

3 Points JA Chapter 1 - 2

Counselors' clinical care must align with the goals and regulations of the US Department of Health and Human Services. Healthy People 2000 was created to increase the quality and years of healthy life and the elimination of health disparities amongst all people. Healthy People 2020 continues its next decade of goals for increasing the quality of life of all Americans through healthy behaviors across the lifespan, healthcare equity and reduction in preventable diseases, disability, injury and premature death.

The counselor needs to be attuned to the holistic care of the whole person - their psychological, mental, social, cognitive and physical health - in clinical care and approach. External forces impacting well-being include: culture, community, family and biosphere. Internal forces impacting well-being include: body systems, mind, neurochemistry and heredity.

A counselor's care must focus and aim to empower, promote, improve and restore the health of the whole person. Paying attention to the client's nutrition, exercise, stress and anxiety management, avoidance of substance abuse and disease prevention provides a window into the client's mental health. Seeking to discover the client's emotional awareness, self-regulation and healthy self-concept are factors critical to understanding the client's psychological and physiological well-being.

Being aware of the client's verbal and nonverbal and cultural communication style, personality, any physical and cognitive disabilities, health behavior, family, role models and social pressures

informs the areas important for prevention and how best to equip the client with needed coping strategies and support systems focused on overall well-being and mental health.

Clinically, counselors must tune into our own communication to assure it is congruent verbally and nonverbally, in comfortable proximity to the client and is free from bias.

Blocks to communication are words and actions people use that tend to muddy their messages.

They include: belittling, disagreeing, agreeing, defending, stereotyping, giving false reassurance, giving advice, changing the subject, asking closed-ended questions, asking “why” questions and probing beyond what is necessary and may feel threatening.

For effective communication exchanges with the client, as a counselor, I must give clients helpful information, validate my perception of the client’s verbal and nonverbal message, clarify to clear up possible misunderstandings, reflect or flashback my perception of the client’s affective (feeling) domain, paraphrase or restate using similar words the client used, ask broad and open-ended questions, use general leads or affirmations to encourage the client to continue, offer my full attention and desire to understand or stay longer if the client prefers, focusing to direct to better understand the specific topic and using humor to decrease the client’s stress or anxiety.

Noticing the client’s personality and communication as assertive, unassertive or aggressive provides the counselor insight into what emotions are shared, or kept inside by the client.

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| 3 Points GG Intro

Bereavement and mourning are as unique as each person. Bereavement can be broken down into several components, the first being complicated grief, also known as chronic grief, delayed grief or absent grief. Not everyone goes through phases in the same way, or same speed. There is much more to learn about grief and loss and adaptation, but counselors can use these points in planning their clinical approach and care.

Grief is not pathological like depression or anxiety where standard measures are used. A counselor may use some measures for grief which include the Texas Revised Grief Inventory and the Hogan Grief Reaction Checklist, normed in a clinical population. For this reason, grief is not yet recognized as a diagnosis code, and reimbursable by insurance or the US government.

Another type of grief is disenfranchised, or secret grief, the mourner may have due to hiding an affair, or friendship or activity. These losses may be further categorized as socially negated losses that some in the society may not treat as a pregnancy loss, by abortion or natural causes. Another category is socially unspeakable losses, which a mourner may have difficulty discussing such as suicide or AIDS. As a counselor, I would add overdose, murder and domestic violation for this category, despite not being cited by this textbook.

A Counselor must pay attention to, each client's grief and the degree of continuing bonds with the deceased rather than emotionally withdrawing from them. Is it healthy, adaptive behavior or is it maladaptive? The counselor may gauge the degree of client's well-being by seeking to know

about any bond, for whom is the bond helpful, duration and timeframe of the attachment to the bond and specific religious and cultural rituals or contexts.

Helping clients through the process of reconstruction and formation of new meaning-making may be an important part of the bereavement process. Learning to live without a deceased loved one and adjusting life goals and dreams is difficult for 70% to 80% of bereaved individuals (Davis et al, 2000). Neimeyer (2000) cautions counselors not to initiate the meaning-making process, and instead follow the client's lead. Only after the client brings forth this topic, does the Counselor engage in it naturally, allowing the client to explore these thoughts and feelings and questions aloud. Death can challenge a person's assumptions about the world (spiritual adjustments) and one's personal identity (internal adjustments).

Resilience is an important factor to gauge while counseling the bereaved. Gauging the client's adaptation to recovery is possible by looking at risk and protective factors using the contextual framework on adaptation. (Sandler et al, 2008) Bereaved child nested within family, culture and community seem to correlate and produces resilience.

Counselors must carefully order treatment with clients experiencing trauma and grief. It is important to notice the distinctions of trauma without grief, which follow treatment protocols for trauma. Grief without trauma require treatment protocols solely for grief. Traumatic bereavement occurs when the death itself is traumatic (violent death, insecure attachment, conflicted relationship). Exploring which symptoms are most affecting the client - the circumstances of the death or the mourning reaction of the deceased - will guide where the counselor should focus

first. Trauma symptoms and grief symptoms interfere with one another, so many believe trauma symptoms are best to be treated first.