

SYNOPSIS

The premise for this presentation is that the initial clinical encounter with a front-line HEALTH CARE PROFESSIONAL who is seeking support from a COUNSELOR is nearing its conclusion. The allotted time for the entire encounter is no more than one hour. The first part of the clinical encounter has been devoted to assessment using interview techniques familiar to the counselor who has been careful to elicit:

What the person wants the counselor to pay particular attention to;

What the particular stressors are for the person;

What the person's stress response has been and currently is;

What the repertory of coping and stress management skills the person has;

What psychopathological interference(s) might have emerged that present obstacles to using coping and stress management skills or acquiring new ones;

What form personal demoralization is taking;

What explicit or latent healing and life affirming values the person has available to counteract demoralization;

What psychopathological interference(s) might have emerged that present obstacles to retrieval of healing and life affirming values;

What tendencies towards harm there have been and are currently; and

What kind of help seeking the person is prepared to do to survive dispositions and urges to harm--i.e. arriving at a personal survival strategy.

In the time remaining in the clinical encounter, the counselor organizes the above 'what's' disclosed and revealed in the first part of the clinical encounter according to the template provided in our power point, while concurrently assisting the health care professional to personalize a DEMORALIZATION AND HARM PREVENTION PLAN.