

Characteristics of the Helping Relationship

- To facilitate change in your client's life you need to be liked, trusted and respected

The Therapeutic Alliance

- A good therapist-client relationship is the best predictor of good patient outcome

A model of interpersonal influence

- 2 stage model
 1. Stage 1:
 - Therapist establishes power (influence) base through 3 relationship enhancers
 - Expertness
 - Attractiveness
 - Trustworthiness
 2. Stage 2:
 - Therapists perceived qualities enabling them to influence their client to elicit attitudinal and behavioural change

Expertness

- Also known as competence
- Refers to client's perception that the counsellor will be helpful in resolving their concerns
- Perception developed based on:
 - Apparent level of skill, relevant education, specialised training
- Formulate perceptions from:
 - Aspects of counsellor (language, attire)
 - Aspects of setting (display of degree, title)

Your office/ work room

- Largely dictated by how you work
- Therapy across a desk is not effective
- Set your environment so you and your client are comfortable

Personal presentation

- Must be appropriate for the situation
 - Casual is rarely acceptable when working with adults
 - Suit and tie is not appropriate for adolescent children

Attractiveness

- Refers to perception of the degree of similarity between client and the therapist
- Inferred by apparent friendliness, likeability and compatibility with the client
- Head start for developing rapport, but also need to demonstrate the skills
- Reputation – need referrals
 - #not physical appearances/ attractiveness

Trustworthiness

- Refers to client's perception that therapist will not mislead or injure them in any way
- Perceived by clients from things such as counsellor's role, reputation for honesty, demonstrated sincerity and openness
- Confidentiality
- Understanding
 - This is very important because people are intrinsically scared of psychologist

Client tests for trustworthiness

- Requesting information (or can you understand me or help me?)
- Telling a secret (can I take risks with you?)
- Putting oneself down (can you accept me?)
- Questioning counsellor motives (do you care?)
- Exploring the counsellor's identity (who are you? How do I relate to you?)

Personal experience

- To what extent is it necessary for the therapist to have suffered the same problems?
 - "I don't need to be a car, to fix a car"
 - Acknowledge your limitations – "I've never been to war and I don't know what it's like to kill someone but please tell me and help me to understand"
 - Up to you personally how much you disclose about your own experiences

How to sit

- Lot of debate in this
- Sit in a way that is comfortable for you but open to the client
- Some culture and children may be more comfortable sitting side-by-side

Physical contact

- Not to be encouraged, but sometimes happens
- Should always be client initiated
- Don't do anything you are not comfortable doing

Genuineness

- The ability to be oneself without being phony or playing a role
 - Supporting non-verbal behaviours
 - Congruence – bodies start synchronising
 - Eg. they take a sip, you take a sip
 - Spontaneity

Positive regard/ respect

- The ability to value the client as a person with worth and dignity
 - Commitment (to do the best you can for your client)
 - Understanding (does not mean you agree but rather accept & respect their views)
 - Non-judgemental attitude
 - Competence & care
 - Warmth

Non-judgemental attitude

- Acceptance: of what they say and believe
- Compassion: for their circumstances

Empathy vs. sympathy

- Empathy: the ability to understand from their frame of reference rather than your own
- Sympathy: agreement in feeling between persons or on the part of one person with respect to another
 - Practice empathy → does not need agreement

Transference

- Transference: the displacing of feelings and attitudes applicable toward other persons, onto the therapist

- Transference is the expression of the client's construction of interpersonal reality, shaped and determined by personal experience

Mastering transference

- Gelso & Colleagues (1999) found 5 consistent ways helpers worked with client transference:
 1. Focussing on the immediate relationship
 2. Interpreting the meaning of the transference
 3. Using question to promote insight
 4. Teaching, advising, and educating about the transference
 5. Self-disclosure

Counter-transference

- Countertransference: the therapists' emotional involvement in the therapeutic interaction

Managing counter-interference

- 5 factors
 1. Self-integration
 2. Self-insight
 3. Anxiety management
 4. Conceptualising skills
 5. Empathy
- Good formal and informal supervision, focusing on the interpersonal relationship, may help with identifying and managing countertransference