

*Full length Research Paper*

# Bio-psychosocial efforts for health maintenance and health promotion

**\*Ameera Talal, Ahmed Yamani and Fahd W. E**

Department of Neuroscience, College of Medicine, King Faisal University, Kingdom of Saudi Arabia.

Accepted 15 July, 2018

**The significant role and contributions of counselling is now well recognized in remedial and preventive areas. Different models of healing and human functioning has appreciated the incredible efforts of counselling in the relevant fields. Medical setting has always been promoted by counselling, where counselling has proved its exertions through vital contributions in primary care to deal with various issues and problems towards patient perception, diagnosis, treatment and care. The health awareness, prevention and developmental issues are also covered by counselling in medical care. The contributions of counselling to medical care are enormous. This paper explores the integrity of counselling in medical setting along with the issues of patients perception.**

**Key words:** Counselling, medical setting, Counselling Psychology,

## INTRODUCTION

Counselling can be classified into remedial, preventive and the developmental approach (Jordaan et al., 1968). All these interventions may include individual and social counselling organized on different levels or groups; it also contains the ability to tackle future difficulties and to make balance between plans and enhancement of relationship whether it could be between couples, parent-child, individuals and within communities (Kagan et al., 1998). Benefited inputs of counselling has been reported by many studies in several areas. Bio-psychosocial model of healing and remedial aspects of human functioning has appreciated the counselling contributions in the approachable field. The definition of a bio-psychosocial perspective by Engel's was to incorporate the patient's psychological experiences and social or cultural context into a more comprehensive framework for understanding

disease, illness and health (Matarazzo, 1982). Since literature shows many debates in connection to health, illness and well-being, well-defined concept of disease says that it is not only associated with physical factors but also influenced by mind.

Significant changes were seen in health and health care systems. Important aspects of psychological science had been beautifully explored by Gentry (1984) who stated that the following points like life-style factors in the manifestation, maintenance of health problems and the development of psychological theories about health had facilitated the formation of new initiatives. After emergence of behavioral medicine and health psychology, a new explanation of health, illness and researches on health related factors were increased so far (Karademas, (2009). As an outcome, patients were increasingly

---

\*Corresponding author. Email: [ameera2telah@yahoo.com](mailto:ameera2telah@yahoo.com)

referred to psychologists for treatment and symptom management, where psychologists were involved in the efforts for health maintenance and health promotion in almost every population (Ayers et al., 2007; Bennett, 2000; Sarafino, 1999).

### **Role of counselling in health care**

Comprehensive knowledge and skills to deal with issues in health care has always been offered by counselling. The counselling plays an important role on the person's strengths, treating persons with respect and care. The approach of counselling has also incorporated the environmental factors, resources as well as psycho-education in treatment, bio-psychosocial model for understanding health and being familiar with interdisciplinary collaborations (Altmaier and Johnson, 1992; Roth-Roemer et al., 1998). Counselling psychology was directly related to health care treatments for certain health problems, including pain and insomnia (Krumboltz et al., 1979). In 1998, the first edition was exclusively dedicated to the role of Counselling Psychology in health care and this edition focused on variety of topics, like professional issues, areas of practice and interventions in special populations (Roth-Roemer et al., 1998). Medical professionals also acknowledge the significant contributions of psychological applications in the context of health and illness. It is recognized by the professional that the patient behavior is vitally important in preventive medicine and chronic illness where the active involvement of the patient is required (Corney, 1997).

Literature suggests that in 1987, the British Association for counselling sponsored a survey conducted by Glenys Breakwell to map the extent of counselling provision in the National Health Service outside primary care and found that the authorities considered the approach of counselling, although they had less counselling actions with various interpretations (Corney, 1997). During illness, where the patient's life gets affected by anxiety or distress, this is the most negative factor being identified for slow recovery from illness. Ley (1998) suggested that no evidence was available for the increased anxiety or depression when patients were told of their diagnosis. Literature suggests that adequate information and preparation before surgery has positive impact on patients and preparation has been shown to effect post-operative pain and symptoms (Corney, 1997). Similarly, Maguire (1991) quoted that "it is not necessary to give straightforward information to the patients; however, it is required in highly sensitive issues to explore what the individual already understands and how to cope with time. The importance of counselling has gradually increased and it has made significant contributions. Similarly, it has also reported that emotional distress can be reduced by active participation from the patient through decisions making in the treatment. Thus, patients

may actively involve towards illness or disease rather than just having feeling of being dependent or passive. It is also helpful to a counselor or a doctor to facilitate the concern patient by providing more information about various options (Corney, 1997). Evidences reported that counselling psychologist has exalted attentions towards health and well-being in the implementing of dynamic models that express hope for human growth and change even under conditions of disease and adversity (Elliott and Shewchuk, 1996).

Well, it was reported that various issues and problems in medical settings are dealt with by counselling such as in post-traumatic stress, coping and adjustment, pain management, pre- and post-operative stress, HIV disease, adjustment to coronary heart disease, substance misuse, renal disease, treatment non-compliance, infertility, anxiety, helping sick children and their families (Bor and Allen, 2007). Growing role of counselling in primary health care shows that it is not only significant for working with the patient with regards to diagnosis, treatment and care but also related with health education and prevention counselling (Bor and McCann, 1999). The counselling session helps patient to express their feelings about loss of abilities, roles and self-esteem; further, the counselors or doctors can assist them in knowing terminologies and/or coping with problems, gaps or other changes.

Generally, mental distress is accounted higher due to depression and anxiety because of the various factors and negative life events. Majority of referred patients are depressed, having anxiety and psychosocial problems, adding to the necessity of counselor or counselling in the primary care of patients with physical illness (Corney and Jenkins, 1993). Although, the major contributions of counselling has been documented as such in supporting patients, motivation for adherence towards treatment, continuation and positive life style. Number of behavioral risk factors has come into account to care as a threat to health, including smoking, diet, lack of exercise and drug abuse. Thus, individual or group counselling would be a significant addition to medical intervention (Corney, 1997). The role of counselling is not only significant to mental health concerns but also for overall health.

### **Rectitude of counselling psychology in medical context**

Today, the world has become complex day-by-day and different risk factors or problems have emerged as a serious reason to illness. Behavioral issues like smoking, sexual behavior, psychological stress or failure to engage in a positive self-care are more evident in most common causes of death than bacterial infection which claimed millions of lives (Berman and James, 2012) The existence of counselling psychologists in the field of medical care has been an interesting question since

decades along with questions about its identity, interface (Scott, 1980); yet the fact is that counselling psychology has made an important contribution to human health. It is reported by authors that counselling psychologist has contributed a lot including holistic attention to the ecologies or systems in which an individual's health is embedded; focus on human strengths, well-being and the concept of positive health rather than the absence of disease; interest in diverse and underserved populations and a developmental lifespan perspective (Alcorn, 1991).

It is important to determine the efficacy of counselling in medical setting (Tolley and Rowlands, 1995). The efficacy has been proven by various studies, Milne and Souter (1988) assessed the effect of counselling on the level of stress and found significant increases in the use of coping skills and decreased in the levels of stress. Additionally, Maes (1992) examined the psychosocial interventions with counselling and explored that it may affect cardiac rehabilitation in such a way that intervention may facilitate psychosocial recovery and aid return to everyday activities. Secondly, it may play an important role in secondary prevention by improving compliance with medical advice concerning medication and lifestyle changes. Davis and Fallowfield (1991) highlighted after the review of studies that counselling has been employed as an adjunct to physical treatment for many other medical conditions ranging from diabetes mellitus to spinal cord injury. In addition to Maes (1992), Davis and Fallowfield (1991) also reviewed and quoted that —considerable evidence on counselling and related forms of intervention can have beneficial effects on reported stress levels, professional re-integration, necessary lifestyle changes and perhaps in morbidity and mortality as well. Moreover, the contributions of counselling in medical care are enormous and it has played an important role in the respective fields; still we need to know some specific or detailed programs and training for counselling intervention.

### **Counselling psychologist and medical setting**

The main expertise of Counselling Psychologists involves dealing with behavior through the executions of different roles, responsibilities along with different evaluations. A Counselling Psychologist is known as an expert in behavior, since psychologists practice for several things such as understanding of psychological process of human behavior, mental and physical functioning of the patients, advisors towards care, training experts and organizer of projects and different psychosocial interventions. BPS Division of Counselling Psychology (2007) and Kagan et al. (1998) quoted that —counselling psychologists has significant role as they can deliver the information regarding the psychological well-being to the patients; however, it also offers specific recommendations which will be helpful to assist medical staff'. Under the

proficiencies of counselling, psychologist may provide a portion of advice or instructions on how to manage everyday difficulties, work load, on decision making, dealing with death and dying patients (BPS Division of Counselling Psychology, Earll and Bath, 2004). Additionally, psychologists also gives information on every significant parts of the medical milieu such as patients and their needs, medical personnel, the environment and any special conditions (Carmin and Roth-Roemer, 1998). The role of Counselling Psychologists is very important and significant as it concerns patients' health because despite physical strain, there is another crucial aspect of patients' life where requisite counselling and psychologists are needed. According to identical concept defined by Bennett (2000) and Belar and Deardorff (1995), a psychologist can offer large help to the patients functioning at every important level such as physical level, emotional level, cognitive and behavioral level. Variety of collection of techniques are available in order to use as individual and group counselling, therapies, training, crisis intervention, stress management, motivational interview, guided imagery, behavior analysis and modification, cognitive restructuring and many more as per the obligatory conditions (Karademas, 2009). Cognitive behavioral models are the main base of these techniques which have been associated in the effectiveness of many health conditions including cardio-vascular disorders (e.g., Bellg, 2004; Gidron et al., 1999); diabetes mellitus (e.g., Norris et al., 2001), HIV/AIDS (e.g., Bor et al., 2004; Chesney and Antoni, 2002); sexual health (e.g., Aarø et al., 2006) and surgical procedures (e.g., Lang et al., 2000; Petry, 2000) and many more.

Interestingly, Gatchel and Oordt (2003) have created four major models on the roles of psychologist in the primary care. The roles are: working with psychological clinic and not integrated into the health care clinic, working as a provider and collaborates with the medical personnel, and acting as a behavioral health consultant by involving in different tasks. The final model states to the staff adviser who consults only the medical staff about defining and treating the problem, although these models are not equally absolute. However, it shows how much counselling and medical settings are closely connected and likewise show the significance of counselling for the guidance of patients. Similarly, the participation of counselling has also been highlighted in prevention and promotion of health. The interesting summarization on counselling psychology has been given by American Psychological Association (APA) which states that —Counselling psychology is a general practice and health service provider specialty which centers on typical or normal developmental issues as well as a typical or dis-ordered development too and helps people improve their well-being (American Psychological Association (APA) n.d. Paragraph 1) as well as states that counseling psychology interventions may be

—preventive, skill-enhancing or remedial (Paragraph 8) (Berman and James, 2012).

Similarly, detailed guidelines to define best practice in prevention, research, training and social advocacy to improve the well-being of individual and community has been designed. These best practices will assist the psychologist in evaluating their preparation for the participation in prevention work and their understandings (Hage et al., 2007). Another significant point has also been highlighted in relation to the importance of qualities of counselors which shows that counselors do not only place emphasis on methodology, but it is suggested that counselors who offer warmth, genuineness and empathy have been shown to be consistently effective (Corney, 1993).

### **Counselling and communication skills**

Counselling psychologists works to provide an opportunity which focuses on health education and preventative counselling (Bor and McCann, 1999). Important to mention, medical professionals or other fields equally feel the necessity of having positive communication and basic counselling skills. To fulfill the requirement of patients, the awareness of basic counselling skills and positive communication is a must among professionals. Evidence suggests that counselling and communication skills are inter-connected as counselling fulfills their goals by following the steps and skills of communication.

### **Issues and counselling**

The evidences suggest that majority of patients' cases are surrounded by the mental illness, behavioral risk factors and psychosocial issues. Apart from the importance of counseling, few significant issues were also pin-pointed to be explored, which would always be vital in future and crucial to consider. Undoubtedly, training and improvement of skills has always been needed in the context of counselling. It is important to determine the criteria for trainings, required skills, experiences as well as the qualifications of the counselor in the medical settings. It was said by Roslyn Corney (1997) that systematic training is required specifically for those counselors who were working in medical sectors with the proper accreditations and registration procedures. Purposed literature suggests that counselors working in practice are diverse in the qualifications and experiences they possess (Sibbald et al., 1993). Another issue which is very important and critical as reported by Corney (1997) is collaboration and confidentiality to maintain by counselors. To maintain the confidentiality is very important in any official case; however, in the case of counselling in medical setting, it is important to share relevant information to the doctors, but to some extent

counselors do not share all information with the medical doctors for the sake of the confidentiality which may lead to difficulties. Similarly, Tyndall (1993) purposed that an interdisciplinary study programme found that counselors were often less able to form collaborative relationship than other health workers or social service personnel. Few awareness criteria for counselors were suggested regarding the provisions in the community such as social services personnel, community mental health teams, voluntary and self-help groups as well as to have good understanding of the medical model and the side effects of the drugs that their clients receive, even if they do not use the model themselves (East, 1995). Increasing role of counselors in medical settings provided brief, evidence based counselling sessions focusing on symptom control or alleviation and helping to enhance patient autonomy and coping (Bor et al., 2004). However, counselors have played a considerable role in the making of team resource management and patient safety programmes.

### **Patient's awareness, perception and satisfaction towards counselling**

Patient's perception and utilization of counselling is important to explore because if the patient has any prolonged illness where guidance is important, these are not taken as recommended professional advices. Lifestyle factors like diet, exercise, sleep and smoking behavior in some cases are difficult to change due to the required time, considerable effort and motivation. Likewise, ambivalence about behavior change is a common problem in health care consultations (Rollnick et al., 1992). As an outcome, no improvement and low medication adherence were seen in patients. It is reported that the barriers to the utilization and perception toward counselling or any lifestyle change is underlying the attitude of health care professional or counselors towards the personal costs, and the patient looking closely at the personal implications of change and the immediate costs while minimizing future benefits (Tuckett et al., 1985). Therefore, the patient's resistance to change is increased (Miller and Rollnick, 1991). Different models on health behavior shows the three common concepts (Doherty et al., 2000) that may create impact on patient perception and behavior; these include the patient's expectations about the consequences of engaging in the behavior, the influence of the patient's perception of, or beliefs about, personal control over the behavior, and the social context of the behavior. Generally, in the light of these models, emphasis has been placed on a different set of techniques of counselling to be applied in various hospitals and in private practices for intervention and as a part of treatment.

The existence of counselling in medical context has been proven by the evidences as well as by scholars'

views. The aspect worth considering about patient awareness, perception and satisfaction towards counselling has been sophisticatedly handled by the researches, as one study concerned about how GP's counselling or other counselling should be conducted into practice; however, general practitioners (GPs) perceived counselling as difficult (Mann and Putnam, 1989). Similarly, patients characterized that counselling are as insensitive and rushed in few cases (Malterud and Ulriksen, 2010; Brown et al., 2006); also, low patient compliance (Oldridge and Stodefalke, 1984; Graves and Miller, 2003) were also experienced in lifestyle counselling in general practice. On the other hand, it was suggested that shared decision-making, an integral aspect of patient centered medicine increases the patients' expectations as to their own compliance (Edwards et al., 2004).

An examination of the effects of verbal and written counselling given to patients and of Cochrane review shows that the combination of both verbal and written health information improves patients' knowledge and satisfaction (Johnson and Sandford, 2008). However, on the contrary, many patients reported dissatisfaction about the information which they received. A new initiative of counselling has been taken by pharmacists in the management of chronic illness but patients still seems to be unfamiliar with the concept (Van Geffen et al., 2009; Chewing and Schommer, 1996; Gastellurrutia et al., 2006). A review showed that the rates of counselling provided in pharmacies reported by consumers ranged from 8 to 56% (Puspitasari et al., 2009). However, patients' needs for and satisfaction with information is likely to fluctuate over time and with their experience of treatment (Van Geffen et al., 2009; Dickinson and Raynor, 2003). Similarly, several studies depicted the intervention or counselling technique to enhance the medication adherence. Likewise, Omran et al. (2012) conducted a review on pharmacist's intervention to improve medication adherence. Different methods of improving adherence which includes telephone follow-ups, handing out leaflets and face-to-face sessions were recorded. Studies showed that adherence rates were higher in patients receiving some sort of intervention. However, a study by Geffen et al. (2011) examining patients satisfaction on cardiovascular medications received from pharmacies, reported that 58% were unsatisfied with the information they received. Interesting information was also revealed from the patients regarding the information of side effects as many patients preferred to receive as much side-effect information as possible. However, some patients did not wish to receive side-effect information, as they were concerned that it may impact negatively on their adherence to medication (Borgsteede et al., 2011) One of the other strain reported by Hamrosi et al. (2013) showed that patients want written information, however they are generally not supplied with it. Time constraints, possible creation of

patient anxiety, low literacy, and perceived length and complexity of the information were common reasons for not providing it. Moreover, effective and less demand can be one of the main factors to increase the relationship between counselling professionals and patient behavior.

## Conclusion

Overall, the investigation of effectiveness of counselling in any sector is hard to determine in a specific way although it has shown countless constructive outcomes. This article expands to understand the role of counselling in medical setting. The process was completed through the different opinions, evidences and inputs of researches on the significant contribution of counselling psychology. Results suggest that client or patient centered approach had a significant impact on medical practice for patient care. Practitioners reported that sufficient understanding of the patient views is important in the process of consultation and medical treatment and decision has to be developed on the basis of shared involvement. It was also coded that to facilitate this into practice, various skills of counselling such as active listening, empathy, responding and reflection has to be improved which is very important for counselors and medical practitioners. Counselling may not only be related to the improvement in patient well-being and emotional well-being but also improves the compliance with treatment, patient satisfaction and recovery from surgery or other medical treatment. The central role of counselling is to provide benefit for patient in risk reduction or illness (physical and mental both) and it is also helpful for family members, community and for safety programmes. Interesting spotlight on the patient awareness and perception towards counselling revealed that a number of risk factors may create impact on adherence to follow the recommended action such as difficult counselling, insensitive and highly cost effective. As was well documented, psychological counselling includes meditation, relaxation and other methods of stress management (Young and Jacqueline, 2007) which will be very sustainable to any chronic health issues. Evidences also show the considerable efforts of counselling in prevention and promotion of health in lifespan development and changes. The significance of counselling has been widely accepted by all over the world. Thus, different sectors are applying the counselling skills to improve team management in the related fields. However, the need of training, research, practices and proper education in counselling still remain the same, but to be improved. It is mandatory to provide adequate training programmes or awareness workshops for counselors to do proper justice to the emerging requirement. The contributions of counselling would always prove to be a better model for human growth, health and well-being under any adversity.

## CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

## REFERENCES

- Aarø LE, Fliisher AJ, Kaaya S, Onya H, Fuglesang M, Klepp K, Schaalma H (2006). Promoting sexual and reproductive health in early adolescence in South Africa and Tanzania: Development of a theory- and evidence-based intervention programme. *Scand. J. Public Health*. 34:150-158.
- Alcorn JD (1991). Counselling psychology and health applications. *Couns. Psychol.* 19:325-341.
- Altmaier EM, Johnson BD (1992). Health related applications of counselling psychology: Toward health promotion and disease prevention across the life span. In S.D. Brown and R.W. Lent (Eds.), *Handbook of Couns. Psychol.* (2nd ed.). New York: Wiley. pp. 315-347.
- American Psychological Association (APA) (n.d). Archival description of counselling psychology. Retrieved, 2009. Retrieve from <http://www.apa.org/crpspp/counselling.html>.
- Ayers S, Baum A, McManus C, Newman S, Wallston K, Weinman J, West R (2007). *Cambridge handbook of psychology, health and medicine*. Cambridge: Cambridge University Press.
- Belar CD, Deardorff WW (1995). *Clinical Health Psychology in Medical Settings. A practitioner's guidebook*. Washington, DC: American Psychological Association.
- Bellg AJ (2004). Clinical cardiac psychology. In Camic, P., and Knight, S. (Eds.) *Clinical handbook of health Psychology* Göttingen: Hogrefe and Huber. pp. 30-5.
- Bennett P (2000). *An introduction to clinical health psychology*. Buckingham: Open University Press.
- Berman IM, James CL (2012). *Counselling Health psychology*. In Altmaier, Elizabeth M., and Hasen, Jo-Ida C. (2012) *The Oxford handbook of counselling Psychology*. New York: Oxford University Press, Inc.
- Bor R, Allen J (2007). Counselling. In Ayers, S., Baum, A., McManus, C., Newman, S., Wallston, K., Weinman, J., West, R. (2eds). (2007). *Cambridge Handbook of Psychology, Health and Medicine*. Cambridge University Press. [https://books.google.com.sa/books?id=hNY7P1z6qBoC&pg=PA349&lpg=PA349&dq=post-traumatic+stress,+coping+and+adjustment,+pain+management,+pre+and+postoperative+stress,+HIV+disease,+adjustment+to+coronary+heart+disease,+substance+misuse,+renal+disease,+treatment+non-compliance,+infertility,+anxiety,+helping+sick+children+and+their+families+to+cope+these+issues+\(Bor+%26+Allen,+2007\)&source=bl&ots=q5n\\_l6enOA&sig=7QW7Zp2p4EFnoly-3qGW7iD1mIM&hl=mr&sa=X&ved=0ahUKewj1ieKhmunPAhXFuxQKHUCIDV0Q6AEIGzAA#v=onepage&q=post-traumatic%20stress%2C%20coping%20and%20adjustment%2C%20pain%20management%2C%20pre-%20and%20postoperative%20stress%2C%20HIV%20disease%2C%20adjustment%20to%20coronary%20heart%20disease%2C%20substance%20misuse%2C%20renal%20disease%2C%20treat&f=false](https://books.google.com.sa/books?id=hNY7P1z6qBoC&pg=PA349&lpg=PA349&dq=post-traumatic+stress,+coping+and+adjustment,+pain+management,+pre+and+postoperative+stress,+HIV+disease,+adjustment+to+coronary+heart+disease,+substance+misuse,+renal+disease,+treatment+non-compliance,+infertility,+anxiety,+helping+sick+children+and+their+families+to+cope+these+issues+(Bor+%26+Allen,+2007)&source=bl&ots=q5n_l6enOA&sig=7QW7Zp2p4EFnoly-3qGW7iD1mIM&hl=mr&sa=X&ved=0ahUKewj1ieKhmunPAhXFuxQKHUCIDV0Q6AEIGzAA#v=onepage&q=post-traumatic%20stress%2C%20coping%20and%20adjustment%2C%20pain%20management%2C%20pre-%20and%20postoperative%20stress%2C%20HIV%20disease%2C%20adjustment%20to%20coronary%20heart%20disease%2C%20substance%20misuse%2C%20renal%20disease%2C%20treat&f=false)
- Bor R, McCann D (1999). *The Practice of Counselling in primary care*. London: Sage <http://sk.sagepub.com/books/the-practice-of-counselling-in-primary-care>
- Bor R, du Plessis P, Russell M (2004). The impact of disclosure of HIV on the index patient's self-defined family. *J. Fam. Ther.* 26:167-192.
- Bor R, Gill S, Miller R, Parrott C (2004). *Doing therapy briefly*. Basingtoke: Palgrave Macmillan. [https://books.google.com.ng/books?id=hNY7P1z6qBoC&pg=PA351&lpg=PA351&dq=Bor+R,+Gill+S,+Miller+R,+Parrott+C+\(2004\).+Doing+therapy+briefly.+Basingtoke:+Palgrave+5.+Macmillan&source=bl&ots=q6h0c0nkPE&sig=t0oZb0GlygtSsbHQdhdl3teh9M&hl=en&sa=X&ved=0ahUKewjpkp\\_S8JPZAhWJJC AKHWkkCv8Q6AEIJzAA#v=onepage&q=Bor%20R%2C%20Gill%20S%2C%20Miller%20R%2C%20Parrott%20C%20\(2004\).%20Doing%20therapy%20briefly.%20Basingtoke%3A%20Palgrave%205.%20Macmillan&f=false](https://books.google.com.ng/books?id=hNY7P1z6qBoC&pg=PA351&lpg=PA351&dq=Bor+R,+Gill+S,+Miller+R,+Parrott+C+(2004).+Doing+therapy+briefly.+Basingtoke:+Palgrave+5.+Macmillan&source=bl&ots=q6h0c0nkPE&sig=t0oZb0GlygtSsbHQdhdl3teh9M&hl=en&sa=X&ved=0ahUKewjpkp_S8JPZAhWJJC AKHWkkCv8Q6AEIJzAA#v=onepage&q=Bor%20R%2C%20Gill%20S%2C%20Miller%20R%2C%20Parrott%20C%20(2004).%20Doing%20therapy%20briefly.%20Basingtoke%3A%20Palgrave%205.%20Macmillan&f=false)
- Borgsteede SD, Karapinar-Carkit F, Hoffmann E, Zoer J, van den Bemt P (2011). Information needs about medication according to patients discharged from a general hospital. *Patient. Educ. Couns.* 83(1): 22-28.
- British Psychological Society (2007). *New ways of working for applied psychologists in health and social care*. Leicester: The British Psychological Society <http://www.wiltshirepsychology.co.uk/Working%20Psychological%20ally%20in%20Teams.pdf>
- Brown I, Thompson J, Tod A, Jones G (2006). Primary care support for tackling obesity: A qualitative study of the perceptions of obese patients. *Br. J. Gen. Pract.* 56:666-72.
- Carmin C, Roth-Roemer S (1998). Working in medical settings: diagnostic, practice, and professional issues. In Roth-Roemer, S., Robinson Kurpius, S. R., and Carmin, C. (Eds.). *The emerging role of counselling psychology in health care* New York: W.W. Norton and Company. pp. 77-93.
- Chesney MA, Antoni MH (2002). *Innovative approaches to health psychology: Prevention and treatment lessons from AIDS*. Washington, DC: American Psychological Association.
- Chewning B, Schommer JC (1996) Increasing clients' knowledge of community pharmacists' role. *Pharm. Res.* 13:1299-304.
- Corney R, Jenkins R (1993). *Counselling in General Practice*, London: Routledge.
- Corney R (1997). *Counselling in the medical context*. In Palmer, S. and McMahon, G (2<sup>nd</sup> ed). *Handbook of counselling*, London: Routledge.
- Davis H, Fallowfield I (1991). *Counselling and communication in health care*. Chichester: John Wiley.
- Dickinson D, Raynor DKT (2003). Ask the patients - they may want to know more than you think. *Br. Med. J.* 327:861.
- Doherty Y, James P, Roberts S (2000). Stage of change counselling. In: Snoek, F.J., Skinner, T.C., editors. *Psychology in diabetes care*. Chichester: Wiley.
- Earll L, Bath J (2004). Consultancy: What is it, how do you do it, and does it make any difference. In Michie, S. and Abraham, C. (2004), *Health Psychol. Pract.* pp.230-250. Oxford: Blackwell.
- East P (1995). *Counselling in medical settings*. Buckingham: Open University Press.
- Edwards A, Elwyn G, Hood K, Atwell C, Robling M, Houston H (2004). Patient-based outcome results from a cluster randomized trial of shared decision making skill development and use of risk communication aids in general practice. *Fam. Pract.* 21:347-54.
- Elliott TR, Shewchuk RM (1996). Defining health and well-being for the future of counselling psychology. *Couns. Psychol.* 24:743-750.
- Gastellurrutia MA, de San Vicente OG (2006). Eruancetamurgil O, Odriozzola I, Fernandez- Llimos F. Customers' expectations and satisfaction with a pharmacy not providing advanced cognitive services. *Pharm. World. Sci.* 28:374-6.
- Gatchel RJ, Oordt MS (2003). *Clinical health psychology and primary care*. Washington, DC: American Psychological Association.
- Geffen ECV, Philbert D, Boheemen C, van Dijk L, van Bos MB, Bouvy ML (2011). Patients' satisfaction with information and experiences with counselling on cardiovascular medication received at the pharmacy. *Patient. Educ. Couns.* 83(3):303-309.
- Gentry WD (1984). *Handbook of behavioural medicine*. New York: Guilford.
- Gidron Y, Davidson K, Bata I (1999). The short-term effects of a hostility reduction intervention on male coronary heart disease patients. *Health Psychol.* 18:416-420.
- Graves, K.D., Miller, P.M. (2003). *Behavioural medicine in the prevention and treatment of cardiovascular disease*. *Behav. Modif.* 27:3-25.
- Hage SM, Romano LJ, Conyne KR, Kenny M, Matthews C, Schwartz PJ, Waldo M (2007). *Best Practice Guidelines on Prevention Practice, Research, Training, and Social Advocacy for Psychologists*. *Couns. Psychol.* 35(4):493-566.
- Hamrosi KK, Raynor DK, Aslani P (2013). Pharmacist and general practitioner ambivalence about providing written medicine information to patients-A qualitative study. *Res. Soc. Adm. Pharm.* 9(5):517-530.
- Johnson A, Sandford J (2008). Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home. *Cochrane Collaboration* 20(4):423-429.

- Jordaan JE, Myers RA, Layton WC, Morgan HH (1968). The counselling psychologist. Washington, DC: American Psychological Association.
- Kagan N, Armsworth MW, Althmaier EM, Dowd ET, Hansen JC, Mills DE, Schlossberg N, Sprinthall NA, Tanney MF, Vasquez MJT (1998). Professional practice of counselling psychology in various settings. *Couns. Psychol.* 16:347-365.
- Karademas CE (2009). Counselling Psychology in Medical Settings: The Promising Role of Counselling Health Psychology. *Eur. J. Couns. Psychol.* 1:1.
- Krumboltz JD, Becker-Haven JF, Burnett KF (1979). Counselling psychology. *Ann. Rev. Psychol.* 30:355-402.
- Lang EV, Benotsch EG, Fick LJ, Lutgendorf S, Berbaum ML, Berbaum KS, Logan H, Spiegel D (2000). Adjunctive non-pharmacological analgesia for invasive medical procedures: A randomised trial. *The Lancet* 355:1486-1490.
- Ley P (1988). *Communication with Patients*, London: Croom Helm.
- Maes S (1992). Psychosocial aspects of cardiac rehabilitation in Europe. *Br. J. Clin. Psychol.* 1:473-83.
- Maguire P (1991). Managing difficult communication tasks. In Corney, R. (ed.) *Developing Communication and Counselling skills in Medicine*, London: Routledge.
- Malterud K, Ulriksen K (2010). Obesity in general practice: A focus group study on patient experiences. *Scand. J. Prim. Health Care.* 28:205-10.
- Mann KV, Putnam RW (1989). Physicians' perceptions of their role in cardiovascular risk reduction. *Prev Med.* 18:45-58.
- Matarazzo JD (1982). Behavioral Health's Challenge to Academic, Scientific, and Professional Psychology. *Am. Psychol.* 37:1-14.
- Miller WR, Rollnick SR (1991). *Motivational interviewing: preparing people to change behaviour*. New York: Guilford Press.
- Milne D, Souter K (1988). A re-evaluation of the clinical psychologist in general practice. *J. R. Coll. Gen. Pract.* 38:457-60.
- Norris SL, Engelgau MM, Narayan KM (2001). Effectiveness of self-management training in type 2 diabetes: A systematic review of randomized controlled trials. *Diabetes Care.* 24:561-587.
- Oldridge NB, Stoedefalke KG (1984). Compliance and motivation in cardiac exercise programs. *Clin. Sports Med.* 3:443-54.
- Omran D, Guirguis LM, Simpson SH (2012). Systematic Review of Pharmacist Interventions to Improve Adherence to Oral Antidiabetic Medications in People with Type 2 Diabetes. *Can. J. Diabetes.* 36(5):292-299.
- Petry JJ (2000). Surgery and complementary therapies: A review. *Altern. Ther. Health Med.* 6:64-74.
- Puspitasari HP, Aslani P, Krass I (2009). A review of counselling practices on prescription medicines in community pharmacies. *Res. Social. Adm. Pharm.* 5:197-210.
- Rollnick SR, Heather N, Bell A (1992). Negotiating behaviour change in medical settings: the development of brief motivational interviewing. *J. Ment. Health* 1:25-37.
- Roth-Roemer S, Robinson KSR, Carmin C (1998). *The emerging role of counselling psychology in health care*. New York: W. W. Norton and Company.
- Sarafino EP (1999). *Health psychology. Biopsychosocial interactions* (3rd ed.). New York: Wiley.
- Scott CW (1980). History of the division of counselling psychology: 1945-1963. In L.M. Whiteley (Ed.) *Hist. Couns. Psychol.* Pp.25-40. Monterey, CA: Brooks/Cole.
- Sibbald B, Addington-Hall J, Brennehan D, Freeling P (1993). Counselors in English and Welsh general practices: their nature and distribution. *Br. Med. J.* 306:29-33.
- Tolley K, Rowlands N (1995). Evaluating the cost- effectiveness of counselling in health care. London: Routledge.
- Tuckett D, Boulton M, Olsen C, Williams A (1985). *Meetings between experts: an approach to sharing ideas in medical consultations*. London: Tavistock.
- Tyndall N (1993). *Counselling in the voluntary sector*. Buckingham: Open University Press.
- Van Geffen ECG, Hermsen JHCM, Heerdink ER, Egberts ACG, Verbeek-Heida PM, Van Hulst R (n.d). The decision to continue or discontinue treatment: experiences and beliefs of users of selective serotonin-reuptake inhibitors in the initial months—a qualitative study. *Res Soc Admin Pharm*; In press.
- Van Geffen ECG, Kruijtbosch M, Egberts ACG, Heerdink ER, van Hulst R (2009). Patients' perceptions of information received at the start of selective serotonin- reuptake inhibitor treatment: implications for the community pharmacy. *Ann. Pharmacother.* 43:642-9.
- Young J (2007). *Complementary Medicine for Dummies*. Chichester, England: Wiley. ISBN 9780470026250. OCLC 174043853. Chapters 8 and 13.