

COUNSELLING SKILLS

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Abstract

Many people experience mental challenges that alters their normal way of thinking and functioning. Counselling is therefore intended to help such people overcome these challenges and be able to experience relief and return to their normal productive life.

Keywords: Counselling; Counselling Skills

INTRODUCTION TO COUNSELLING SKILLS

1.1 Definition of counselling

Counseling refers to the interaction process that is characterized by a unique relationship between counselor and client that leads to change in the client in terms of behaviour, beliefs and values and level of emotional distress (Welfel, 2005). Counselling is a therapeutic relationship between a client and a counsellor that helps the client get insight of their situation. (McLeod, 2015); this is done through exploration which is the process by which the counsellor gets more of the client's story through open-ended questions. Open ended questions are questions that do not require yes and no for answers, and so they help the client talk more. This gives the counsellor the opportunity to know more about the client (Meier 2011). Similarly, Inskipp (2009) defines counselling as a way of **relating** and **responding** to another person, so that the person is helped to **explore** her **thoughts**, **feelings** and **behaviour**,

to reach a clearer ***self-understanding*** and then is helped to find and use her ***strengths*** so that she ***cope***s more ***effectively*** with life by making appropriate ***decisions*** or taking relevant ***action***. A counsellor therefore is a person who listens to other people who may have mental disorders and strive to help resolve those problems. The bottom line is that each definition is an indication that the aim of counselling is to help people help themselves.

1.1.1 Goals or Aims of Counselling:

- Counselling should help clients and patients to gain an insight into their emotional difficulties with the aim of helping them to take rational control over their feelings and actions.
- Counselling should be able to help clients adjust or change their behaviour.
- Counselling should instil skills, awareness and knowledge to clients and patients that will enable them to confront their mental disorders.
- Counselling should provide clients with the opportunity to work towards resolving their challenges through self-acceptance, self-understanding and self-awareness of their abilities, potentials and limitations (Gichinga, 1999).

1.2 History of Counselling

The origin of counselling as a profession can be traced from progressive guidance movement of the early 1900s. It was grounded on prevention and purposefulness in life where individuals were assisted in making informed choices in life and to find meaning, direction,

and fulfilment. Currently, the profession has mutated into a distinct occupation encompassing psychologists and clinicians who mainly focus on remedial of mental disorders (Chan, Berven & Thomas, 2015). However, the profession also addresses avoidance of problems and the promotion of wellness. Other closely related terms to counselling include guidance and psychotherapy.

Counselling and Psychotherapy theories were developed during the beginning of the 20th century. The most renowned work that is closely related to counselling and psychotherapy was propagated by Sigmund Freud who researched into the human mind began in Vienna in 1881. Freud, a neurologist by training began working with hysterical patients using psychoanalysis method until 1930's. Freud is also recognized for his work on division of mind into ego, superego and Id and infant's developmental stages comprising of the oral, anal and phallic stages. He believed that getting stuck in one of the phases could lead to disastrous consequences (Chan, Berven & Thomas, 2015).

Apart from Freud, other notable individuals who made an impact in the counselling field included Franz Mesmer in who discovered animal magnetism (mesmerism) in 18th Century and James Braid who was influenced by Mesmer's ideas to develop hypnotherapy. However, hypnosis technique was originally developed by Freud to treat mind disorders but decided to concentrate on developing his own theories after realizing that hypnotherapy was only useful to some certain problems (Chan, Berven & Thomas, 2015).

The actual counselling gained popularity after the Second World War in 1950's when the need to counsel the surging number of people who had been traumatised by the war. At the same time, the psychologists and psychiatrists were roped into the field to offer therapy to those affected. Three major schools of therapies that emerged included psychoanalytical, behavioural and humanistic therapies (Grogan, 2012).

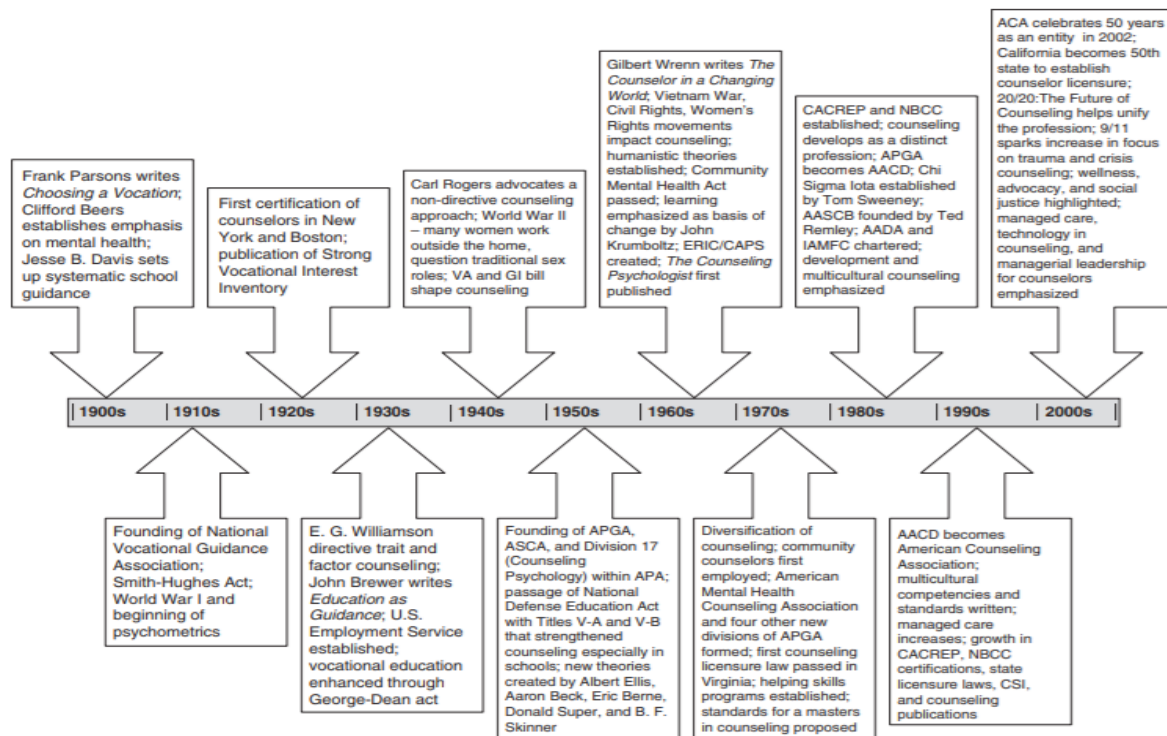


Figure 1: Historical development of counselling profession from 1900 to 2012

1.3 Theories of Counselling

Counselors are guided by some particular approaches or intervention strategies also referred to as theories or conceptual frameworks.

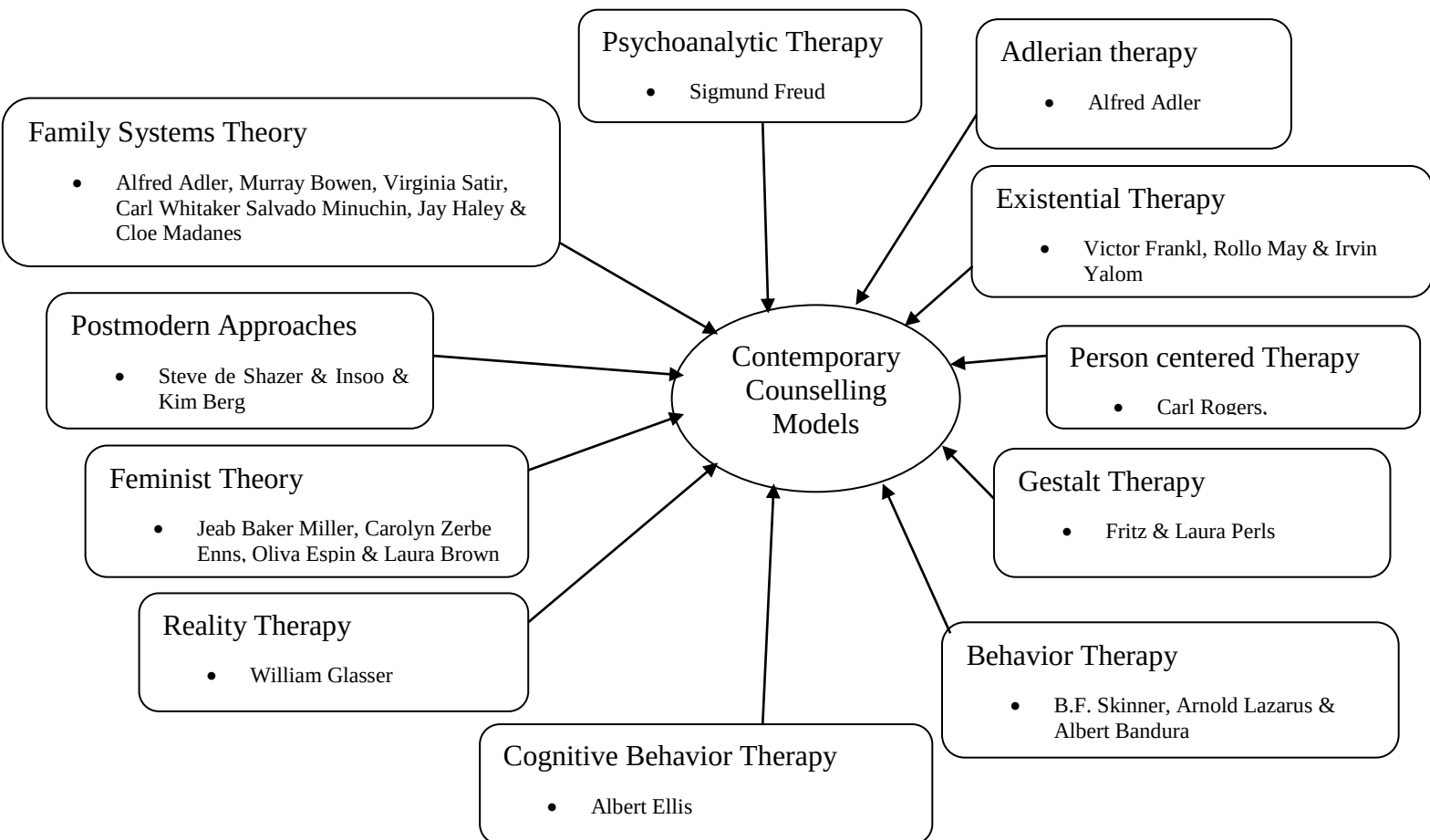


Figure 2: Overview of counselling theories

1.3.1 Psychoanalytic Therapy

Psychoanalysis Therapy was founded by Sigmund Freud and leans towards philosophical and literal approach which is grounded on the cause and effect in terms of mental and physical field. It is based on the premise that humans are in conflict with their own self. The conflict manifests itself in the person as a biological as a social being, between the conscious and the unconscious and the tendency to seek pleasure and avoid pain (Wango & Mungai, 2007). According to Corey (2017) a person's personality is determined by the events that took place in the first 6 years of their lives.

1.3.2 Adlerian Therapy

Adlerian therapy was founded by Alfred Adler and popularized by Rudolf Dreikurs. The model is premised on the fact that individuals should take responsibility towards their own lives and be able to create their own destiny and purpose in life (Corey, 2017).

Chao (2015) notes that the Adlerian therapy suggests that people need to take personal responsibility by striving to achieve life goals, and develop into completion and belonging. It stresses on the importance of positive psychology

1.3.3 Existential Therapy

Existential therapy was founded by Viktor Frankl, Rollo May and Irvin Yalom. This model is based on the conviction that human existence is about choice, freedom and responsibility to shape one's own life and self-determination. It gives emphasis to person to person therapeutic relationship (Corey, 2017).

1.3.4 Person Centred Therapy

It was founded by Carl Rodgers in the 1940s and propagated by Natalie Rodgers. This model places faith at the central of its focus and gives responsibility to the client to deal with their

problems and concerns (Corey, 2017). The core conditions prescribed by this model include congruence where the therapist relates to the client in an open way; unconditional positive regard where the therapist offers undivided attention, without judgment or giving advice; Empathy is such a way that the therapist communicates and appreciate client's point of view.

1.3.5 Gestalt Therapy

This model was founded by Fritz and Laura Perls and developed by Miriam and Erving Polsters. This is an experiential therapy that stresses on awareness and integration of functioning of the body and mind (Corey, 2017). This model focuses on what is happening at the present moment.

1.3.6 Behavior Therapy

This model also known as psychotherapy was founded by B.F. Skinner, Arnold Lazarus and Albert Bandura. This theory focuses on learned behaviors and how the surrounding environment influences such behaviors (Corey, 2017).

1.3.7 Cognitive Behavior Therapy

Was founded by Albert Ellis. This model focuses on the role of thinking and belief systems as the root cause of personal problems.

1.3.8 Reality Therapy

Was founded by William Glasser and is based on choice theory and focuses on the client assuming responsibility in the present. This method helps the client to learn more effective ways of meeting their need (Corey, 2017).

1.3.9 Postmodern Approaches

Those who are involved in these therapies include Steve de Shazer and Insoo Kim Berg. These theories include the Narrative theory, Social constructionism, solution focused brief therapy which generally assumes that there is no single truth, rather reality is socially constructed through human interaction. They conclude that clients are the determinants of their own lives (Corey, 2017).

1.3.10 Feminist Therapy

Feminist model was a work of many women such as Jean Baker Miller, Carolyn Zerbe Enns, Oliva Espin and Laura Brown. The focus of this model is on the psychological oppression of women. The theory explores women's development of self-identity, self-concept, goals, aspirations and their emotional well-being (Corey, 2017)

1.11 Family Systems Therapy

These models are associated to personalities such as Alfred Adler, Muray Brown, Virginia Satir, Carl Whitaker, Salvador Minuchin, Jay Haley and Cloe Madanes. This approach is underpinned on the assumption that the key to changing the individual is through understanding and working with the family (Corey, 2017).

Family therapy is also known by other names such as the couple and family therapy, marriage and family therapy, family systems therapy, and family counseling. This model works with families and couples in intimate relationships. Family relationships are considered to be important in resolving individual problems and hence, family members are involved in the counselling process.

1.4 Counselling skills

A skill is a tool or means, ability and art that are used by the counselor in a therapeutic relationship. These skills should be used to bring about a meaningful relationship with the client. Wango and Mungai (2007) have identified four core conditions for effective counselling, namely: empathy, genuineness and unconditional positive regard.

1.4.1 Empathy

This is the ability to accurately understand what another person is experiencing and to communicate that understanding to them. Hence, the counselor's need to correctly understand the client's feelings and the reason behind those feelings.

1.4.2 Genuineness

Genuineness is the willingness to be real and not to hide anything that the other party needs to know. The counselor requires honesty with oneself and with the client.

1.4.3 Unconditional positive regard

The counsellor needs to have the right attitude towards the client. This comprises of accepting, caring, respectful and non-judgmental attitude towards the client.

1.5 Methods or Forms of Counselling

There are different ways of attaining counselling support. The important thing is that the client receives a confidential, supportive and motivational service. Methods include the following

Individual counselling

Individual counseling involves face-to-face interaction that generally lasts 45 – 60 minutes and are allocated at regular weekly intervals. Clients will be able to discuss concerns and

emotional issues with a counselor in their place of work – this could be a private practice, local health centre or other applicable location.

Telephone/SMS counselling

Clients can experience counselling from the comfort of their home. The same benefits as individual counselling are on offer although clients have the added privacy of being in surroundings that are familiar to them.

On-line counselling

The internet is being increasingly used by counselors to offer a new type of counseling through websites. Some web sites can offer 'real time' online counselling through live chat, whilst others offer email responses to emailed questions.

Group counselling

This method of counselling requires individuals to share their personal experiences with others who are experiencing similar problems, concerns and issues. The group (ideally not more than 8) meets at regular intervals, and sessions can be facilitated by a qualified counsellor or an appointed member of the group.

1.5 Process of Counselling

Counselling is a process because it involves specific stages and the use of specific skills and techniques to help people become more creative, more competent and therefore more content.

Gerald Egan a counseling psychologist developed a three stage model of counseling process commonly known as (EUA), which implies: Exploration, Understanding and Action.

Stage 1: Exploration (Current Scenario - what is going on?)

Exploration stage involves exploration of the problem the client is presenting. It helps the client to describe the current scenario using their own words and to clarify any concerns they may have. **This stage is about:**

The client telling their story, Breaks through blind spots, chooses the right issues to work with. Client has space where he/she can hear and understand their own story.

The counsellor provides a safe place for the client to tell their story in their own way, and to be fully heard and acknowledged.

Counsellor Strategy: Facilitating an environment that is trusting and safe and for the client to disclose. Facilitating a trusting relationship is important for the client to experience a nurturing atmosphere. The counsellor helps the client to clarify and prioritize specific issues to be addressed by focusing on the here and now.

Challenging the client help the client have different perspectives on patterns and connections, shoulds and oughts, negative self-talk, blind spots (discrepancies, distortions, incomplete awareness, things implied, what's not said), ownership, specifics, strengths.

Stage 2: Understanding stage (Preferred/ideal scenario - what do I want instead?)

- **This stage is about** helping clients to reflect on what they really want or in what ways their problems might be opportunities. It is about helping the client to open up a picture on how things could be better. This stage is very important in generating energy and hope.

- **The client** tries to process/understand their issues, clarifying the impact of their feelings, values, attitudes, beliefs and current behaviour
- **Counsellor:** This is the working stage; counselor using appropriate skills needs to respond appropriately. The counselor needs to listen actively to what the client is saying and what they are not saying. The Counselor needs to understand what strengths and resources the client has that can be used to facilitate growth.
- **Counsellor Strategy:** Facilitating understanding of the problem; counsellor must not analyse/judge client

Stage 3 – Action (Action strategies – how will I get there?)

Action Stage is the final phase where the client is helped to develop SMART goals and find a realistic set of choices. (Specific, **M**easurable, **A**ttainable, **R**eliable and **T**ime bound).The counselor encourages the clients to access other support services that may be of further help if necessary

This stage is about the ‘how’

The client

- Choosing what is best for them; choosing realistic range of possible choices/specific actions.
- It is about the client deciding how he/she will move towards the goals they have identified in stage 2. It is about doing something to get started
- In this stage the client is doing almost all the work, producing their action plan.
- **The counsellor** facilitates selecting and reality checking. The client is helped to brainstorm strategies – different ways to achieve the goal - again with prompting and encouragement to think widely; what people, places, ideas, organizations could help. The counsellor works with clients to turn good intention into specific plans with time

scales. Whilst being encouraging, it is also important not to push the client into saying they will do things to please the counsellor

- **Counsellor strategy:** Facilitation of brainstorming and plan of action. The aim is to free up the person to generate new and different ideas for action, breaking out of old mind-sets in order to help the client plan the next steps. If an action plan has been reached, it could be tried out through role play.

1.6 Qualities of an effective Counselor

Counselors or therapists need to be good role models to their clients. For that reason, they need to inculcate some desirable values in their lives for them to become effective counsellors. Corey (2017) outlines several characteristics that are necessary for one to become an effective counselor as follows:

- **Identity:** Counselors need to know who they are, what they want in life and what is essential for them and their clients.
- **Respect:** Counselors need to respect and appreciate themselves.
- **Open to change:** they need to be willing to change and work hard to become who they want.
- **Making choices:** They need to consistently strive to become better by improving on the past.
- **Authenticity, sincerity and honesty:** They are open and mean what they say.
- **Sense of humor:** They are able to see the funny side of life and express it.
- **Admission of making mistakes:** They make mistakes and admit them but strive to correct them.
- **Living in the present:** Effective therapists are neither bogged down by the past nor are they fixated on the future

- ***Appreciation of culture:*** They respect the diversity of cultures and how it affects them.
- ***Sincere interest in welfare of others:*** They care, respect and value other people.
- ***Interpersonal skills:*** They are able to form healthy relationships with other people
- ***Passionate:*** They are passionate about their work and life in general.
- ***Maintenance of healthy boundaries:*** Effective therapists strive to be fully present to their clients but do not carry the problems of their clients.

1.7 Ethical Issues in Counselling

Each profession has its codes of ethics to guide the practitioners. People's privacy and confidentiality is paramount when one is dealing with their private matters. Most professionals that deals with humans require that their privacy and confidentiality is maintained whereby therapists are not supposed to disclose information about a client. Therapists are also not supposed to use their power or position to exploit or harm clients. Seeking clients' informed consent by rightfully informing them about the therapy and asking them to voluntarily decide whether to participate or not is another important aspect of counselling. Therapists also need to appreciate and respect the cultural values of their clients. Corey (2017) however, notes that multiple relationship or combining professional and nonprofessional roles with a client is complex and multidimensional and may not have simple answers to resolve. It is generally acceptable that most ethical issues are complex and do not necessarily have simple answers.

For instance, Corey (2017) observes that counselors should always put the needs of their clients first before those of their own. The relationship between a therapist and a client should be to the benefit of the client. Hence, therapists have an obligation to work to resolve their own problems not to become a hindrance in the counseling process.

Consequently, Corey (2017) has identified some important steps in making ethical decisions which include the following:

- Identification of the problem or dilemma: This requires the therapist to gather adequate information that will allow for more understanding of the problem to enable one to make an informed decision.
- Identify potential issues: This step requires one to explore on the rights, responsibilities and the welfare of the concerned parties.
- Reference to codes of ethics: The counselor should refer to the code of ethics to get guidance on the issue. One's values should be in consistent with the stipulated guidelines.
- Laws and regulations: Refer to the applicable laws and regulations to find out what they recommend for such ethical dilemma.
- Consult various credible sources: It is advisable to seek advice from several sources to get their opinion about the dilemma.
- Brainstorming: Discuss options with other professionals including the client.
- Consider the consequences of each action for the client.
- Select the best possible action, implement it and evaluate the outcome to determine whether further action is necessary.

West and Byrne (2009) notes that unethical behavior in counselling may include incompetency or inadequate knowledge and skills, lack of integrity, disclosing clients confidential information, imposing values on clients, taking advantage of their clients and unethical advertising.

CHAPTER TWO

COUNSELLING IN THE AFRICAN PERSPECTIVE

2.1 Nature of psychotherapy in Africa

Before the coming of the western style of counselling, Africans had different types of healers (counsellors) who included kings, chiefs, rainmakers, diviners, medicine men, oracles, ritual elders, clan leaders and family heads who offered therapeutic services (Gichinga, 2007). Africans are known to have used oral stories to share and pass messages. They believe in the saying that ‘a problem shared is a problem halfway solved.’ Sharing and telling stories in order to get ideas or solutions to their problems. Sharing problems with elders who were believed to have more wisdom was also common.

Grogan (2012) observes that traditional chiefs and elders played the role of the symbol of authority and as a regulator of affairs in the community which were accepted and respected by everyone. They provided guidance and counselling for individuals in the society. In some instances, the chiefs acted as the intermediaries between ancestors and the present generation. This link was strengthened by the rituals, ceremonies and taboos attached to them. It was easy to guide and counsel the young, since the rituals or ceremonies were also aimed at preparation for adult roles in society. Support system comprised of the extended family, the clan, elders, chieftaincy, taboos, initiations and the ancestors. Hence, counsel was readily sought and provided by the society support system.

2.2 Forms of Counselling in Traditional African Societies

In the African traditional societies, counsel was given in the form of advice and sharing of wisdom. Giving advice was mainly the role of the extended families followed by clan members and then peers (Gichinga, 2007)

Wisdom refers to experience and knowledge gained over the years about life. The elders are generally regarded as having wisdom in the African societies and therefore are expected to provide counsel to the young people. This kind of counsel is part of the counselling functions that was offered in the African traditional society. Wisdom was also shared through proverbs, folk stories, poems and songs (Gichinga, 2007).

Concurring with these sentiments was a study carried out by Affum, Kuranchie and Mensah (2016) on the place of theory in traditional guidance and counselling in modern Ghanaian cultures revealed that advice giving, prophecies, prescriptions and reinforcements are the practices that constitute traditional guidance and counselling in the observed community.

The concept of the African Traditional world view on life is that God is the source of life and that this life flows to our physical world through good ancestors. This life has to be maintained and enhanced by the living to the next generation through marriage. The African Traditional world view is that there exist powers hostile to life which brings about all forms of illnesses (Majawa, 2017). The African traditional concept of health and ill health transcends the material into the spiritual. Health is thus regarded as absence of disease or illness. Healing can be described as restoration of health, whole or sound and to be free from ailments.

In the African societies, people seek therapy for illnesses for a number of reasons, ranging from preventive, protective to curative. Healing in the African Traditional Healing was important for everyone in terms of maintaining health, fitness, healthy lifestyle and healthy

environment (Ronzani, 2007). This was evidenced in the many rituals of healing that were conducted by the most respected people in the society. The traditional African healing involved the ancestors, the elderly, herbalists, medicine men, rituals, sacrifices and divination (Wulfhorst, 2005). Although many herbs were found to contain medicinal properties, the causes of some diseases remained mysterious. That is why there was tendency to consult God, spirits and the ancestors to try to unveil the causes and the cure for those diseases (Ronzani, 2007). Healing is conducted by specialists such as the medicine men, the medium, the diviner and the priests (Kiminyo, 2004). According to Wulfhorst (2005), there are two main categories of healing in Africa: *Divination*, which is used to identify other healing methods such as rituals, herbs and sacrifices, among others and *Herbal healing* where the healer just prescribes the herbs without divination. Some key terms involved in healing in the African Traditional Culture include the following:

- **Ancestors** are departed members of the community who maintain a relationship with and care for the living. They mediate between the creator and the living. They interact with the living through dreams, appearances, visions, sounds and incarnations as animals.
- **Divination** is an act in which people are moved by what they feel and believe to be their experience of the sacred.
- **Herbs** are plants with healing properties. They consist of roots, fruits, tree bark, leaves, vegetables, seeds, among others.
- **Rituals** are healing practices performed by the living for the spiritual world to establish harmony.
- **Sacrifices** are special rituals of offerings made to the ancestors to ask for the healing of various things such as land, body, broken relationships and protection, among others.

2.3 African Traditional Psychotherapists

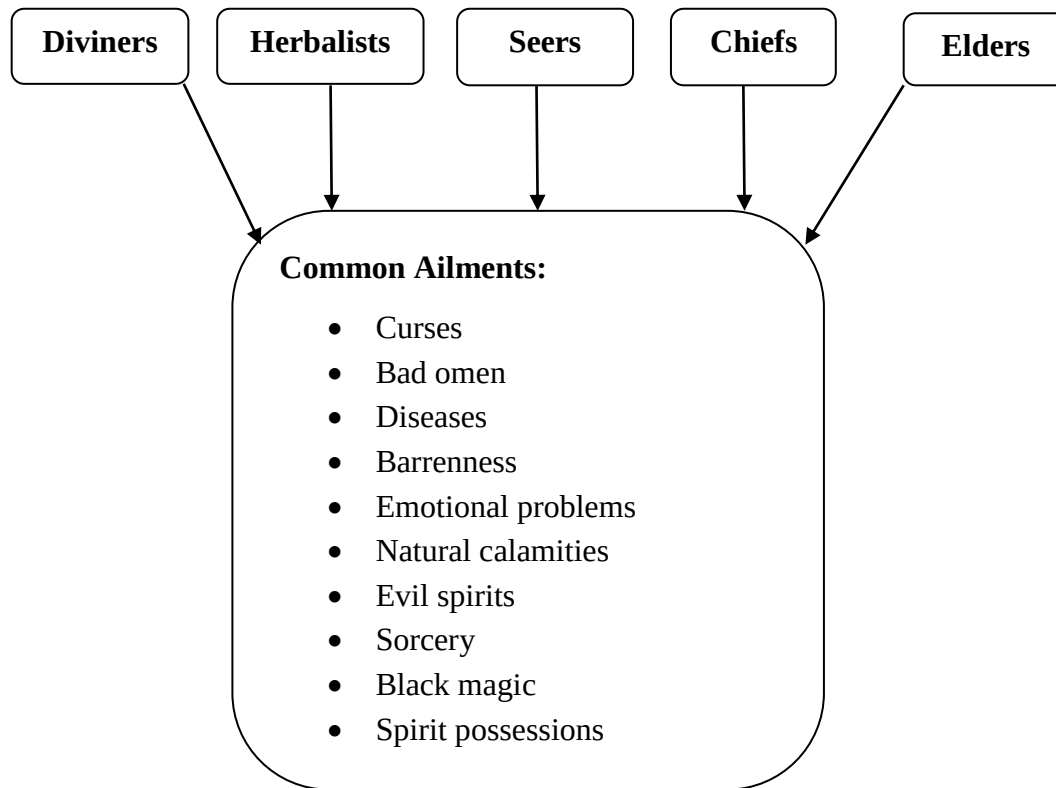


Figure 3: Healers and common ailments in the African Traditional Society

Diviners

A diviner can either be male or female and uses divination to communicate with the ancestors or the Divine in order to understand causes of sickness and healing rituals or processes. Divination may include reading of palms, dancing, falling into a trance, throwing bones or shells, prayers, reading of water, reading of a mirror, among many others (Wulfhorst, 2005).

Herbalists

They heal by giving herbs without divination. They have a gift of knowing particular medicines revealed by the ancestors or given to them in dreams. They might also learn from

their parents, diviners, friends or colleagues. Gichinga (2007) notes that herbalists are also called medicine men and they treat all diseases and afflictions be it social, psychological, mental, spiritual and physical.

Seers

This is a person who uses supernatural insight to see the future. The terms diviners, seers and prophets are sometimes used interchangeably to refer to the same person. A seer or a prophet must work through time and the prophetic message must be validated by time. Where there is scepticism about their revelations, they must justify their claims and demands to their audience. In doing so they call upon the past as often as they relate events to the present, or allude to the future (Anderson & Johnson, 1991).

Chiefs

Chiefs were reputable individuals bestowed with the responsibility of overseeing the affairs of a given community. They were respected and expected to make judgments and offer counsel to the community members without discrimination.

Elders

Elders are people who have advanced in age and therefore are believed to have had acquired adequate wisdom that can be useful to the young ones. Their counsel and judgment were respected. The community trusted them that they would handle issues in fairness and justice for the good of the entire society. In many African societies, council of elders played a key role in maintaining social order and harmony.

2.4 Indigenous African Approach to Healing

- ***Herbs***: Herbs are plants with healing properties. They consist of roots, fruits, tree bark, leaves, vegetables, seeds, among others.

- ***Libation***: This is a ritual of pouring of a liquid such as milk as an offering to a deity, a god or a spirit or in memory of those who have passed on.
- ***Sacrifices***: Sacrifices are special rituals of offerings made to the ancestors to ask for the healing of various things such as land, body, broken relationships and protection, among others.
- ***Spiritual diseases***: These are ailments that are caused by an error in one's thinking that is related to the creator. This implies that, these are ailments that are due largely to misperceptions in the way one views oneself in relation to the larger universe or world. Common spiritual diseases include arrogance, fear, doubt and ignorance (Wilson, 2010).
- ***Physical diseases***: These are diseases that are thought to be particularly prone or made worse by mental disorders such as stress and anxiety.

2.5 Conclusion

African psychotherapy strived to address the unique needs of people in the traditional African society. Counselling exercise was undertaken by various types of individuals that included the elders, chiefs. Medicine men among many others. Respect was the hallmark of this exercise. Medicine men used invisible mental and spiritual powers of thought, words, and feelings to treat their clients.

CHAPTER THREE

GUIDANCE AND COUNSELLING IN SCHOOLS

3.0 Introduction

Schools, colleges and universities are always faced by myriad of challenges that require guidance and counselling. Some of those challenges include unrests, drug abuse, truancy, promiscuity, thefts, academic underachievement, poor study habits, teenage pregnancies, truancy, juvenile delinquency, and cases of indiscipline. In most cases, school administration resorts to drastic measures such as suspending students or expelling them from school. Nevertheless, most of these problems can be addressed through guidance and counselling.

3.1 Guidance and Counselling in Schools

Guidance originates from the word ‘guide’ which means to direct, steer, aid, assist, lead inform, or show the way (Wango & Mungai, 2007). Guidance can take place both at school or at home. Thus, teachers, counsellors, parents or guardians directs or steers the students in a certain direction mainly based on their past experience. Guidance involves personal help and advice given by someone. This help is designed to assist people in deciding what they want to do, how to get to their destination. In terms of education, guidance is as continuous process concerned with determining and providing for the developmental needs of learners. Guidance is considered a lifelong process. Dondo (2005) describes guidance as the process through which an individual is helped to solve their problems and be able to maximize their potential abilities and aspirations. In a school set up, guidance involves helping pupils and students to become responsible be able pursue their future plans and interests based on their abilities.

Table 1: Distinction between Guidance and Counselling

Guidance	Counselling
Guidance is factual	Counselling is emotional
Guidance depends on information, facts and principles	Counselling is value –oriented and deals with perceptions, motivation and feelings
Guidance is less personal and less intimate	Counselling is more personal and more intimate
Guidance is more structured	Counselling is experiential and less structured
Guidance is more public	Counselling is interpersonal, private and confidential
Guidance requires less skills	Counselling requires specific skills and techniques
The counselor usually initiates guidance	Client usually initiates counselling

Adapted from Wango & Mungai (2007: 13)

3.2 The Status of Guidance and Counselling in Schools in Kenya

The official guidance and counselling in Kenya can be traced in 1970 when the Ministry of Education established a Guidance and Counselling Unit under its inspectorate division. The unit was charged with the responsibility of handling educational and vocational guidance, and psychological counselling in schools (Wambu & Fisher, 2015). However, there was little enthusiasm to implement the directive. Another effort was made in 1976 when it was recommended that guidance and counselling should be taught in subjects such as religious education and social education and ethics to promote the growth of self-discipline among

students in schools. Once again, there was little commitment from the government in making sure that the policy was implemented (Okech & Kimemia, 2012). It was only in the 1980s and 1990s that more attention was given on guidance and counselling after serious cases of school fires and unrests. These skirmishes led to the formation of a commission to investigate the causes of the strikes. The Report of the Task Force on Student Discipline and Unrest in Secondary Schools recommended that guidance and counselling programs be implemented in all schools (Republic of Kenya, 2001).

A study carried out by Wambu and Fisher (2015) on the future prospects of guidance and counselling in Kenya established that despite the government's emphasis on implementation of guidance and counselling in schools, the exercise lacks standardized curriculums, code of ethics, counselling models and ambiguity in allocation of roles. The study proposed a paradigm shift from the way guidance and counselling has been conducted over the years and recommended the implementation of organized comprehensive guidance and counselling programs that addresses the current needs of all students. It also suggested training of school counsellors.

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