



COUNSELLING

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COUNSELLOR

- ☐ Being a protector
- ☐ Best interest at heart for client
- ☐ Act as a reminder to deen
- ☐ A peer/friend, as opposed to an authority
- ☐ Help client to work on themselves
- ☐ Relay on behavioural theories / know how humans respond in relationships
- ☐ Empower individuals
- ☐ Allow them to become independent from the counsellor

THE THERAPY PROCESS

- ☐ Content of the problem (what is the problem)
- ☐ Process accommodating behavioural change
- ☐ How you will allow one to engage in the process
- ☐ Ask clients to increase self-awareness (triggers)
- ☐ What is causing one to get upset; think about the reasons
- ☐ Facilitate the change in behaviour, by speaking about the Muslim identity
- ☐ Application of religion / address sins and do not ignore them
- ☐ Knowing the weaknesses of oneself and combating them
- ☐ Seeking knowledge to get closer to Allah (swa)
- ☐ Sins and arrogance act as a hindrance to one's own development

THE PROCESS

- ☐ Carry out an initial assessment
- ☐ Gain background knowledge
- ☐ Learn the facts of the situation
- ☐ Explain the limitation of confidentiality
- ☐ Develop a report on the client
- ☐ Brief them about your process
- ☐ Feelings communicated by the client should be linked to thoughts

INTAKE

- ☐ Marital status
- ☐ Medical background
- ☐ Alcohol / drug use
- ☐ Appetite (lack of eating or overeating due to issues)
- ☐ Social history (broken family; sibling rivalry)
- ☐ Social history (is there social support)
- ☐ Mental health issues can be genetic or environmental
- ☐ Make it comfortable; build a relationship
- ☐ Religious dynamics
- ☐ Feedback at the end / explain what you understood of the assessment
- ☐ Leave them with something positive that applies to their situation from the Qur'an/Hadith

SHOW UNDERSTANDING

- ☐ Show them you have understood them
- ☐ Inform them of your process
- ☐ Let them know of your plan to create positivity and reassurance
- ☐ Being attentive
- ☐ Don't take too much notes and look distracted
- ☐ Involve the family
- ☐ Have an understanding of the deen and make it known this will be focal point of your process
- ☐ Ask open ended questions
- ☐ Don't be too authoritative and be more suggestive
- ☐ Avoid confrontational; use confrontation as a tool when you need to, but don't fall into arguments with the client
- ☐ Use wisdom

ETHICS

- ☐ Be humble
- ☐ Refer to the scholars and ulema
- ☐ Don't be afraid to say you don't know
- ☐ Counselling while maintaining hijab and allow them presence of a mahram or accept a phone session
- ☐ Leaving the door open and ensuring others are in the same environment

THEORY OF POSITIVE MENTAL HEALTH

- ☐ Aspiration towards spiritual nourishment
- ☐ Feeling safe in entering paradise
- ☐ Love for Allah (swa) and the prophet
- ☐ Using the prophet, as an example and learning behaviour from him
- ☐ Learning from the ideal, by learning the life of the prophet (pbuh's) life
- ☐ Fitrah is inclination to do good and worship Allah (swa)
- ☐ Strive to get closer to what is natural and build a connection to Allah (swa)
- ☐ Nafs / desire
- ☐ Shaytaan
- ☐ Family / difficulties
- ☐ Applying the Qur'an and lifestyle of the prophet

BELIEF & LIFESTYLE

- ☐ Changing - if belief in Islam is there, but lifestyle does not accompany it
- ☐ Nafs (desire) disallows change
- ☐ Shaytaan influences are stronger
- ☐ Lack of knowledge
- ☐ Lack of application of Qur'an and Sunnah
- ☐ Unaware of the types of soul

WHAT IS ILLNESS (PSYCHOPATHOLOGY)

- ☐ Distance from God
- ☐ Distance from Qur'an & Sunnah is a sickness in itself
- ☐ Spiritual sickness
- ☐ Poor manners
- ☐ Work on nafs, as it prevents spiritual sickness
- ☐ Poor development; due to schemas (incorrect thoughts)
- ☐ Positive labelling and reinforcement of religion
- ☐ All are sick, those who believe they are healthy and are sure to enter paradise have displayed arrogance, as it is due to mercy of Allah (swa) one will enter Jannah
- ☐ So we all are sick; it's just some are more sick than others
- ☐ We fluctuate between sickness and health, just as our iman
- ☐ Should always be on our toes and never feel comfortable

SOCIETY

- ☐ Being connected to family and extended family
- ☐ Have support, which is positive support
- ☐ Positive company / good friends
- ☐ Think of others and the wider community
- ☐ Connect with your community
- ☐ Accept authority that is righteous
- ☐ Taking advice of those who know

HUMILITY AND SUPPRESSION OF EGO

- ☐ Closer to Allah in sajood (prostration)
- ☐ Elevation is when one put's him/herself low
- ☐ Getting rid of ego
- ☐ Lack of attachment to world

THE PROPHET (PBUH) WAS A MASTER PSYCHOLOGIST

- ☐ Giving people different advices
- ☐ Giving people different duas
- ☐ Looking at the life of the prophet (pbuh) for behavioural change
- ☐ Taking the prophet as a model
- ☐ Adkar has worked in helping seizers

ASSESSMENTS FOR MUSLIMS

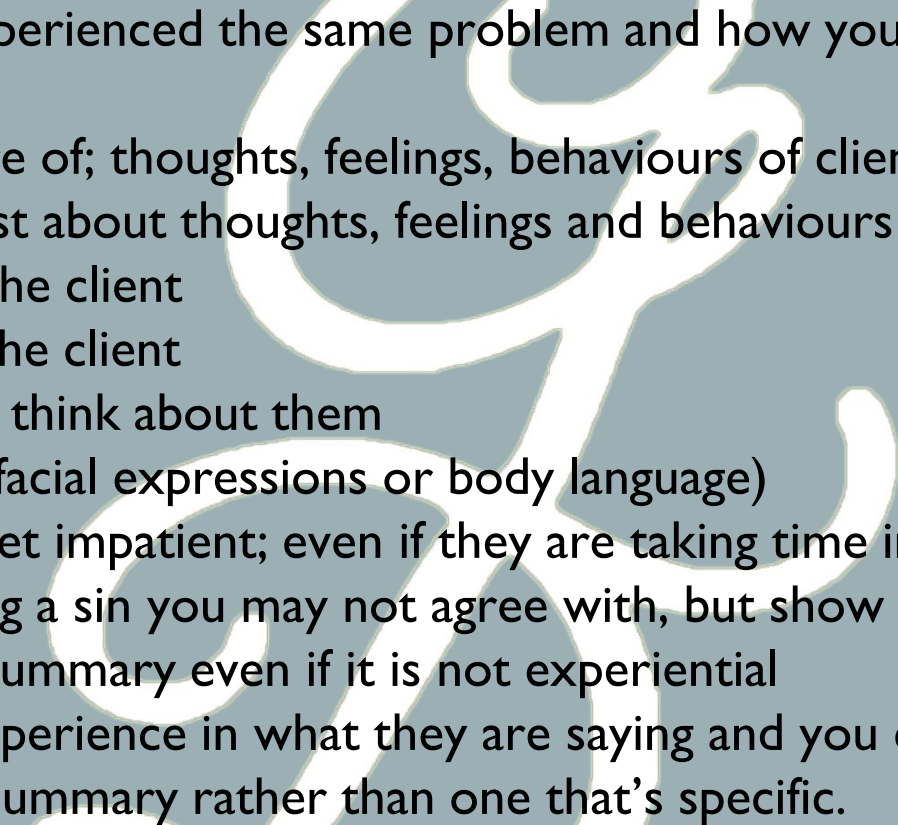
- ☐ Being able to provide clients with assessments designed for their religion and cultural needs
- ☐ Clients often are frustrated in sessions and can go off a tangent
- ☐ Provide structure to the session
- ☐ Keep them on track
- ☐ Ask them to list their problems and rate it from a scale of 1 to 10
- ☐ Deal with the problem at highest priority

RESISTANCE

- ☐ Not accepting responsibility
- ☐ Unaware of feelings
- ☐ Inauthentic in the way client deals with themselves
- ☐ Potential of making a choice to act or not to act
- ☐ Nothing is automatic; must seek change
- ☐ Choosing alternatives; one has a large role in shaping their circumstances
- ☐ People must accept responsibility for directing their own lives
- ☐ A person can feel anxious when demands are seen beyond one's capacity
- ☐ Need Islamic coping mechanisms
- ☐ Help client to become tolerant towards the unavoidable
- ☐ Don't allow too much complaining and provide suggestions to change rather than allowing clients to use session to complain

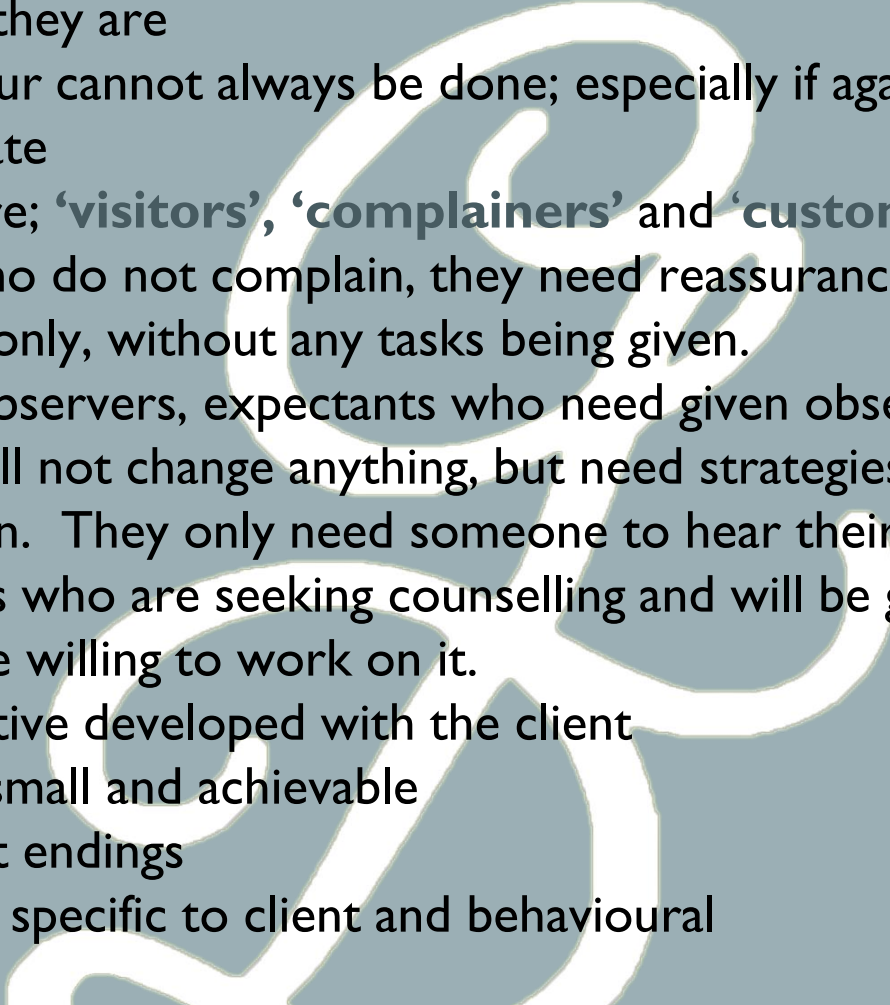
CLIENT CENTRED

- ☐ Listen to client fully, before making mind up
- ☐ Active listening; ensure you listen to everything
- ☐ Less talking from counsellor and more listening skills
- ☐ Do not categorise people
- ☐ Provide empathy
- ☐ Creating a platform for addressing the problem
- ☐ Not responsible for solving the problem that's the client's responsibility
- ☐ Understand from an emphatic way; relating to the client; allows them to open more
- ☐ Offer reflections

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- ☐ Do not say you have experienced the same problem and how you dealt with it; don't make it about yourself.
 - ☐ Sessions should be aware of; thoughts, feelings, behaviours of client
 - ☐ Be real; authentic; honest about thoughts, feelings and behaviours
 - ☐ Direct yourself fully to the client
 - ☐ Positive thought about the client
 - ☐ Regard; show client you think about them
 - ☐ Non –judgmental (with facial expressions or body language)
 - ☐ Active listening; don't get impatient; even if they are taking time in explaining a problem
 - ☐ If someone is committing a sin you may not agree with, but show understanding
 - ☐ Give the clients back a summary even if it is not experiential
 - ☐ If you do not feel the experience in what they are saying and you cannot initially read into the issue fully then give a general summary rather than one that's specific.

CHANGE SOLUTION

- ☐ Change is constant and inevitable
- ☐ Clients experts in defining goals
- ☐ What is the problem now and the solution for it
- ☐ Focus on solution and not the problem
- ☐ Not focused on past
- ☐ What is possible and how is it changeable
- ☐ Habits client has are not working, so working on new habits
- ☐ Many will take shorter time to change something others may need more time
- ☐ People resort to counselling, because they have tired every solution or strategies, but they've failed
- ☐ They are in counselling, because they need new workable solutions
- ☐ The client/s need to change the system and how they approach the problem

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- ☐ Clients may not know who they are
 - ☐ Validating the client behaviour cannot always be done; especially if against shariah
 - ☐ Empathise rather than validate
 - ☐ The three types of clients are; **‘visitors’**, **‘complainers’** and **‘customers’**
 - ☐ **Visitors** – are the clients, who do not complain, they need reassurance only and don’t need to change and really need to vent out only, without any tasks being given.
 - ☐ **Complainers** – are distant observers, expectants who need given observational tasks, which help them think differently, but they will not change anything, but need strategies to think a little different without any tasks being given. They only need someone to hear their problems.
 - ☐ **Customers** – real customers who are seeking counselling and will be given tasks to do, as they want to bring about a change and are willing to work on it.
 - ☐ Goals need to be collaborative developed with the client
 - ☐ Goals need to be realistic, small and achievable
 - ☐ Expressed as beginnings not endings
 - ☐ Goals need to be concrete, specific to client and behavioural
 - ☐ Requires hard-work

INTERVIEWING IDEAS

- ☐ Ask clients about their past success with changes
- ☐ What pre-session changes did they make, if they made any
- ☐ Exceptions about what was the problem, when did the problem occur and what were the circumstances.
- ☐ Coping questions
- ☐ Reframing

FIRST SESSION

- ☐ Opening of a first session would be introductions
- ☐ Structure of session what are the goal of this first session, ask them how they want to see in the session
- ☐ Collect complaints relating to the problem
- ☐ Rank complaints, ask clients to rank the clients to level of importance to least
- ☐ Discuss exceptions times when these problems did not occur, because they successfully tried strategies that worked or situations in which there was no problem

SESSION STRUCTURE

- ☐ Miracle question process – ‘what would be different if all your problems were solved?’ then ask what prevents you from achieving that?
- ☐ Exceptions / pre-session changes
- ☐ Identify goals
- ☐ Scales: situation right now, willingness to change or fix problem and confidence of client; ask them to scale 1 – 10 how confident they are of changes and how willing they are to implement change.
- ☐ Anything else / break
- ☐ Message – closing messages

SUBSEQUENT SESSIONS

- ☐ Focus on solution and not the problem as these were collected in first session
- ☐ More time spent on exceptions (when there was no problems) and solutions
- ☐ Opening should be 'what was different this week from last week'?
- ☐ Exceptions should be about eliciting responses, recognising circumstance without the problems discussing how they occurred and amplifying them for the clients, as people forget the good times and how they encountered positive times and not treating them as past experience or forgetting about them, but understanding how they occurred.
- ☐ Scaling and comparing the scaling to last week's and monitoring any significant changes
- ☐ Therapeutic breaks – time for reflection and consider task for next week
- ☐ Compliments & summary of session
- ☐ Tasks and homework – tell clients what you want them to work on

QUESTIONING

- ☐ Be respectful when questioning
- ☐ Don't do it in a checklist fashion
- ☐ Ask questions as part of a conversation
- ☐ Questions are the main interventions
- ☐ Not to gather information that's in the beginning, now it's to be more helpful
- ☐ Constructive questions generate new experience about possible solutions suitable according to client strengths and capabilities
- ☐ Problem focused question "How long have you been depressed?"
- ☐ Solution focused question "What would your life be like if you weren't depressed?"

TYPES OF QUESTIONS

- ☐ Goal setting questions
- ☐ Miracle questions
- ☐ Exception questions
- ☐ Coping questions
- ☐ Scaling questions

IDENTIFYING GOALS

- ☐ What are your goals?
- ☐ How will you continue to accomplish your goals
- ☐ How will you know when you got what you wanted from therapy?
- ☐ What will be different?
- ☐ Who will notice?
- ☐ What will they notice?
- ☐ These will allow them to develop their own goals they do not need to be spelled out

COPING QUESTIONS

- ☐ How do you cope with these difficulties?
- ☐ What keeps you going
- ☐ How do you manage day-to-day
- ☐ Who is your greatest support? What do they do that is helpful?
- ☐ The problem feels difficult at the moment, yet you managed to get here today; what got you here?
- ☐ Sometimes problems get worse, what do you do that stops it getting worse?

SCALING QUESTIONS

- ☐ Scale your experience **one** being worse and **ten** , after the miracle
- ☐ Where are now?
- ☐ Where would you like to be?
- ☐ What will enable you to move to that place?
- ☐ How can you ensure you stay there?
- ☐ On a scale of **one** to **ten** where **one** is you have not achieved your goal and **ten** is where you've completely achieved you goal; where would you place yourself?
- ☐ How would you scale your experience from worst to best on a scale of **one** to **ten**; where **one** is the worst and **ten** the best.

EXPECTATIONS QUESTIONS

- ☐ Tell me the times the problem/issue does not occur or occurs less
- ☐ When does your partner listen to you
- ☐ Tell me about the days when you wake up full of life
- ☐ When are the times you manage to get everything done at work?
- ☐ When are the times you have closest to?
- ☐ When have you been able to stop yourself doing? (e.g. nagging/ shouting)
- ☐ are there times you have controlled your anger or nagging, if so how did you achieve that?
- ☐ Writing, reading and burning thoughts part of cognitive behaviour; however thoughts in Islam should be controlled.

POSITIVE THEORY

- ❖ Preventing helplessness
- ❖ Taking a positive approach
- ❖ Solution is early experience of mastery – with children who can master ideas and tasks that are likely to cause helplessness
- ❖ Building confidence within people to help them avoid helplessness
- ❖ Positive psychology adopts a more optimistic perspective
- ❖ Positive psychology is interested in; positive emotions, happiness, satisfaction with life, optimism and hope, source of energy and confidence
- ❖ Not being positive in transgressing the shairiah
- ❖ Positive psychology aims to support efforts in eliminating social problems relating to drug abuse, criminal behavior and mental illness via positive emotions and traits.
- ❖ Using one's inner strengths to combat the weakness
- ❖ Broken families, peer influences and unemployment's are factors that pose risks to positive psychology
- ❖ Message of hope rather than fear



THE END

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