# COUNSELLOR SKILL ASSESSMENT PRACTICAL COMPONENT



All case studies in this text are presented as examples only and any comparison which might be made with persons either living or dead is purely coincidental.

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# Contents

Instructions	5
Appendix A (Assessment Criteria)	9
Appendix B (Case Studies)	11
Case Study 1: Tom	12
Case Study 2: John	13
Case Study 3: Jared and the Benton Family	14
Case Study 4: Pamela	15
Case Study 5: Mick	16
Case Study 6: Steve and Mary	17
Case Study 7: David	18
Case Study 8: Rachel	19
Case Study 9: Ben	20
Case Study 10: The Walker Family	21



# **INSTRUCTIONS**

### Instructions

This is the instruction booklet for the practical component of the exam. Please be sure to read through the step-by-step instructions thoroughly before beginning your recording.

1. For this practical component you require access to a video/DVD recorder.

#### **NB: AN AUDIO TAPE IS NOT ACCEPTABLE**

- 2. This assessment requires you to perform a series of <u>six</u> role plays. For these role plays you will need at least one volunteer (friend or family member) to play the role of "client". Note that if you have selected couple therapy or family therapy, you will need two or more volunteers respectively.
- 3. You will require access to your marked written component exam as a reference for this assessment.
- 4. Refer to *Section 4*, *Applying Counselling Approaches* of your written exam. You will be using the same counselling approaches and case studies that you used in this section for your role plays.
- 5. You are required to role play a counselling session with the case study client (played by your volunteer) using each of your selected approaches.
  - <u>Please note</u>: The case studies have been reproduced in the back of this booklet (Appendix B).
- 6. Each role play should be approximately 5-10 minutes in duration. Your entire video should therefore be no longer than 1 hour in duration.
- 7. For each role play you are required to demonstrate:
  - The style of communication and rapport building appropriate to the approach
  - The key techniques and processes of the approach

<u>For example</u>: If you are completing a role play using the solution focused approach, you would be expected to build rapport through positive language and acknowledgement of strengths. You would maintain a focus on the present, consider what's currently working for the client and look for possible solutions for the future. You would also be expected to demonstrate key techniques (such as The Miracle Question, scaling questions and exception questions).

See Appendix A for a copy of the assessment criteria sheet which assessors will use to assess your role plays.

8. Follow the process below for completing each role play:

Step 1: Familiarise yourself with the approach and the case study scenario
Read back over each of the case studies you submitted for the written component of this
exam. Become familiar with each approach and how they are applied to the case studies.

### Step 2: Explain the case scenario to your volunteer(s)

Explain to your volunteer(s) that they will be assuming the role of client. Read through the relevant case study with your volunteer(s) so that they understand the character(s) they are to play.

### Step 3: Practise the role play

You may find it useful to practise the role play with your client prior to filming, to determine that you are demonstrating the skills required for assessment as well as completing the role play within the appropriate time.

### Step 4: Record the role play

Start your role play by stating which approach you are using and which case study client(s) you are counselling. Record the role play from start to end, without stopping. Be sure you have demonstrated all the skills required within the appropriate timeframe.

### Step 5: Check the video /DVD

Play back the video /DVD to make sure you have successfully recorded the role play, and believe all skills are adequately demonstrated.

Complete the above five steps for each of the six approaches.

### Ensure that your final recording does not exceed 1 hour in total length.

## Step 6: Please forward your video /DVD together with completed forms, to: Australian Institute of Professional Counsellors

Education Department Locked Bag 15

FORTITUDE VALLEY QLD 4006

<u>Note</u>: Please ensure that your role plays are conducted in a professional manner. Note that whilst we expect your session to be professional, we do not expect it to be perfect. Stopping and starting during the taping or reading from a script is not permitted. Of course, stopping the recording between <u>each</u> role play is acceptable and expected. Good luck!

# APPENDIX A ASSESSMENT CRITERIA

### **ASSESSMENT CRITERIA**

You will be assessed on the following assessment criteria for each role play:

When facilitating the counselling session the counsellor demonstrated:	Yes	No
<ul> <li>A communication style appropriate to the counselling approach being demonstrated</li> </ul>		
<ul> <li>A process of rapport building appropriate to the counselling approach being demonstrated</li> </ul>		
<ul> <li>The key techniques and processes appropriate to the counselling approach being demonstrated</li> </ul>		
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Result:(Competent (	OR Not Yet	Competen

Assessor Signature:

# APPENDIX B CASE STUDIES

## CASE STUDY 1 – TOM

Tom's father (Des) died from a heart attack five months ago. Tom is 25 years old and has been estranged from his father for over five years.

His father's death has had an unexpected impact on Tom, who finds himself exhibiting very intimidating and aggressive behaviour toward his colleagues and friends. Tom had always been very sensitive and introverted so this is significantly out of character for him. He has assumed that this behaviour is in some way connected to his father's death but is not sure how to stop it.

Tom has not shed a tear over his father's death and is mostly concerned for his mother and her grief. Tom's father was a very intimidating man who ruled the house through a fear campaign. Despite this, Tom's mother stayed by his side til the end.

Although Tom has not spoken with his father for over five years he has had moderate contact with his mother. Tom is by nature an emotionally withdrawn man, who has difficulty expressing his emotions - a consequence he has surmised from a childhood of not letting his father see that he's hurt him or give him the satisfaction of seeing him cry.

## **CASE STUDY 2 – JOHN**

John was devastated when he arrived at the hospital and was told it was too late to see his wife, Gayle. None of the resuscitation attempts had worked. John felt it was all his fault; he could have prevented this if only he had spent more time at home with his family rather than working all of the time; he could have noticed warning signs earlier and taken her to the doctor. He had worked so hard to give Gayle and Ryan (their only child) the lifestyles they deserved. Now he was left with no wife and a son he hardly knows. He feels extremely isolated and doesn't know what to say to Ryan as he doesn't want to make the situation worse. The last thing John wants is for his son to see him vulnerable.

John went to church occasionally when Gayle had managed to convince him. He felt that his wife being taken away was a higher power trying to teach him a lesson about life.

John does not have many friends outside of his work place and even those are more like associates. Gayle was his best friend.

# CASE STUDY 3 – JARED AND THE BENTON FAMILY

Jared Benton is a 15 year old boy who has reluctantly agreed with his parents' request to come to counselling because of his aggressive behaviour at home and at school. Jared's dad, Andrew, and stepmother, Melissa, are worried because his recent conduct at school has led to him being permanently excluded. Jared now goes out during the day and argues with his dad and stepmother if they ask where he is going. He returns in the evening and spends time on his computer. If he is disturbed, he becomes very hostile and swears and shouts at Andrew and Melissa. Andrew feels that Jared has no respect for Melissa at all and is aware that Jared is less aggressive when he is home, although Jared still has frequent outbursts.

Melissa feels she has no control over Jared and is worried about being at home alone with him as when he gets mad at her, he has started to lash out and throw things. Jared concludes that some of the aggression builds because his stepmother is constantly nagging at him to get off the computer and this puts him off his game.

The situation escalated at home a couple of weeks ago when Jared became so frustrated by his Stepmother affecting his concentration on his computer game that he threw the console and broke it, amongst other things in his room. Jared was upset by this afterwards as he felt he had no control over his aggression and frustration and has broken valuable belongings that he saved for by working part time with his dad over the school holidays.

Jared does not want to go back to school as he gets too annoyed at the teachers telling him what to do all the time.

Andrew and Melissa mention that he was never an aggressive child and only started being so hostile a few years ago. They are extremely concerned about Jared's future.

### CASE STUDY 4 – PAMELA

Pamela is very proud of her career. She explains how she has worked harder than those around her in her male dominated industry to get where she is today. She has had to sacrifice a lot over the years but Pamela is adamant that those sacrifices were worth it – and so are the long working hours.

She looks around at what her female friends have though and sometimes is a little jealous that they have settled down and had families.

Pamela is single and very independent. She describes herself as a perfectionist and she is aware that she agonizes over being "good enough" at work. Her social life was one of her sacrifices. She only has a few close friends left; she doesn't feel as though she can associate with most people.

She has come to counselling because her parents and friends have noticed that over a period of months, she has lost a lot of weight and Pamela says they have described her as looking "ill".

Pamela knows she has always been fastidious about her diet but admits that this has become an obsession and food is starting to become abhorrent to her. She has been existing on one small meal at lunch time, so her co workers do not suspect that she is severely limiting her food intake. Recently though, she has only been eating an apple at lunch time. She says she keeps going by drinking coffee; this gives her the energy to tackle the latest project.

She has noticed a decline in the quality of her work because she is becoming disorganized. Her restrictive eating patterns are impinging on her job and she is concerned that she cannot face eating enough to allow her to keep the most important thing in her life; her career.

## **CASE STUDY 5 – MICK**

Mick is a 65 year old retired farmer. He sold his farm just over a year ago and moved with his wife, Barbara, closer to the city where their son and daughter-in-law live. He decided to sell up after Barbara said they were getting too old to run a working farm. They are about a 40 minute drive from where their son, daughter-in-law and their 2 children, a boy aged 12 and a girl aged 5, live. Mick and Barbara have not seen much of them as the journey from the farm took over 6 hours.

Mick has had mild bouts of depression before but this time it has overwhelmed him. Since the house move, Mick's activity levels have dropped enormously. Without the farm, it is hard for Mick to find things to keep him active and entertained; his whole life, his identity, was built around the farm. He spends most of his day sat in front of the television and goes for the occasional walk to the corner shop to buy a newspaper. His sedentary lifestyle is worrying Barbara, who says it is like he has just "stopped". He has gone from doing extreme labour to being lost about what to do with himself. Barbara keeps herself busy by doing

housework, going for walks, visiting the grandchildren and she's started going to a yoga class nearby twice a

week.

Mick says he is feeling more isolated than he did on the farm. With the depression taking over, Mick doesn't want the grandchildren to remember their grandad as being miserable and worthless so he avoids seeing them as much as possible. This has created tension between Mick and his daughter-in-law, who thinks he's just being aloof.

Mick would desperately like to be involved in his family's lives and also to feel less isolated in his marriage.

### CASE STUDY 6 – STEVE AND MARY

Steve and Mary fell in love and married. They often spoke of having children but first wanted to ensure they were financially secure so that Mary could take time off to be with the children and vice versa if Steve wanted to apply for paternal leave.

In the meantime they bought a lovely home and furnished it, and went on several holidays together. Both Steve and Mary had fantastic careers. They seemed to be climbing the corporate ladder and friends would comment on their playful but competitive natures. Life was close to perfect.

Talk in their marriage returned to children. Steve and Mary wanted children, but Mary didn't want to take a break from her career. Steve was concerned about maintaining the high mortgage repayments on one wage.

Through discussions Mary felt that Steve wanted her to somehow have a child but still retain her wage. Mary felt that Steve could take a part-time second job to support her while she had his child.

Over a period of time they stopped talking, concentrating on their careers and leading separate lives. They took up different hobbies, Mary played tennis and Steve played squash. Mary went to the movies with the girls and Steve went to the pub with the boys. Eventually, they moved into separate bedrooms. They have become disengaged.

It is Mary who makes the initial call to the counsellor. She feels a nagging sense of discontent about her life and her relationship with Steve. She is hoping counselling will help resolve this.

### CASE STUDY 7 – DAVID

David Li is a 32 year-old-male who emigrated with his family from Shanghai, China to Australia when he was five years of age. Growing up, his parents ensured a traditional Chinese upbringing and David now maintains strong cultural links and wishes to bring his children up this way also.

He is now married with three young children and is attending counselling for his issues with prescribed medication. David is a qualified doctor working in a very busy suburban hospital. Recently, another doctor caught him stealing medication from the hospital he works at and the hospital have agreed to let him stay on if he gets some help and takes six months unpaid leave to do so.

His addiction started when he was approximately 24 years of age and started working as an intern. He was struggling under the pressure of working as an intern, being newly married with a young child as well as the pressure he felt from his extended family to help financially support his family. He started taking anti-anxiety medication and medication to keep him awake to work the long shifts at the hospital. Through the years, he started needing more and more medication and although he thought he had it under control, he was not able to function without the medication every day.

His family are unaware of the situation and he does not want them to know for fear of shaming the family. He does not know how he is going to face them if they find out. He is also very concerned about his finances as he is not being paid at the moment and not only has to support his wife and three children but also his parents, uncle and aunty and cousins that live with him.

### **CASE STUDY 8 – RACHEL**

Rachel is a 14 year old girl who has recently been caught shoplifting. She was reported to her school by a shopkeeper who recognised her uniform and had caught her stealing clothes. The police were also informed and gave Rachel a caution at the police station. Her father and step-mother were appalled, having caught her previously with other pupils' property in her school bag earlier in the year. She was banned from going out with her friends and was given extra chores. After promising she would never steal again, she was allowed to see her friends again and the chores went back to normal.

The first time Rachel had been caught stealing was when she had just turned twelve; just over two years ago. She has been caught on seven occasions since then, including her most recent incident. Her step-mother suspects she has stolen on more occasions than this and doesn't believe that the first time she was caught was the first time she'd stolen.

This is the first time that Rachel has stolen from a shop though; this information is agreed upon by both Rachel and her parents. All parties agree that this is the most serious incident so far. Rachel says that she knows stealing is wrong and her parents have tried drumming this into her. Having the police involved in the most recent episode of stealing made her realise that she could get into trouble with people other than her parents and teachers, but "the police were softer" on her than her parents and teachers ever had been.

### **CASE STUDY 9 – BEN**

Ben is 27 years old and lives with his partner (Trisha) in the inner city. Both Ben and Trisha are career driven and hard working. Ben works as an architect for a small but busy firm. By nature an introspective and quiet man, Ben has noticed over the last few months that he is experiencing mild anxiety related symptoms: sweating palms and a quickened heart-rate. These symptoms happen quite often at work, but for no reason that is obvious or apparent to Ben. Trisha has noticed that Ben has become less interested in going out and socialising, preferring instead to stay in and work on his computer or research the stock market.

Ben has a close relationship with his younger brother Charlie, although they are fiercely competitive. Over the last few years Charlie's life has bloomed. He received a much wanted promotion and pay rise at work, he got married and his wife is now expecting their first child. Ben has never wished to have Charlie's life, but lately he is staring to feel resentful and irritated by Charlie's seeming good-fortune. This too has worried Ben who feels he is growing "bitter" in a number of areas of his life.

Ben was overlooked for a promotion six months ago and now wonders if architecture is really his thing. He would also love to propose to Trisha, but knows that Trisha has no interest in marriage or having a family.

Being reflective by nature, Ben wonders whether counselling might assist him in managing his feelings of anxiousness and the building resentment he feels towards others' good fortune.

## **CASE STUDY 10 – THE WALKER FAMILY**

The Walker family consists of Mum (Sheila), Dad (Bryan) and their two teenage sons Matthew and Shane (16 and 14, respectively). Sheila and Bryan have always had their concerns about the behaviour of Matthew, who has been a very sullen teenager and has a history of drug-taking. Sheila blames Bryan, who also had a history of drug-taking, for not taking a harsh enough stance with Matthew; Bryan would talk about the 'good old days' with his mates - they would go out and try various 'highs'.

Bryan has no influence over Matthew as he gets called a 'hypocrite' whenever he tries to talk to Matthew about the dangers of drugs. Sheila cannot be calm enough to talk rationally to Matthew, she just screams and shouts at him. The situation is becoming increasingly intolerable and the family have persuaded Matthew to attend counselling. Their recent discovery that Matthew has cajoled his younger brother, Shane, into trying amphetamines has put the family into crisis. Shelia and Bryan are keen for Matthew to attend counselling as soon as possible.