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Multimodal Counselling Therapy: Strategy for Learner Support in Distance Learning

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Abstract

Councelling purposefully helps the clients to improve their well-being, alleviate distress, resolve crises and increase their ability to be creative, innovative and make success-focused decisions wherever it is skillfully used. This study advances Multimodal Therapy as a therapeutic councelling approach for the learners support services provider with the sole aim of helping the Open and Distance Learning (ODL) students to overcome problems that could be encountered during their studentship period in an open and distance learning institution. The paper indirectly projects the eclectic approach as a veritable mode for solving multifaceted problems of clients.

Keywords: multimodal therapy, distance learning, therapeutic technique, eclectic approach

Abstrak

Kaunseling secara sengaja bertujuan membantu klien meningkatkan kesejahteraan, mengurangkan kesusahan, menyelesaikan krisis dan meningkatkan keupayaan mereka untuk menjadi kreatif, inovatif serta membuat keputusan berfokuskan kejayaan apabila ia digunakan secara mahir. Kajian ini memajukan Terapi Multimod sebagai satu pendekatan terapi kaunseling bagi pembekal perkhidmatan sokongan pelajar dengan tujuan utama membantu pelajar Pendidikan Terbuka dan Jarak Jauh untuk mengatasi masalah yang mungkin dialami sewaktu menjadi pelajar dalam institusi pendidikan terbuka dan jarak jauh. Artikel ini secara tidak langsung mengutarakan pendekatan eklektik sebagai satu mod sebenar dalam menyelesaikan masalah pelbagai aspek para klien.

Kata kunci: terapi multimod, pendidikan jarak jauh, teknik terapentik, pendekatan eklektik

Introduction

Students of open and distance learning institutions all over the world can be regarded as a unique and a special type of students. This is borne out of the fact that unlike the students of the traditional conventional learning institutions whose mode of learning revolves round face-to-face teaching and learning processes between the teachers and the students, that of the students from open and distance learning revolves round learning through the provided instructional materials, be it electronics or prints. This is because Open and Distance Learning mode of education being that in which all or most of teaching is conducted by someone removed in time and space from the learner with a greater dimensions of openness and flexibility, whether in terms of access, curriculum or other elements of structure (Olakulehin & Ojo, 2006).

Since the concept of open and distance learning is a scheme that allows any nation the opportunity to effectively transmit educational benefits to all its citizen cheaply and more effectively especially those who were unreached or denied access on the basis of one social consideration or the other, the number of studentship is always large and majority of them are characteristically workers, married with series of responsibilities that may want to be impediments to their achievable, academic and empowerment goals. The impediments is also extended by the outcome and the different kinds of technological materials that are involved in carrying out various learning and teaching process in distance education especially when the situations of African learners are considered in terms of Information and Communication Technology (ICT) usage.

This study therefore advances multimodal therapy as a counselling tool for counselling practitioners in the learners support services unit of ODL institutions. Characteristically, it is a source of panacea for the myriad of problems encountered by open and distance learners in terms of pent-up emotions, that could emanate from different encountering they come in contact with both in their respective homes, place of work, at the study centre, among friends and in any other situations that may be troubling their minds may affect them during their cause of studies. These problems as trivial as they may be are such that can lead to attrition. It is essential that interactions between the teachers, the learners and also the learning environment that will bring about best of the students be created,

encouraged and developed. This is observed by assertions from Kearsley (1995) that overall success and effectiveness of distance education is essentially contributed to by various classroom interactions. Studies have also shown that there is connection between classroom interaction, student learning and attitude in traditional face to face study environment where everything is provided compared to a situation where the students work, there is no classroom, they are on their own, married in most cases and have to cope with a lot of exigencies that competes with the little time they have for the demanding academic work of Open and Distance learning characterised by high standard and quality which confer credibility on the awarded certificates in the face of competition from conventional learning establishments. All these problems are enough to disturb active learning by the students. This will negate Weimer (1993) observation which reiterated that when students are actively learning, they learn more information, retain the information longer, are able to apply the information in a better manner, and continue the learning process. Recent studies too have found that interaction in distance learning environment leads to increased academic achievement and greater retention rates (Lenning & Ebbers, 1999).

The much emphasised interactions at all times can only be made possible and effective when the learner's mind is at peace and without any emotional disturbance.

This is a function of the availability of Counsellors that radiate empathy, display unconditional positive regards and congruence at the study centres, a learning supporter who possess an adequate and proper approach of counselling at all times, then a blissful atmosphere that will encourage, motivate and put the mind of the learner at rest and also prepare them for active learning will be provided.

This paper seeks to situate the Multimodal Counselling Therapy at the core of learner support activities in distance learning institutions in order to ensure that the expected condition and situation that could assist the learners to achieve their educational outcomes are in place. Multimodal Counselling Therapy approach should be an adopted skill for carrying out councelling by Counsellors in the learners' support unit of ODL institutions.

Multimodal Counselling Therapy

Multimodal therapy is a counselling approach developed by Arnold A. Lazarus, a clinical psychologist, in response to the constraints of traditional behavioural counselling. The approach is based on the assumption that clients' needs are often better served if therapists work in multimodal rather than unimodal or bimodal fashion's (Nelson–Jones, 1996). Karasu (1996) estimated that there were at least 400 'Schools' of Psychotherapy. If each 'School' of Psychotherapy has its own basic techniques, a therapist adhering to eclecticism could use literally hundreds of different techniques (Palmer, 1992). A problem may occur when choosing what techniques to use for a specific problem. Lazarus (1989a) suggests that 'Unsystematic eclecticism is practiced by therapists who require neither a coherent rationale nor empirical validation for the methods they employ.'

Multimodal therapy therefore rests heavily on multimodal assessment to choose the most appropriate treatment techniques for particular clients with their unique psychological profiles and circumstances. It is a systematic prescriptive (technical) eclecticism which does not only allow for choosing whatever one feels right but a therapy based on data from the threefold impact of clients qualities, clinical skills and specific techniques (Lazarus, 1989c). Norcross and Greveavage (1990) believe that multimodal therapy is relatively theoretical pragmatic and empirical. It has overtime stood a test of time.

Amongst the most useful aspects of multimodal therapy vis-a-vis its value, is its application to stress management, counselling and psychotherapy as well as its comprehensive, yet straight-forward assessment procedures which aid a trainer/therapist to develop and negotiate with a client on an individual programme (Palmer and Dryden, 1991).

The fundamental premise according to Palmer (1992) is that clients are usually troubled by a multitude of specific problems that should be dealt with by a similar multitude of specific treatments. The multimodal approach stresses that all therapy should be tailored to meet the requirements that will help alleviate the conflicts of each person at different situations. The therapy is flexible enough to be tailored to fit the individual needs of the client, rather than the client needing to fit the

therapy. Multimodal therapy as propounded by Lazarus (1981) goes further than just an application of a collection of techniques. It operates within a consistent theoretical base and endeavours to pinpoint various processes and principles (Lazarus, 1989a). It was for this reason that Palmer and Dryden (1991) observed that it might have been better to call it multimodal assessment and comprehensive psychotherapy or something like that.

Basic Characteristics and Assumptions

Similar to other broad-based eclectic psychotherapeutic approaches, multimodal therapy is multidimensional, multifactorial and multifaceted. Lazarus (1989a) remarked that multimodal therapy provides a systematic, comprehensive psychotherapeutic structure that pragmatically contrives techniques, strategies and modalities which addresses specific assessment and treatment operations. It could be used for diagnosing and treating discrete and interactive problems within and among each vector of personality. Lazarus believes that the entire range of personality can be covered within seven specific modalities (Lazarus, 1981, 1989b). They help the therapists achieve a (W) holistic understanding of an individual. The Seven Modalities are Behaviour, Affective response, Sensation, Imagery, Cognition, Interpersonal, Drugs/Biology.

This modality is known by the acronym BASIC ID and is used for the assessment of clients. Although these modalities are interactive, they can be considered discrete functions (Roberts et al., 1980). Several basic assumptions about the therapists have implications for the practice of multimodal therapy.

For the therapy's workability and effectiveness, Roberts et al. (1980) observed that firstly, therapists must be effective as persons. Secondly, they need a broad range of skills and techniques to deal with the range of problems posed by their clients. Thirdly, they must have 'technical eclecticism', that is, they should be able to employ any techniques that have been demonstrated to be effective in dealing with specific problems Lazarus (1989a) also expressed a reservation that although all multimodal therapists are eclectic, yet not all eclectics are multimodal therapists. This invariably meant that multimodal therapists require good basic counselling skills in addition to their general working knowledge of techniques.

Therapeutic Techniques and Procedures

The multimodal therapist takes the view that a complete assessment and treatment programme must account for each modality of this BASIC ID. Thus, the BASIC ID is the cognitive map that ensures that each aspect of personality receives explicit and systematic attention (Lazarus, 1989c).

According to Corey (1991), Comprehensive therapy entails the correction of irrational beliefs, deviant behaviour, unpleasant feelings, stressful relations, negative sensations, and possible biochemical imbalances. Enduring change is seen as a function of combined strategies and tactics.

Multimodal therapy begins with a comprehensive assessment of the seven modalities of human functioning. Clients are asked question pertaining to the BASIC ID what follows is a modifications of this assessment process based on Lazarus' question (1989b, 1989c).

Behaviour – This normally refers to overt behaviours, including acts, habits and reactions that are observable and measurable. Some questions asked are ***"What would you like to change?" "How active are you?" "How much of a doer are?" "What would you like to start doing?" "What would you like to stop doing?" "What are some of your main strengths?" "What specific behaviours keep you from getting what you want?"***

Affect – This modality refers to emotions, moods, and strong feelings. Questions sometimes asked include: ***"How emotional are you?" "What emotions do you experience most often?" "What makes you laugh?" "What makes you cry?" "What makes you sad, mad, glad, scared?" "What emotions are problematic for you?"***

Sensation – This area refers to the five basic senses to touch, taste, smell, sight, and hear. Examples of question asked are: ***"Do you suffer from unpleasant sensations, such as pains, aches, dizziness, and so forth?" "How much do you focus on sensations?" "What do you particularly like or dislike in the way of seeing, smelling, hearing, touching and tasting?"***

Imagery – This modality pertains to ways in which we picture ourselves, and it includes memories and dreams. Some questions asked are: ***"What are some bother, some recurring dreams and vivid memories?" "Do you engage in fantasy and daydreaming?" "Do you have a vivid imagination?" "How do you view your body?" "How do you see yourself now?" "How would you like to be able to see yourself in the future?"***

Cognition – This modality refers to insights, philosophies, ideas and judgements that constitute one's fundamental values, attitudes, and beliefs. Questions include: ***"How much of a thinker are you?" "What are some ways in which you meet your intellectual needs?" "How do your thoughts affect your emotions?" "What are the values and beliefs you most cherish?" "What are some negative things that you say to yourself?" "What are some of your central irrational beliefs?" "What are the main – 'shoulds' 'oughts' and 'musts' in your life?" "How do they get in the way of effective living?"***

Interpersonal relationships – This modality refers to interactions with other people. Examples of questions include: ***"How much of a social being are you?" "To what degree do you desire intimacy with others?" "What do you expect from the significant people in your life?" "What do they expect from you?" "Are there any relationships with others that you would hope to change?" "If so, what kinds of changes do you want?"***

Drugs/Biology – This modality includes more than drugs, it takes into consideration one's nutritional habits and exercise patterns. Some questions asked are: ***"Are healthy and health conscious?" "Do you have any concerns about your health?" "Do you take any prescribed drugs?" "What are your habits pertaining to diet, exercise, and physical fitness?"***

These preliminary questioning is followed by a detailed life-history questionnaire. Once the main profile of a person's BASIC ID has been established, the next step consists of an examination of the interaction among the different modalities. Table 1 provides an example of a modality profile for a 37–year old man in counselling for generalized anxiety.

Table 1 Example of modality profile

MODALITY	PROBLEM	INTERVENTION
Behaviour	Procrastination tends to pull Out or withdraw when Frustrated Volatile and explosive	Contingency contracting Modeling and role playing of assertiveness skills, relaxation and communication training
Affect	Anxiety	Breathing and deep muscle relaxation stress inoculation training
	Depression	Coping imagery, increase rewarding activities
Sensation	Tension (esp. in jaws and Neck)	Relaxation training
	Lower – back pain	Orthopaedic exercises
Imagery	Lonely images Images of failure	Picturing various coping responses
Cognition	Perfectionism, Negative Scanning, Dichotomous, Thinking Self-downing	Cognitive restructuring
Interpersonal relationships	Passive, aggressive, unassertive Has few friends	Social skills and assertiveness training
Drugs/Biology	Insufficient, exercise, overweight	Healthy lifestyle programme

Second – order BASIC ID

A second – order BASIC ID assessment is undertaken when the most obvious techniques have not helped resolve a problem. The second – order assessment concentrates in more detail on the specific problem, as opposed to the initial assessment, which looks more at the overview. For example, Palmer (1992) observed that an individual who tried without

success, relaxation training to cope with anxiety attacks when speaking publicly may reveal on a close investigation that the cognition **'I must perform well'** increased the disputing of the irrational belief would then be preferred intervention.

This second phase of work intensifies specific facets of the person's problem areas and allows the therapist to understand the person more fully as well as devise effective coping and treatment strategies. Termination of therapy usually occurs when clients have dealt with the major problems on their modality profile or feel that they can cope with the remaining problem.

Evaluating Multimodal Therapy

Since modality profiles are commonly drawn up, therapists can evaluate progress for each problem within each of the seven BASIC ID dimensions. Lazarus provides the following examples of how a multimodal therapist specifies a client's gains and achievements (Lazarus, 1989c: 528).

Behaviour	**:**	Less withdrawn; less compulsive; more outspoken
Affect	**:**	More warm, less hostile; less depressed
Sensation	**:**	Enjoys more pleasures; less tense; more relaxed
Imagery	**:**	Fewer nightmares; better self-image
Cognition	**:**	Less self-downing; more positive self-statements
Interpersonal	**:**	Goes out on dates; expresses wishes and desires
Drugs/Biological	**:**	Stopped smoking; eat well; exercises regularly

Method of Administration

Multimodal therapy is an eclectic therapy and thus depends much on the therapist's skills and ability while its application basically tends to the suitability of the specific counselling theory and approach that best proffers a panacea to the problem at hand. This underscores the fact that Counsellors administering the therapy must possess various counselling skills needed to operate in the different areas of counselling techniques and approach. The areas of discipline from which Multimodal therapists seem to draw are mostly cognitive and behavioural. Categorising the various problems of ODL students from experience shows that it revolves

round anxiety, depressive mood, anger, relationship and career. Since human beings are diverse, some individual clients come with problems involving life complexities. There may be the need, in certain cases, for the use of psychological tests to fully detect a few facts about the client in order to have a better understanding of him or her in relation to his/her problems and by extension the approach and particular therapy to be used in order to resolve the problem at hand.

The administration of the system of therapy does not require any special setting other than the normal counselling setting, while the number of sessions is determined by the veracity of the problem of the client. It is the gravity of the client's problem that determines what follows after the initial contact between the therapist and the client. The counselling situation is like every other counselling relationship though there is need for openness on the part of the client for objectivity and the purpose of achievable goals while the counsellor should emphasises genuineness, warmth, accurate empathy, professionalism and development of good rapport as germane tools and skills for the developed therapeutic relationship.

Personal experiences have shown that the therapy will be better served vide the face-to-face sessions, although part of the sessions could take place through telephone interaction if there is a need for immediate intervention to resolve a client's immediate crises from a remote location. Physical interaction is necessary because there may be need for deploying of some skills that may involve observation of the non-verbal cues of the client by the Counsellor. Telephoning will mostly assist in following up the client's state of mind and situations.

ODL Environment and Multimodal

Open and Distance Learning system is innovative in nature and it is an attempt to bring education to the doorstep of all and sundry. It relaxes entry qualifications; rely on specially designed learning materials and different modified educational technologies. If the learners are not fully aware of the system and all it entails, they will definitely find themselves in an unfamiliar situation. As a matter of fact, ODL demand a lot from the students if an effective learning that will result in the award of certificates and eliminate attrition is expected to take place considering all that should

be put into schooling by the learners. There is tendency for different condition which the learner faces at a particular period of study to trigger the urge for withdrawal of studentship. As reiterated by Sharma (2002), the main aim of distance education is to promote self study or independent study among distance learners in the absence of regular face-to-face teaching this, it is therefore imperative that apart from providing quality course materials and looking at progress in terms of learning, interacting and effective communication by Distance Learning Institute (Simpson, 2000), the support system that ranges from study centre councelling/tutorial support to administrative problem solving (Rimble,1992) should be provided. Counselling and tutoring should include among others activities such as: suggesting ways and means of improving one's reading skills, planning and designing assignments and projects, explaining the conventions of the subject, giving the salient points of a lesson how to revise it, and generally inducing the newcomer into the discipline and into its intricacies as well as providing an exposure to improved study skills. This form of counselling is most desired by non-formal students in the first year of their study. It is however put to use through the entire course of the student's tenure in the university. And with the use of Multimodal Counselling Therapy approach, the possibility of the counselor being able to handle many of the problems that may emanate from the conditions is very high. The learners who are unique in their own right, are in their own unique situations and conditions, have problems which may not be the same and therefore requires solutions that are peculiar to each individual problem. The onus remains the fact that the success or failure of the overall corporate image of Distance education institutions as observed by Kishore (1998) is determined by the strength and weakness of its second major sub-system, that is, Learners' Support Services Unit where the professional counsellors are expected to hold sway.

Conclusion

This paper was intended to be a brief overview of multimodal therapy and counselling. It did not delve into the comprehensive step-by-step techniques of multimodal therapy but gives a detailed psychotherapeutic structure of the strategies and addresses specific assessment and treatment operations. The paper supports the view that the approach of multimodal therapy provides a context in which therapists can borrow techniques from

a variety of therapeutic systems and apply them to the unique needs of each client. The need is a range of socio psychological problems that may impede learning or completion of a program. These include language, culture, motivation, inadequate skills or preparation, anxiety, time, and work or family constraints. Distance learners, therefore, need various counselling services that will help them to be successful. Technically approached counselling will not only eliminate socio psychological encumbrances, they also foster personal development and the accomplishment of learning goals. It is a systematic prescriptive (technical) eclectism which does not only allow for choosing whatever one feels right but a therapy based on data from the threefold impact of clients qualities, clinical skills and specific techniques (Lazarus, 1989b). Norcross and Greveavage (1990) believe that multimodal therapy is relatively theoretical pragmatic and empirical. However, if less experience in some areas, then a referral to another therapist or specialist may be required.

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