing, but also for the skills of being an effective reflective practitioner in order to be able to make discriminative assessments of clients' needs (and of their own capabilities). This is a critical component of the therapeutic relationship, as Bowman and Thompson (1998: 223) note:

> Generally, simple and appropriate information giving, teaching or counselling will have the greatest impact, but

knowing what is appropriate demands an understanding of the patient and their needs.

Nursing is about relationships, with both clients and colleagues; as such nurses need to develop self-awareness and interpersonal and emotional skills to cope with the sometimes difficult nature of their work. These skills can be developed within the context of reflective practice and clinical supervision, topics that are widely written about in the nursing literature and are central to the practice of counselling. As such they are referred to throughout this book.

Defining counselling

There are any number of descriptions of counselling, making it difficult to outline a simple definition. It is also worth noting that although there are numerous schools of psychological thought and frameworks within which counselling can take place, definitions of counselling are usually generic, covering a broad range of skills and theories. The British Association for Counselling and Psychotherapy provides a reasonably accessible definition of counselling:

> An interaction in which one person offers another person time, attention and respect, with the intention of helping that person explore, discover and clarify ways of living more successfully and towards greater well being.
>
> (Palmer *et al*. 1996: 22)

Other definitions of counselling focus on the therapeutic relationship, on what happens between the helper and the client (Jones 1970), while others take account of the underlying aims and values of counselling. Thus counselling can be described as a process which provides help and support, and an understanding listener for someone who is concerned, confused or perplexed. Creating a climate within which the individual can feel accepted, counselling helps clients to gain clearer insight into themselves and their situation, so that they are better able to draw on their own resources to help themselves. In this way counselling is

contrasted with advice giving, opinion giving, sympathizing and giving practical help.

The role of counselling in nursing

Writing of the counselling role in nursing, Slevin (1995: 415) says:

> Here the nurse encourages the patient to examine his/her problems, conflicts or difficulties and to develop an awareness and understanding of these issues. Through addressing these problems, the patient is encouraged to work through them toward an awareness of the conditions essential to his/her health and wellbeing and how these conditions can be achieved.

Many nursing theorists have developed the notion of the therapeutic alliance, as identified within counselling, into frameworks for therapeutic nursing practice; this is particularly the case in mental health nursing. Peplau (1962, [1952]1988) is one such theorist, who, drawing upon psychodynamic psychology, outlines an interpersonal model of nursing based on professional closeness. Peplau views the therapeutic relationship as a highly structured situation in which the nurse adopts a professional stance. Subsequent nursing theorists have utilized humanistic psychology (see for example Paterson and Zderad 1988, Watson 1979 and Benner 1984) and behavioural models (for example Orem 1971 and Henderson 1966) in describing the nurse–patient interaction.

Studies examining the role of counselling in nursing and nurses' experiences of counselling suggest that counselling can 'assist individuals to *clarify* various aspects of their life-world', provide '*hope and encouragement*' and offer '*comfort*' or *support*' (Burnard 1998b; Soohbany 1999: 35, original emphasis). Several authors point out the similarities between nursing and counselling, noting that:

> Nursing, like counselling, is an interpersonal process that is aimed at assisting the individual in dealing with crisis and/

> or coping with life traumas. It is also aimed, if necessary, at finding meaning in an experience. The aim of both is achievable through human-to-human relationships and this, in turn, is achieved through transcending roles of counsellor/nurse and patient/client in order to establish caring presence and through making therapeutic use of self. Implicit in these relationships are the ability to listen, understand and respond as well as intervene purposefully.
>
> (Soohbany 1999: 39; see also Soohbany 1996 and Jones 1993)

Creating and maintaining a climate within which the skills of counselling can be used effectively is an essential part of the interpersonal process, and is something that is attended to in more detail in subsequent chapters. Both directive and non-directive skills may be appropriate to use within nurse–patient encounters; both have a facilitative component. The non-directive personal development approach, which aims to empower, can be used to achieve optimal health in difficult circumstances such as chronic and terminal illness, disability and bereavement. This non-directive approach is largely derived from the work of American psychologist Carl Rogers ([1961]1991) and his person-centred approach that has formed the basis of humanistic nursing (Watson 1979; Paterson and Zderad 1988).

The emphasis of the non-directive approach is on the person and their natural capacity to come to terms with and solve their own problems. Thus the role of the nurse using non-directive counselling skills is that of acting as a catalyst and change agent for the client. A more directive approach to the use of counselling skills might be called upon for preventative health care in a wide range of nursing activities. The increasing use of cognitive-behavioural techniques (Beck 1976) in general has heralded the recruitment of a number of nurse therapists (again concentrated in the mental health field in the main) who are skilled in the use of directive approaches. The two approaches can of course be used to complement each other.

The counselling frameworks for understanding and exploring a client's experience are numerous but fall into three broad categories: psychodynamic, person-centred and cognitive behavioural (further reading around these theoretical orientations can

be found in the final section of this book). Similarly, counselling skills can be crudely arranged into three groups: those of relationship building, exploring and clarifying, and action skills. These skills are examined in turn in later chapters, with specific emphasis on their application to nursing and the helping relationship.

While there are similarities between the disciplines of counselling and nursing, there are as many specialisms within nursing as there are theories of counselling. Hence it is worth exploring the various ways in which counselling skills may be reflected within the differing aspects of nursing work.

Counselling and health promotion

Much nursing work is concerned with health promotion, which in turn is about providing support and helping people to change behaviours that are detrimental to their health, such as smoking or drinking too much alcohol. Sidell reminds us that, 'There is a great deal of scope for using counselling skills to promote health in the everyday encounters health professionals have with their clients'. She goes on to provide examples, saying that, 'Community nurses may need to counsel someone who is having to deal with incontinence. Health visitors counsel on the immunisation of infants' (1997: 134). Another example is nurses engaged in family planning who use counselling skills to enable the client to make an informed decision about their sexual and reproductive health.

There is some evidence to suggest that clear and effective communication is of practical importance when both nurse and patient are faced with issues of ***concordance*** with treatment plans (Horder and Moore 1990). Hence counselling skills used in health promotion do not always originate from the person-centred philosophy as one might expect. Rather they draw upon both directive and non-directive skills, particularly as many health professionals are under pressure to achieve the Health of the Nation targets (DoH 1992). Those aimed at facilitating change, for example, may be more directive, specifically targeting harmful behaviour. One example of directive counselling in health promotion and illness prevention is that of alcohol counselling,

in which the health professional gives specific advice on the changes necessary to reduce health limiting behaviour (Prochaska and DiClemente 1984). On the other hand a more non-directive use of counselling skills may be used in family planning services.

Counselling in primary care and mental health

Personal counselling for health has emerged within the context of mental health nursing, the focus being on biographical approaches, enabling the client to reflect on their circumstances and review their present dilemmas, often in light of past experiences. Developments in primary care have meant that some primary care trusts have been given responsibility for the provision of local specialist mental health services (DoH 2000). Concurrently the National Service Framework (NSF) for Mental Health (DoH 1999) has been released, with Standards 2 and 3 of the framework demanding that primary healthcare teams will, among other things, develop the skills and competencies to manage common mental health problems, while the NHS acute services are tasked with rolling out access to psychological therapies. Thus these two enormous areas of expertise are brought together by the government in order to tackle the very real problem of managing the mental health of the population.

The NSF for mental health (1999) notes that one-quarter of routine GP consultations are for people with a defined mental health problem. Approximately 90 per cent of mental health care is provided by the primary care team, some of the most common illnesses presented being eating disorders, depression (including postnatal depression) and anxiety related problems (including obsessive-compulsive disorders, phobia and panic related-symptoms). Patients have a number of access points in primary care, including the health visitor, district nurse, (increasingly) the practice nurse and the community psychiatric nurse (including the community mental health team). More and more professional counselling is also provided in primary health care (Bucknall 2001). Nevertheless the amount of patient referrals with mild to moderate mental health needs within primary care is also increasing, with nurses being the first point of contact for many of these individuals. A number of help lines have

been set up as part of the increasing services, with nurses providing support through NHS Direct and NHS walk-in centres to patients and carers experiencing physical, emotional and psychological distress. It has been recognized that the requirement for basic and advanced training in counselling skills and cognitive behavioural therapy is critical to the successful implementation of these innovations, as is the need for adequate support and supervision of the staff working within these fields (DoH 1999).

Counselling skills and acute care

Nowadays counselling is a relatively commonplace part of hospital work. Although it is often those practitioners working within specialist areas such as cancer and palliative care, stoma care, gynaecology and neurology that have a specific counselling role assigned to their practice, there is scope for the use of counselling skills in almost every nurse–patient interaction, whatever the circumstances.

In 1990 Thompson's study indicated that a basic programme of in-hospital counselling undertaken by nurses working within a coronary care unit conferred significant benefits to both the client and their partner/relative. Similarly Cook (2001), a paediatric nurse also trained as a counsellor, reports on the inclusion of a nurse-counsellor in a paediatric intensive care unit. She draws on the work of Lansdown (1996), who specifies the ways in which using counselling skills with sick children and their relatives can provide families with much needed emotional and social support, particularly in the breaking of bad news.

Away from the high tech environment of intensive care, nurses and other health care professionals invariably find themselves engaged in teaching the patient and their families, whether this is about lifestyle changes following surgery or managing self-care routines. Teaching, however, is more than the transmission of information, and effective communication skills can go some way to ensuring that the patient is both able to retain and recall the necessary information. Counselling skills are not only an effective addition to these communication skills; they are also useful in monitoring the overall quality of the interaction

between the nurse and patient. Thus educational counselling given by nurses improves knowledge and satisfaction (Raleigh and Odtohan 1987), reduces anxiety and depression for the patient and family (Thompson 1990) and can correct negative health habits (Carlssoin *et al*. 1997).

Midwifery and health visiting

Both midwives and health visitors encounter clinical situations every day, which demand a high level of interpersonal engagement. Midwives are finding themselves not only answering questions and providing support for parents having to make decisions regarding the health of their unborn child; they are also more often than not providing genetic counselling both antenatally and postnatally. On a day to day basis, the midwife is the first point of contact for the mother who is trying to make appropriate decisions about feeding and caring for her new infant. Health visitors support parents in their decisions surrounding immunizations, healthy development and schooling, not to mention postnatal family planning and general health. Of course, this does not take into account the many other aspects of these extremely diverse and challenging roles, but it does give an indication of the centrality of a good working relationship, and the skills required to maintain and sustain this.

This quick tour through some aspects of nursing work is by no means meant to be exhaustive. I am aware for example that a large part of the role of nurses, midwives and health visitors is dealing with loss and bereavement. It gives an indication nonetheless of some of the ways that counselling skills may enhance everyday nursing practice. The key concern of this book is to focus attention on the nurse–patient relationship and how the healing potential of this privileged position can be optimized through the utilization of 'intrinsic counselling' skills (Smith and Norton 1999: 18). The following chapters examine in some detail the counselling skills and processes that underpin the development of an effective therapeutic relationship. In Chapter 2 I discuss how to facilitate emotional solutions, usually reached by the patient through a non-directive approach, exploring how to help the patient find acceptable solutions to soluble problems

and to learn to cope with insoluble ones. Successful counselling is a process that consists of stages and elements, which for the purposes of learning can be identified and separated conceptually. Chapter 2 examines some of the stages of counselling, linking them to theoretical models with the aim of outlining a framework for understanding the basic process. Concepts such as congruence, unconditional positive regard, transference and counter-transference are briefly considered, showing their relevance to nursing practice.

Establishing a rapport in the initial stages of a relationship requires the skills of active listening, good attention, and responding with genuineness and empathy. Chapter 3 concentrates on the counselling skills that may be used specifically in the early stages of forming a relationship, and then throughout the life of the therapeutic partnership. A significant part of any counselling intervention, whether the use of counselling skills in a professional role or as a professional counsellor, is the process of assessment in order that an appropriate decision can be made regarding the individual's treatment plan. Describing the skills of assessing through exploration and focusing, Chapter 3 provides practical examples of the skills of questioning, silence, summarizing, paraphrasing and reflecting that may be used in the establishment of basic empathy between nurse and patient.

Chapter 4 centres on helping the nurse to acquire the skills necessary to help patients piece together broad themes and relevant patterns and to develop new perspectives on their situation and on themselves. Skills such as self-disclosure, challenging, immediacy and pattern identification are addressed and linked to the notion of advanced empathy. Building on the development of alternative perspectives Chapter 5 explores the counselling skills required to facilitate action based on new understanding, including divergent thinking, decision-making processes and evaluation skills. The chapter also identifies the role of teaching, advising and information-giving within the nurse–patient interaction, including ways in which the practitioner may assist the patient to seek further support.

Over the last decade clinical supervision has been recognized and recommended as a central tenet of the continuing support and professional development of all nurses, midwives and health visitors (UKCC 1996). Chapter 6 attends to the function