How Do I Know If Someone Needs Counseling?

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Counseling, both professional and nonprofessional, is more than resolving an issue and finding relief. It involves a relationship between the person in need and the care provider. The transformation occurs in the context of relationships. Therefore, the discernment to know when to refer depends on the person's care needs and your capacity to care for those needs.

WHEN TO REFER TO COUNSELING

How do I know if someone needs to seek counseling? This is a common question for those in the role of providing pastoral care. I believe the answer first depends on how we define the purposes of counseling and what counseling is all about. In a broader sense, anyone who is curious about him or herself and is interested in exploring their inner world in order to grow can benefit greatly from counseling. Since the ultimate purpose for counseling from a Christian perspective is not merely symptom relief, but whole-person transformation, and since we are all broken people living in a broken world, anyone can benefit from the experience of counseling.

At the same time, counseling is certainly designed to help people who are experiencing distress, and whose strategies to cope have been ineffective. Oftentimes, before people can delve deeper into root issues, they need to address any symptoms that are interfering with their daily functioning. Since pastoral and lay counselors help people with varying degrees of symptoms and distress, they often seek wisdom for knowing when to refer them to a counseling professional.

I believe the process of discernment involves two fundamental requirements: knowing the person under your care and knowing yourself as a caregiver. Since change always takes place in the context of a relationship, discernment must address both sides: the person's care needs and your capacity as a caregiver.



A. Discerning the person's symptoms and level of functioning.

When assessing the need of the person, we must gather his or her subjective experience of symptoms and how much these symptoms are interfering with his or her daily life. Below are four key words and areas for assessment:

1. Explore the Intensity of symptoms

As the person describes his or her circumstances, you may identify symptoms that require further examination.

- (a) Physiological symptoms: Behavioral reactions that can be explored.
 - Sleeping/eating patterns
 - Self harming behaviors or addictions
- **(b)** Psychological symptoms: Thought processes or emotional states. Scaling questions are helpful in assessing the person's subjective experience.

Examples:

"How are you sleeping/eating?"

• If the person is sleeping less than four hours, is hardly eating or binge eating, this would indicate a high intensity of symptoms.

"How often do you drink and how much do you drink? From a scale of 1 to 10 (1 is strong ability and 10 is no ability), how would you rate your ability to control your urges to drink?"

• The regularity, degree of intoxication and the person's ability to modulate should provide a sense of the intensity level.

"When you say that your mind is racing or that you're feeling overwhelmed, how intense is the problem? From a scale of 1 to 10 (1 is least intense and 10 is most intense), where would you say you are?"

• A score of 7 or higher would indicate high intensity.



2. Explore the Duration of symptoms

In addition to the intensity of symptoms, it is important to know the onset of these symptoms. In general, the longer the symptoms persists the care needed is more extensive and intensive.

"When did you first experience these changes/symptoms?"

"How long have you been struggling with your drinking?"

"Do you feel like your struggles have gotten worse over time?"

3. Assess prior *History* of symptoms

Prior history can also indicate the severity of need. Along with a history of symptoms, it is also helpful to know the person's treatment history. The repeated experiences of symptoms could indicate insufficient care or lack of care.

"Have you experienced these symptoms before or have you struggled like this before?"

"Have you sought help for this before?"

4. Assess for Impairment of functioning

High levels of distress affect the person's capacity to function as usual. The usual responsibilities can become too difficult to manage and the ability to care for the self can become compromised. For example, a person who has struggled with anxiety reports he is not able to leave his apartment to go to work or to get groceries.

"Are you able to go to work or school?"

"Are you taking care of yourself?"

 Ranges from personal hygiene to buying food for him or herself.

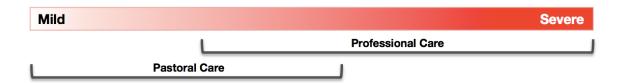


B. Discerning your capacity as a caregiver

Once you have a good sense of the care needed, you can assess what you can offer as the care provider. Your ability to provide effective care is dependent on the following:

- 1. **Your Skills.** Are you equipped with knowledge and the skills necessary to provide adequate care?
- 2. **Your Availability.** Can you devote the time needed to provide adequate care for the person in need?
- 3. Your Capacity. Do you have the emotional and psychological bandwidth to share in the person's concerns? It is important to reflect on your capacity to ensure that you do not become overwhelmed and compromise your own well-being. This is particularly so if you have not worked through your own hurts and habits, since you can be triggered in the process of helping the person in need.

This assessment process will help determine if the person in need should seek counseling care. As this diagram below shows, the higher the severity level, the higher level of skills, availability and capacity are needed on the part of both the pastoral or professional counselor.



If it is determined that formal counseling care is needed:

- Your responsibility is then to make a referral and engage with the person until the transition of care is complete.
- Once the transition is complete, you can decide if you would like to remain in the care process. You can do that by actively collaborating with the counselor or just maintaining a supportive role by checking in regularly with the person in need and encouraging continued care.

