

SECTION 4: AN INTRODUCTION TO COUNSELING AND CRISIS INTERVENTION

Counseling

You are a mental health professional from the National SMID Team and you have been assigned to counsel relatives of one of the elderly gentlemen in the Zesta Valley who drowned after refusing to be evacuated.” (See description of event on page 11.)

It is now 6 weeks since Mrs. Asta lost both of her children in the tragic fire which destroyed their home. Mrs. Asta has so far been unable to return to work and her employer has referred her to you as an Employee Assistance Program Counselor for counseling. (See description of event on page 17.)

Crisis intervention

As Human Resource Manager for the Heaven Bay Luxury Resort, it is your responsibility to inform Ms. Vinnel that her services will no longer be required after the end of the month. Ms. Vinnel is 28 years old, a single parent and mother of 5 children ranging from ages 6 months to 8 years. She has been employed at the hotel for well over 10 years. (See description of event on page 12.)

Introduction to counseling

Definition

Counseling is a short-term, theory-based, non-directive, non-judgmental process. During this process, a person (*client*) who is basically psychologically healthy and facing adjustment, developmental and/or situational concerns or problems is empowered to gain awareness of him/herself and of his/her situation and to make decisions through the support and assistance offered by another person (*counselor*) through their relationship.

Peer counseling refers to the provision of such support and assistance by trained peers. It differs from professional counseling in that it is very brief, less formal and not provided by professional counselors. In this context, persons are said to be *peers* when they share a common identity or experience. The commonality may be age, gender, career, education, social orientation or any other self-defined common experience. Peer counseling helps to create a climate in which the client feels accepted, non-defensive and able to talk freely.

Overview

Counseling involves befriending, listening, helping, and empowering. In this context, there have always been counselors, i.e., people who listen to others and help them to resolve difficulties. Nonetheless, over the years counseling has become a profession in its own right.

Counseling deals with personal, social, educational, vocational and empowerment issues and it is conducted with persons who are considered to function within the “normal range”. Clients learn how to make decisions and how to formulate new ways of thinking, feeling and behaving.

Counseling focuses on development and on the prevention of serious mental health problems through education and short-term treatment. It emphasizes growth as well as remediation. Counseling differs from *psychotherapy* which focuses on serious problems associated with intrapsychic and personal issues and conflicts. Psychotherapy normally involves a long-term relationship (20-40 sessions over a period of 6-24 months) that focuses on reconstructive change.

There are many types of counseling depending on the issue to be dealt with and the desired achievements. These include supportive counseling, educational counseling, guidance counseling, career counseling, crisis counseling, grief counseling, post-traumatic counseling, management counseling, family counseling, marriage counseling, counseling in medical settings, rehabilitative and mental health counseling, etc.

Counselors also differ with respect to their theoretical orientations which refer to the model or explanation that counselors use as a guide to hypothesize about the formation of problems and their possible solutions. Most counseling approaches, other than eclecticism, fall broadly within four theoretical categories: psychodynamic, behavioral, cognitive and affective. Further elaboration on these approaches is beyond the scope of this workbook.

Indications

Anyone in a state of indecision or who is distressed in any way, whether psychologically, physically, spiritually or practically is a possible candidate for counseling. Counseling is directed towards dealing with life's problems.

Contraindications to brief counseling

- No clear problem
- No real motivation to change
- Unwillingness to participate in counseling

- Unrealistic expectations of the counseling process
- An inability to relate to other persons
- Persons who are grossly out of touch with reality
- Avoidance of emotions and feelings
- Inability to trust
- Evidence of over-dependence
- Reluctance to accept responsibility for one's actions

Note that contraindications to brief counseling may actually be indications for long-term counseling or psychotherapy.

Timing

During a counseling experience, clients explore their present levels of functioning and what needs to be done for them to achieve their personal goals, while counselors focus on the goals which their clients want to achieve. Consequently, a client is ready to benefit from counseling when they have acknowledged the need for counseling and when they are motivated to participate in a counseling relationship.

Group size

Persons may be counseled individually or in groups. The size of such groups will be limited by the needs of the group and the skills of the counselor.

Location

A counseling session can be held in any private, quiet, comfortable environment which is free from disturbances. Professional counselors tend to work in structured environments such as offices but non-professional counselors (e.g., peer counselors) may work in much less formal settings.

Providers

Level of training

Few, if any, persons have the ability to work effectively as counselors without formal education in human development, human behavior and the counseling process. The level of education needed is directly related to the level of work. There are three broad groups of counselors based on their level of training: non-professional, paraprofessional and professional counselors.

Non-professional counselors, e.g., peer counselors, are friends, colleagues, volunteers or supervisors who try to be helpful to those in need; they possess varying levels of wisdom and skill. For such persons some basic training in counseling techniques is necessary.

Paraprofessional counselors are persons who because of the nature of their professions, e.g., doctors, nurses, occupational therapists, physiotherapists, teachers, child care workers, youth counselors, probation personnel, etc., use a range of counseling techniques and have received some formal training in human-relations skills and counseling skills. They work as part of a team rather than as individuals.

Professional counselors are formally trained in counseling to varying levels. People in this group include professional counselors, psychologists, psychiatrists, social workers, mental health occupational therapists and psychiatric nurses.

Desired personal attributes of an effective counselor

No individual possesses all of the qualities of the perfect counselor. Nevertheless, because of temperament, background and experience, some persons are better suited to become counselors than others. Those individuals whose personal attributes match the demands of the profession are more likely to be personally and/or professionally satisfied with their role as counselors.

Below is a list of some of the important personal attributes of an effective counselor:

- Intellectual competence;
- Personal energy;
- Self-awareness, a positive self-image and self-confidence;
- A sense of purpose and satisfaction with life;
- An appreciation for one's strengths and one's weaknesses;
- An ability to maintain appropriate boundaries;
- An ability to communicate effectively;
- An ability to empathize;
- Non-judgmental respect for and an interest in the welfare of others;

- An awareness of and respect for the cultural differences of others;
- Flexibility;
- A sense of humor;
- Respect for confidentiality;
- An ability to be warm, genuine and honest;
- Comfort with power.

Codes of behavior for counselors

- Accept responsibility for attempting to enhance the client's well-being.
- Be committed to doing no harm to clients by avoiding activities that have a high risk of hurting clients, even if inadvertently.
- Respect the client's right to self-determination. Counselors do not have the right to interfere in the lives of their clients by making decisions for them. Instead, they are charged with helping them to think clearly and weigh the possible consequences of their actions.
- Be committed to providing equal and fair treatment to all clients based on need.
- Faithfully honor promises made to clients, being careful not to deceive or exploit them.

Behaviors considered unethical for counselors

- Violation of confidentiality
- Claiming expertise which one does not possess
- Exceeding one's level of professional competence
- Negligent practice
- Imposing one's values on a client
- Creating dependency in a client
- Sexual activity with a client
- Conflicts of interest, e.g., dual relationships
- Charging excessive fees
- Improper advertising

Goals

Counseling focuses on assisting the client to identify, talk about, explore and understand their thoughts, feelings and behaviors and to work out what action they want to take and why they have concerns or problems.

Each client is unique and the goals which are finally agreed upon between client and counselor need to be realistic and governed by the presenting concern(s) or problem(s) of the client and the limitations of the services which are available.

Procedure

Stages of the counseling process

The counseling process can be viewed simply as a three-stage process which involves initiating a counseling relationship, building and working in the relationship and terminating the relationship.

Initiating a counseling relationship involves:

- Meeting the client;
- Discussion of surface issues;
- Setting limits and guidelines, e.g., goals, meeting times, session duration, etc. for the process.

Building and working in the counseling relationship involves:

- Revelation of deeper issues;
- Ownership of feelings and possible emotional release;
- Generation of insight;
- Problem-solving and future planning;
- Action by the client.

Termination of the counseling relationship involves:

- Review and reflection;
- Disengagement from the counseling relationship by the client.

Commonly used interventions and techniques in the counseling process

Certain interventions or techniques are involved in whatever sort of counseling is undertaken. Below is a list of the most commonly used counseling interventions or techniques.

Listening. Listening is by far one of the most important counseling techniques. It is

the process of “hearing” what the other person is trying to say which calls for close and sustained attention by the counselor.

There are three aspects of speech to be noted: the *linguistic aspects* (words, phrases, figures of speech, idiosyncratic forms of speech, etc.), the *paralinguistic aspects* (amount, timing, fluency, tone, etc.) and the *non-verbal aspects* (facial expression, eye contact, gestures, body position, body movement, etc.). The skilled counselor learns to “listen” to all three aspects of speech and tries to resist the temptation to interpret what they “hear”. Impressions conveyed by the client’s speech should always be clarified with the client.

Skillful questioning and summarizing: During the counseling process, questions may be asked by the counselor for a number of reasons: to encourage conversation, to clarify, to elicit further information or to explore. *Open questions* are generally preferred in counseling to *closed questions* since they encourage longer, more expansive answers and are rather more free of value judgements and interpretations. Nonetheless, by using open questions it is easy to become intrusive and hence the timing of such questions is vital. In addition, “*why*”, “*value-laden*” and “*leading*” questions should generally be avoided.

Accurate summarizing helps both the client and the counselor to better place issues into perspective; the counselor should always seek verification of the accuracy of his/her summary from the client.

Providing information: On occasion the counselor informs or instructs the client in some way and some types of counseling are centered around providing clients with information. Nonetheless, information is best limited to concrete situations, otherwise clients may become dependent on the counselor to provide them with the information which they need, with the result that they become less resourceful.

Giving advice: A common error is to equate counseling to the giving of advice and quite often clients come to counseling seeking and even demanding advice—“Please tell me what to do.”

While counselors occasionally have to give advice, they should keep this to a minimum. A counselor’s task is not to foster the dependence of their client, but to help them to discover their own solutions to their problems and to accept the consequences of their choices.

Non-judgmental respect: This refers to the ability to unconditionally view the client with dignity and to value them as a worthwhile and positive human being. This has also been termed “*unconditional positive regard*” and it offers a baseline from which to start the counseling relationship.

Empathetic understanding: Empathetic understanding refers to the counselor’s ability to perceive accurately the feelings of the client and to communicate this understanding to them. Such empathy is developed through a willingness to listen to both what is said by the client and what is implied.

Warmth and genuineness: With respect to the counseling relationship, the warmth of a counselor refers to their approachability and their willingness to be open with the client; while genuineness refers to the counselor's spontaneity, consistency and authenticity.

Humor: Humor involves giving a funny, unsuspected response to a question or situation. This requires both sensitivity and timing on the part of the counselor and should never be used to belittle anyone. If used appropriately, it can be a very effective clinical tool for relieving tension and circumventing resistance.

Concreteness: One of the major tasks of a counselor is to help the client to identify current thoughts and feelings and to remain in the "here-and-now" mode. In this way, current issues are addressed and problem-solving techniques can be applied directly to those present day issues. The client who talks excessively about what used to be or dreams too much about the future, simply avoids the reality of the present. This is not to say that the client should never be allowed to talk about the past or the present when this is necessary.

The counselor should also be clear and explicit in their dealings with the client and help the client to express himself or herself clearly.

Reflection: Reflection refers to the technique of repeating back to the client their last few words or a paraphrase of these words in order to encourage them to elaborate. It is as though the counselor is echoing the client's thoughts and as if the echo serves as a prompt. It is important that the reflection does not turn into a question.

If used skillfully and with good timing, reflection can be an important method of helping the client to tell his/her story. On the other hand, if it is overused or used clumsily it can be counterproductive.

Use of positive feedback: Often given in the form of attention and praise, positive feedback can act as a very powerful tool in reinforcing desired behaviors.

Use of multifocused responses: Counselors responding to clients in a multifocused manner can enhance their effectiveness. It must be remembered that people receive input from their worlds differently and tuning into the client's preferred modes of perceiving and learning is crucial if change is going to occur. An example of a multifocused response is, "I can feel your anger and see your hurt but I am also hearing your concern."

Encouraging perceptual change: The perceived more than the actual nature of a given situation tends to be far more important in determining how we rate our ability to cope with a situation and hence the stressfulness of the situation. In addition, people often think that their perceptions and interpretations are accurate when they are not. Consequently, counselors often have to employ various interventions to help clients to change distorted or unrealistic thoughts, desires or goals into more accurate and realistic ones. One possible technique that may be used is the use of leads, e.g., silence, acceptance, paraphrasing, summarizing, confrontation, etc., to persuade and gently point clients in a given direction.

Confrontation: Confrontation is not an attack on a client but a challenge for that client to examine, modify or control an aspect of his/her behavior that is currently improperly used

or nonexistent. Confrontation when appropriately used can produce growth and prompt an honest examination of oneself. Nonetheless, the counselor needs to be sure that the relationship with the client is strong enough to withstand a confrontation and that the timing is right. Usually, it is more productive to confront a client's strengths than his/her weaknesses, e.g., challenging a client to make better use of resources available to them.

Self-disclosure: Counselors may strategically employ self-disclosure to facilitate client trust. Such disclosures should be brief, focused, appropriate, infrequent and not add to the client's problems. It has been found that clients are more likely to trust counselors who disclose personal information (up to a point) and are prone to make reciprocal disclosures.

Use of contracts: Contracts provide a written record of goals that the counselor and client have agreed to pursue and the course of action to be taken. If such a contract is broken down into smaller sections a client may get a clear feeling that goals can be attained and problems solved. The formal nature of a contract and its time limits may also act as motivators for clients who tend to procrastinate. In addition, a contract puts the responsibility for any change on the client and thereby has the potential to empower the client and make them more responsive to the environment and more responsible for their behaviors. Contracts should focus on change and they should not be based on externally driven goals. Escape words like "maybe", "try" and "perhaps" should be avoided in contracts.

Rehearsal: Once a contract is established, the counselor can help the client to maximize their chances of fulfilling it by getting them to rehearse or practice designated behaviors. Such rehearsal may be overt (verbalizing or acting out what they are going to do) or covert (imagining or reflecting on the desired goal). A client may need counselor coaching during the rehearsal period which may involve providing temporary aids to help the client to remember what to do next or it may simply involve feedback about the client's performance.

Homework assignments: Counselors may assign homework to help clients to practice the skills learned in the counseling sessions and generalize such skills to relevant areas of their lives. Homework helps to keep clients focused on relevant behavior between sessions, to see clearly what kind of progress they are making, to become motivated to change behaviors, to evaluate and modify their activities and to take greater responsibility for the control of themselves. For homework to be effective, it needs to be relevant to the client's situation and specifically linked to some measurable behavior change.

Questions to consider prior to engaging in a counseling relationship

1. Am I the appropriate person to counsel this client?
2. Do I have the time to do it?
3. Do I have the client's permission to counsel them?
4. Where will the counseling take place?
5. What time frame am I going to be working in?

"Don'ts" in the counseling relationship

1. Don't tell the client what happened to him/her, let them tell you.
2. Don't ask "why", "value-laden" or "leading" questions.
3. Don't use "shoulds" and "oughts".
4. Don't blame, criticize or embarrass clients.
5. Don't automatically compare the client's experience with your own.
6. Don't become overly analytical.
7. Don't trivialize or invalidate the client's feelings or concerns.
8. Don't offer the client explanations for their thinking, feelings or behaviors, allow them to do that themselves.
9. Don't reduce counseling to giving advice.
10. Don't become impatient and/or appear rushed.
11. Don't become over-involved to the point that you feel overwhelmed.
12. Don't continue in a counseling relationship if you feel threatened by it or inappropriately attached to the client.
13. Don't breach the client's confidence.
14. Don't misrepresent your capabilities to the client.

Confidentiality

Confidentiality is not only central to developing a trusting and productive client-counselor relationship but it is also an ethical and legal issue.

Nonetheless, there are times when confidential information must be divulged to a third party. Below are some of the circumstances that dictate when information *must be* divulged by counselors:

1. When clients pose a danger to themselves or others;
2. When the counselor believes that a client under the age of 16 years is a victim of incest, rape, other abuse or some other crime;
3. When ordered by the court to do so;
4. When a client requests that their records be released to themselves or to a third party.

Transference and countertransference

The counselor-client relationship will greatly influence the outcome of the counseling process. Counseling can be an intensely emotional experience but usually the counselor and the client can work through the transference and countertransference phenomena that result from the thoughts and emotions that they think, feel and express to each other.

Transference is the client's projection of past or present feelings, attitudes or desires onto the counselor. A client reacts to the image of the counselor in terms of the client's personal background and current life circumstances. The way the counselor dresses, sits, speaks or gestures may trigger a reaction from the client. Transference may be positive or negative, direct or indirect. The counselor may initially enjoy transference phenomena that hold him or her in a positive light but such enjoyment may soon wear thin. Some therapists contend that both negative and positive transference are forms of resistance and that as long as the client keeps the attention of the counselor on transference issues, little progress is made in achieving goals. Transference issues nonetheless need to be worked through if the counseling experience is going to be productive for the client.

Countertransference refers to the counselor's projected emotional reaction to or behavior toward the client that may interfere with objectivity. This tends to occur when the counselor's own needs or unresolved personal conflicts become entangled in the therapeutic relationship. Once again, countertransference may be negative or positive, direct or indirect and if left unresolved it can be detrimental to the counseling process.

Being honest about one's limitations

Counselors cannot realistically expect to succeed with every client. Be honest enough with yourself and with your client to admit that you cannot work successfully with everyone. Clients' responses overwhelmingly confirm the value of honesty as opposed to an attempt to fake competence.

Burnout

The process of counseling and coping with others can take its toll on the counselor who may become overwhelmed, depressed, uninterested and irritable when they attempt to function in such a capacity.

Gerad Corey (1996) suggests a number of possible causes of burnout:

- Monotonous work, especially if it is meaningless;
- Investing a great deal of personal energy with little positive feedback;
- Lack of job satisfaction and very little opportunity for self-development and further training;

- Very demanding job, especially if one has very little say over how the job is performed and if the demands are not realistic;
- Working with a difficult population, e.g., poorly motivated clients;
- Unsupportive work colleagues and poor staff-relations;
- Unresolved personal conflicts beyond the job situation.

Below are some techniques that may be used to prevent burnout:

- Become aware of the possible impact of stress on the various aspects of your life;
- Maintain good physical and mental health;
- Cultivate a positive work attitude;
- Vary your work as much as possible and think of ways to bring variety into it;
- Initiate your own projects without relying on others to approve of them;
- Do not over-extend yourself or become over-involved—make sure that your goals are realistic, know your limitations and work within them;
- Become part of an effective support group;
- Nurture healthy friendships and relationships with others;
- Develop a range of interests and hobbies away from your work;
- Consider your education and training needs and attend to them;
- Maintain healthy boundaries with your clients;
- Be assertive and learn how to work for self-rewards and self-satisfaction but seek positive and reliable feedback on your performance from others when appropriate;
- Seek counseling as a means of your own personal development.

Introduction to crisis intervention

Definition

A *crisis* is defined as a temporary state of emotional turmoil and disorganization which follows a crisis event. It is characterized by lowered individual or group ability to cope and there is an elevated potential for positive or negative outcomes. In other words, crises are self-limiting but whether the eventual outcome is positive or negative depends heavily on how they are managed.

Crisis intervention as defined by Mitchell and Resnick (1981) is the immediate and temporary, but active entry into another person or group's situation during a period of stress. This is a form of counseling.

Overview

A crisis event is different from a problem or an emergency. While a *problem* may be stressful and difficult to solve, it can be solved with one's customary problem-solving resources. An *emergency* is a sudden, pressing situation which requires immediate attention, e.g., when someone's life is in danger because of an accident, a suicide attempt or an act of violence. A *crisis* on the other hand, constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources.

With respect to most people, their mere exposure to a crisis event is not sufficient to produce a state of emotional turmoil. Whether it does or does not, depends on how the situation is appraised and how those affected rate their ability to deal with the event.

The three basic elements of a crisis, i.e., the occurrence of a stressful event, those affected by the event having difficulty in coping with it, and the timing of the intervention, interact to make each crisis unique. Crisis events tend to result in a number of psychological dysfunctions: disorganized thought, preoccupation with insignificant detail, aggression, emotional distancing, passivity, impulsiveness, lowered self-esteem and dependence.

Phases of a crisis

The following are phases of a crisis in the absence of any intervention:

- Phase 1 :** *Precipitating Event* - An unusual, unanticipated, stressful or traumatic precipitating event occurs which is perceived as threatening and overwhelming.
- Phase 2 :** *Disorganized Response* - Those affected begin to show signs of distress and become more and more disorganized as behaviors, skills and/or resources used in the past fail to resolve the crisis.
- Phase 3 :** *"Blow-up" Phase* - Those involved lose control of their thoughts, feelings and behaviors and can exhibit very inappropriate and destructive behaviors.
- Phase 4 :** *Stabilization Phase* - The affected individual(s) begins to calm down as they draw on alternative resources. The individual remains very vulnerable at this time and may "blow up" again if she/he feels threatened in any way.
- Phase 5 :** *Adaptation Phase* - The individual finally calms down and regains full control over her/his actions.

Indications

Anyone in a state of crisis is a possible candidate for crisis intervention.

Contraindications

Persons with overwhelming suicidal or homicidal ideation or poor pre-morbid functioning are not candidates for brief mental health interventions during times of crisis.

Timing

Once a crisis situation exists then the time is right for intervention but the nature and circumstances of the crisis will dictate the type of intervention. Early intervention is always preferable.

Group Size

Crisis intervention may be undertaken with individuals or with groups depending on the circumstances. The size of such groups will be limited by the needs of the group and the skills of the counselor.

Location

While a private, quiet, comfortable environment is to be preferred, where the intervention takes place is more often determined by the nature of the crisis.

Providers

Crisis intervention services may be provided by professionals or by trained non-professionals since persons in crisis tend to be receptive to even minimal help during such periods of turmoil.

Goals

The overall emphasis during crisis intervention is on acknowledging the crisis, reducing stimulation, stabilizing the situation, mobilizing available resources, preventing harmful reactions and restoring those affected to maximal functioning in the fastest possible period of time.

Format for assisting

Recovery from a crisis event depends heavily on the severity of the event, the personal resources of those exposed to the event and the availability of support from significant others. A crisis situation is considered resolved when emotional equilibrium has been restored and when those involved once again feel in control.

The length of crisis intervention varies from one or two sessions to several interventions over a period of one to two months. The techniques which may be employed to bring about resolution of a crisis situation include reassurance, suggestion, environmental manipulation and occasionally psychotropic medications. Occasionally, brief hospitalization may be necessary.

How can you go about assisting someone who is in a crisis situation if you are dealing with the situation for the first time?

1. Establish contact with the person by introducing yourself and offering to assist them;
2. If at all possible remove the person from the stressful situation;
3. Limit their exposure to sights, sounds and smells;
4. Protect them from by-standers and the media;
5. Provide the person with adequate food and fluids but avoid foods which contain alcohol, caffeine or those rich in salt, sugar or fat;
6. If at any time you have to leave the distressed person, have someone else stay with her or him;
7. Inquire from the person what happened, how they are doing and allow them to talk about their experiences, concerns and feelings;
8. Explore with the client what the crisis means to them and why they think it happened. Assess their strengths and their needs;
9. Reassure the person that their reaction is a normal one and that most people recover from stress reactions;
10. Discuss possible solutions to the existing problem(s) and encourage the use of effective coping skills;
11. Assist the person to make decisions if necessary;
12. Restore the person to independent functioning and make provision for him/her to be followed up or assist him/her in obtaining acute care;
13. Terminate the intervention.

In more protracted crisis interventions, the principles of the intervention remain the same:

- (a) To establish rapport with the person in crisis;
- (b) To explore in detail the events that led up to the crisis and the significance of the crisis;
- (c) To identify the maladaptive responses which the crisis triggered;
- (d) To come up with and examine more adaptive alternative responses;
- (e) To decide on a plan of action which resolves the crisis and restores the affected person to independent functioning;
- (f) To review what happened so as to facilitate learning and growth;
- (g) Termination of the intervention.

Cautions

Below are some "don'ts" to bear in mind when dealing with persons in crisis:

- (1) Don't probe a person in crisis to the point where she or he feels under attack;
- (2) Don't criticize or embarrass persons in crisis;
- (3) Don't "preach" to such persons;
- (4) Don't become overly analytical;
- (5) Never question beyond the point where "closure" can be attained;
- (6) Don't become impatient and/or appear rushed;
- (7) Don't draw unnecessary attention to the person in crisis;
- (8) Don't say the opposite of what you mean;
- (9) Don't trivialize threats of suicide or homicide;
- (10) Don't become over-involved to the point where you feel overwhelmed.

End of Section Quiz

Please circle the correct answer.

- | | | | |
|-----|---|---|---|
| 1. | Peers can most effectively eradicate the myth of unique vulnerability. | T | F |
| 2. | The mere exposure to a crisis event is sufficient to produce a state of turmoil in all persons. | T | F |
| 3. | At the scene of a traumatic event aimless wandering may be a sign of distress. | T | F |
| 4. | Peer counselors are professional counselors. | T | F |
| 5. | Deliberately creating dependency in a client is unethical counselor behavior. | T | F |
| 6. | Transference is the client's projection of past or present feelings, attitudes or desires onto the counselor. | T | F |
| 7. | Peer counselors need to be warm and caring. | T | F |
| 8. | The ability to listen is an important counseling skill. | T | F |
| 9. | Crises are self-limiting. | T | F |
| 10. | Counseling is equivalent to giving advice. | T | F |

Note: Answers to questions are on page 128.

