

Home visit counselling

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In the past few years the Australian Psychological Society has been suggesting that psychology counsellors do home visits and see clients in their homes where necessary. Over time I have been doing more and more of this and it has generated some quite interesting observations.

Distraction of the new counselling environment

Initially it was a bit disorienting when counselling in a new and different environment. I never realised that when I counsel in my office the actual familiar physical environment would make a difference, but it did at least to some degree.

Over time I have gotten better at this. Now when I sit down to counsel in the client's home it does not take long at all for the environment to become more irrelevant. When in a completely new environment I notice the environment more which is probably a fairly normal reaction. It takes up some of my attention and thus is a distraction to some extent. Fortunately that does not last too long and I start to forget to notice the physical environment and focus more on the client.



What does the door mat say?

The client's home and diagnosis

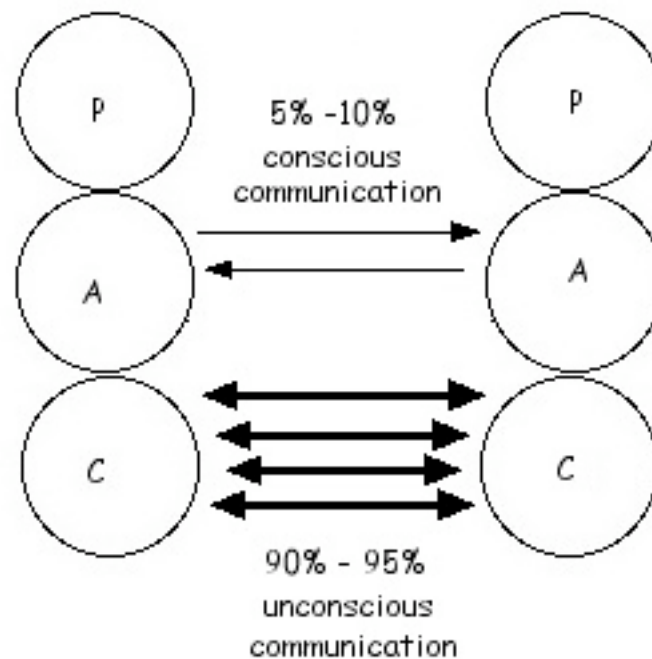
Home visit counselling has been very useful from a diagnostic point of view. To see the person in their home is most useful in providing information about the client that you would otherwise simply not get. It provides a lot of unexpected information about the psyche of the client and thus is useful from a counselling

perspective.

I recall one client who was wheel chair bound who I counselled in his home on a number of occasions. One of the first things I noticed was that it was very cold. Temperature wise it was cold house with tile floors and so forth. An unusual piece of information to get about a client. How many counsellors in taking a history would ask client if he lived in a cold house? Not many I would suggest.

Of course a person's home is going to be a reflection of their psyche at least to some extent and often to a big degree. It is simply useful information to get and I have certainly found it to give me a much better overall understanding of the client.

The diagram below demonstrates that by far the majority of information we acquire about others is done unconsciously. 90% of the information that we take in is not in our conscious awareness.



Whilst this is between two people I think it is safe to say that as one observes a person's home environment one also takes in large volumes of information that they are not even aware of doing. Indeed all the therapist's senses are doing just that, such as with smell and temperature.

With a home visit one gets more of a "feel" for the home with first hand contact. Perhaps this thing called a "feel" is the integration of data from all the senses. Having a client just verbally describe their home one is not going to get any of this and perhaps this is what I am saying about one developing a much more comprehensive and deeper understanding of the psyche of the client.

I recall one client who had a very disruptive 10 year old son. She had told me on a number of occasions that he would hit the walls with sticks and bats. These would take bits of plaster out of the walls. I had heard her say this, comprehended it and acknowledged it.

When I went to the house she showed me some of the damage to the walls. I remember my instant reaction to the damage was to be a bit shocked. I can remember my surprise at the damage and I instantly reached out and felt the holes in the walls with my fingers. My Child ego state was wanting confirmation and from then on I had a somatic understanding of what she had previously described to me verbally. I had a deeper understanding of what she had been telling me before.

In the particular case of mother and son, by seeing them relate in the home I also got a better understanding of the dynamics behind their relationship. Seeing them relate in their home and not just in my office allowed me to confirm what had been my suspicions about the insecure attachment and so forth. I would never have gotten this without seeing them in their home.



Homes come in all shapes and sizes.

Effects on the therapeutic relationship

Home visits also seem to have an effect on the transference relationship. When I went to the home of the mother, she saw my startled reaction to the holes in the walls and this has been therapeutic for her. She had previously described to me the level of damage in the house and as I said before I had acknowledged it to her. After the visit she had also seen my reaction and thus she knew that now my Child ego state knew and understood what she had been previously describing. She felt a deeper level of being understood and of course that is also good for the transference relationship. In addition when I first got there she made me a cup of tea. She now knows that I take my tea, white with one sugar. Whilst this may seem trivial it can only but add to the therapeutic relationship because she gains more understanding of me as a person.

One thing that has surprised me is how the Australian Psychological Society has encouraged home visit counselling. In a home visit a dual relationship set up and this of course also effects the therapeutic relationship. We have the

Therapist/client relationship and host/guest relationship

In addition to this with a home visit the power differential between client and therapist can be changed. I have indeed experienced this. It is no longer the client coming to my office, it is me going into the client's home environment, their comfort zone, the place that is well known by them and is totally unknown by me. Before a home visit I do give some directions about the need for a place where there will be minimal disruptions and so forth. So I am taking charge a bit, but it is still the client's turf and that does effect the power in the relationship.



With regard to this I definitely see home visits as overall a positive exercise that can enhance the therapeutic relationship. The dual relationship allows for a more comprehensive understanding of client by therapist and the therapist by client. If managed correctly that can only build better rapport and make for a stronger attachment between the parties.

Further impact on the therapeutic relationship

A comment recently made to me about home visit counselling:

"I think the whole dynamic might be reversed on a home visit. I think the client might fall into the tea making role, and so they'd be a danger that they'd begin to look after the therapist, even down to worrying if the therapist is comfortable."

I would agree that such a thing could happen where the client feels the need to become the tea lady and look after me. I would see this as one advantage of such a dual relationships. Many clients have indeed expressed some trepidation at the prospect of me coming into their home for a variety of reasons with one being the reason just alluded to.

One of the problems with a client coming repeatedly to a therapist's office is that it is a very rigid and specific environment. They come to the same office, usually sit in the same chair, often at the same time on the same day of the week and go through the same procedure.



One problem with this is it does not keep the client on the left foot and their defences can get locked in. It all becomes very familiar and the client knows what is happening and what to expect so the Adapted Child can ward off any new insights, changes and so forth.

Some of a client's best work can happen when something out of the ordinary happens. I recall a few months ago when I was sick and could not see clients. There was one client who I could not contact and thus he arrived at the office and was confronted with no one being there and not knowing what was going on. From this evolved some distressing feelings of just being left out in the cold so to speak. It brought up such issues and thus afforded him the opportunity to deal with them. He was put on the left foot.



The counselling room

If a therapist suggests a home visit to a client then their usual defences will be less effective and they are indeed put on the left foot. They are being placed outside their comfort zone. The good part about this is they are then in a state where psychological change is more likely to occur than if they were to just go through the whole customary routine in the therapist office.

For many years I used to run weekend residential treatment groups. Myself and about 20 clients would go to a resort of some kind from Friday night to Sunday afternoon. We spent the weekend doing group therapy and of course we also lived together for the two and a half days. We had a dual relationship:

Therapist/client and flatmates.

We lived together, worked together, ate together and had recreation time together. This brought up many issues. Some tried to be like a tea lady and look

after me. Around the dinner table often sibling issues would arise between the participants as well as all the issues around eating, being fed and getting ones needs met.



Flatmates brings up sibling issues.

These dual relationships were therapeutic and brought up many issues that would have otherwise been well defended against in the therapist's usual counselling room. In addition the therapist got to understand the client in a more complete way and thus the therapeutic relationship grew and developed. Home visit counselling is another good way to break the normal therapy pattern and force the client and therapist to view each other in a different light. If managed correctly the therapeutic outcome can be enhanced due to development of the transference relationship. (Client data is fictionalised)