THE EFFECT OF INDIVIDUAL COUNSELING ON
THE ANXIETY LEVEL OF PARAPLEGIC PATIENTS

DUANGJAI SUCONTAMARN

A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
(REHABILITATION SERVICE FOR PERSONS WITH
DISABILITIES)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2002

ISBN 974-04-1430-3
COPYRIGHT OF MAHIDOL UNIVERSITY
Thesis
entitled
The Effect of Individual Counseling on The
Anxiety Level of Paraplegic patients

Duangjai Sucontamarn
Mrs. Duangjai Sucontamarn
Candidate

Chalong Boonyananta
Assoc.Prof. Chalong Boonyananta,
Ph.D.
Major-advisor

Orn-anong Songcharoen
Mrs. Orn-anong Songcharoen,
Bc.S (Psychology)
M.S. (Clinical Psychology)
Co-advisor

Liangchai Limlomwongse,
Ph.D.
Dean
Faculty of Graduate Studies

Copyright by Mahidol University
Thesis
titled
The Effect of Individual Counseling on The
Anxiety Level of Paraplegic patients

was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Arts
on
April 12, 2002

Mrs. Duangjai Sucontamarn
Candidate

Assoc. Prof. Chalong Boonyananta, Ph.D.
Chair

Assoc. Prof. Sirichai Chinatangkul, Ph.D.
Member

Prof. Liangchai Limlomwongse,
Ph.D.
Dean
Faculty of Graduate Studies
Mahidol University

Copyright by Mahidol University
ACKNOWLEDGEMENT

The accomplishment of this thesis is due to thanks to the generosity of Associate Professor Dr.Chalong Boonyananta, Associate Professor Dr.Sirichai Chinatangkul and Orn-anong Songcharoen M.S., who had extended my knowledge, given instructions and revised the thesis to be the better piece of work. I extremely appreciate these kind-hearted professors who had given me understanding, caring and encouragement along the way since the beginning of the project till the end.

My gratitude is also owed to Poonsri Rangsikachi, M.D., Nichanta Punyaake and Jintana Singkhon-ard, M.Sc., who had guided me in conducting this thesis and examined the research tools.

I would like to express my gratefulness to the director of Khon Kaen Hospital who allowed me to conduct the pre-test of the research tools as well as to the director of Srinakarin Hospital who granted me a permission to collect the research data. My thankfulness is also extended to the staff of Khon Kaen Hospital and Srinakarin Hospital, as well as my supervisor and colleagues, who had supported and encouraged me all through the research process. I feel grateful for the cooperation from all paraplegic patients participating in the project. Without them, this project would never have been completed.

Most importantly, I would like to whole-heartedly express my great appreciation to my beloved family -- father Pimon, mother Sunee, sisters Patima and Apiradee -- whose consistent support and endless love have carried me through these long years to the successful graduation.

Lastly, I would like to thank my dear daughter Panida Tientaworn who has inspired me with greater courage, strength and endurance to go through tough times till the sweet end of the thesis completion.

Duangjai Sucontamarn
The purpose of this research was to study the effect of individual counseling on the anxiety level of paraplegic patients. The hypotheses were: (1) After counseling, the anxiety level of experimental group would decrease; (2) The anxiety level of the experimental group would be lower than the anxiety level of the control group. Both groups were tested for anxiety level before and after the experiment. The sample groups were 15-50 years old paraplegic patients who were being treated in Srinakarin Hospital. Patients who had anxiety level scores close to and above the mean scores in the Spilberger’s and group anxiety level test were selected. All patients volunteered to participate in the research and were separated into high and low anxiety groups. There were 20 patients, 10 people; the experimental group and 10 people; the control group. The experimental group was provided with individual counseling of six sessions per person, 45-60 minutes per session. The research provided the counseling. The Mann–Whitney U test and The Wilcoxon Match Pair Signed Ranks test were used to analyze the data.

The results of the research were as follows:

(1) After the experiment, the anxiety of the experimental group significantly increased to the .05 statistical level.

(2) The control group’s anxiety level remained constant.

Therefore, neither hypothesis was proved. Further research is indicated.
The Effect of Individual Counseling on the Anxiety Level of Paraplegic Patients

Copyright by Mahidol University
# CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENT</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH ABSTRACT</td>
<td>III</td>
</tr>
<tr>
<td>THAI ABSTRACT</td>
<td>IV</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>V</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Background and significance of the problem</td>
<td>1</td>
</tr>
<tr>
<td>Research Problem</td>
<td>1</td>
</tr>
<tr>
<td>Research Hypothesis</td>
<td>3</td>
</tr>
<tr>
<td>Scope of the Research</td>
<td>3</td>
</tr>
<tr>
<td>Basic Agreement</td>
<td>3</td>
</tr>
<tr>
<td>Definition</td>
<td>4</td>
</tr>
<tr>
<td>Definition</td>
<td>4</td>
</tr>
<tr>
<td>Advantages of the Research</td>
<td>4</td>
</tr>
<tr>
<td>II. LITERATURE REVIEW</td>
<td></td>
</tr>
<tr>
<td>Paraplegic paralysis</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5</td>
</tr>
<tr>
<td>Concept of Anxiety</td>
<td>8</td>
</tr>
<tr>
<td>Types of Anxiety</td>
<td>8</td>
</tr>
<tr>
<td>Anxiety about III ness and Being Admitted in Hospital</td>
<td>12</td>
</tr>
<tr>
<td>Counseling</td>
<td>14</td>
</tr>
<tr>
<td>Related Research</td>
<td>21</td>
</tr>
<tr>
<td>Conclusion</td>
<td>22</td>
</tr>
<tr>
<td>III. MATERIALS AND METHODS</td>
<td></td>
</tr>
<tr>
<td>Population and Sample</td>
<td>24</td>
</tr>
<tr>
<td>Research Tools</td>
<td>24</td>
</tr>
<tr>
<td>Data Collection</td>
<td>24</td>
</tr>
<tr>
<td>Type of Research</td>
<td>29</td>
</tr>
<tr>
<td>Data Analysis and Statistics</td>
<td>30</td>
</tr>
</tbody>
</table>
CONTENTS (CONT.)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV. RESULTS AND DISCUSSION</td>
<td>31</td>
</tr>
<tr>
<td>Research Result</td>
<td>31</td>
</tr>
<tr>
<td>V. CONCLUSION</td>
<td>41</td>
</tr>
<tr>
<td>Conclusion</td>
<td>41</td>
</tr>
<tr>
<td>Suggestions</td>
<td>43</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>45</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>49</td>
</tr>
<tr>
<td>A. LIST OF EXAMINERS OF THE RESEARCH TOOLS</td>
<td>50</td>
</tr>
<tr>
<td>B. RESEARCH TOOLS</td>
<td>52</td>
</tr>
<tr>
<td>C. STATISTICS</td>
<td>76</td>
</tr>
<tr>
<td>D. CONCLUSION OF THE RESULT ON INDIVIDUAL COUNSELING</td>
<td>79</td>
</tr>
<tr>
<td>BIOGRAPHY</td>
<td>101</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1  Age of sample ........................................... 32
Table 2  Characteristics of the sample classified by education,  
         Occupation, income and causes of injury .......... 33
Table 3  The results of State-Anxiety test (Form X-I) of the paraplegics 
         patients between the experimental and controlled groups 
         before getting counseling ................................ 34
Table 4  The results of the Trait-Anxiety test (Form X-II) between 
         the controlled and experimental groups before getting counseling ........................................... 34
Table 5  The results of the State-Anxiety test (Form X-I) of the 
         controlled group before and after getting counseling ....................................................... 35
Table 6  The results of the State-Anxiety test (Form X-I) of the 
         experimental group before and after getting counseling ....................................................... 35
Table 7  The results of the State-Anxiety test (Form X-I) between the 
         controlled and experimental groups after getting counseling ....................................................... 36
Table 8  The results of the Trait-Anxiety test (Form-X-II) of the 
         controlled and experimental groups after getting counseling ....................................................... 36
CHAPTER 1
INTRODUCTION

Background and significance of the problem

In the wake of changes in this era, the world is moving progressively. New scientific developments have created the betterment in all areas of life. The changing environment has affected ways of life and also led to physical and psychological problems.

Sickness and injury can happen anytime. Paralysis, one of the ailments, is resulted from the disorder of sense and movement nerves, caused by injury of the spinal cord. The backbone injury or broken is mainly stemmed from a car accident, a violent bump, falling from high floor, or being injured by a weapon or a sharp edge. (Kanokporn Moopayak, 1996: 18)

Based on the survey on hygienic and welfare of the handicapped in 1996, about one million people, or 1.7% of total population were the handicapped. Most of them are the handicapped with difficulties in movement representing around one million people, of which 12.1% were paralytic patients. (The Status of the Thai Handicapped, National Statistical Office, 1999: 15)

The paralysis is the loss of feeling in a part of the body that can not be cured, which leaves the patients suffer and leads to many changes in their lives (Peace, 1990: 45-52). The paraplegic patients will lose control of lower part of the body, be unable to move and lose sexual capability (Pervin, 1988: 31-34). Consequently, the paralytic patients will feel that they are handicapped who need to ask other people for help. They will also feel unsecured in life and future (Guttmann, 1976: 92). These conditions will create changes in family and society, and eventually will lead to economic problem.

The inability condition leaves the patients lose their own selves both in their thought and personality (Watson, 1992: 51-59). The paralysis has created several changes to the patients in their thinking, movement, behavior, rationality, and learning ability. The patients, therefore, will feel unhappy, worry, embarrassed, and depressed. This is in accordance with the study of McGibbon (McGibbon, 1987: 270-274), which states that the paraplegic patients will express their feeling of depression and discouragement. The study also points out that male patients are worried that their wives will leave them or feel bored with their condition. That worrisome has driven some patients committing suicide.

It can be said that many problems the paraplegies have suffered with such as an inability to do routine activity by themselves, a difficulty in movement, a dependency to other people and a prolonged treatment have deteriorated the patients’ feeling. This would worsen the patients’ condition and would lead to death (Bedlhrook, 198: 52-54).

Based on the statistic compiled by the Ministry of Public Health on the top ten causes of death of Thai people in 1998, it is found out that the death from the disorder of spinal cord is the eight in the rank, representing 7,386 people, or the average of 12.2
The above reasons point out that the paralytic patients have high risk of facing physical and metal problems. The physical difficulties are the loss of feeling and the inability to move lower parts of the body. Even though the medical and physical therapies can partially recover the movement capability, the mental problem of stress and worrisome remains due to a lack of psychotherapists in paralysis. In addition, the budget to develop more psychotherapists in paralysis to treat the patients is limited. Since the patients have not been under mental treatment, they are in worried and depressed stage. Spielberger (Spielberger, 1983: 6-16) said when people are worried, they will try several ways to reduce their worrisome. If the patients find the right way and do that properly, it can help lessen the depressed feeling. However, if they do not feel relieve, their mental condition would become worse. It is needed for the paraplegic patients to have proper counseling from the expert in paralysis.

To relieve the strain, it is necessary to firstly let a person under the stress express their feelings. The next step is to suggest techniques to reduce depression such as meditation, exercise and muscle relaxation. The most effective method that can decrease worrisome is psychotherapy (Sa-ing Apipalakul, 1996: 11).

For the framework of psychotherapy, Rogers (Rogers, 1961: 14) stated that an individual counseling is the treatment that a person asking for consulting, or a client, is the center. The counselor or psychotherapist needs to be concerned about the emotion and feeling of the person under treatment. This framework is in accordance with the idea of Brunner and Sudderth (Brunner and Sudderth, 1982: 13-14) noting that the counselor or psychotherapist who will help reduce depressed feeling of the patients should create good relationship with the patients. The counselor should have casual conversation with the patients, communicate with them by using words that is easy to understand, give them chances to express their feeling, be a good listener and give them encouragement. The counseling method will allow the patients to evaluate and understand themselves, and be able to face the worrisome resulted from physical difficulty. The patients will discover techniques that suit themselves and help improve their self-esteem.

From the researcher’s experience in the area of counseling and social welfare service for paraplegic patients at Srinakarin Hospital, Khon Kaen province, it is found that during 2000-2001, the number of the paraplegic patients amounted to 134 people, who needed physical treatment (Patient Statistic, Rehabilitation Medicine Department 2001: Document Report). The rehabilitation medicine team consists of physical rehabilitation doctors and nurses, physical-therapists, activity-therapists, social welfare officers, and psychotherapist. Everyone in the team is important and need to collaborate with each other to help treat the patients to be in well condition.
Fac. of Grad. Studies, Mahidol Univ.  M.A. (Rehabilitation Service for Persons With Disabilities) / 3

Purpose of the Research

To study the effect of individual counseling on the anxiety level of paraplegic patients.

Research Problem

Can the individual counseling reduce anxiety of the paraplegic patients?

Research Hypothesis

1. The anxiety of the paraplegic patients is lessened after having the individual counseling.
2. The anxiety of a group of the paraplegic patients who have the individual counseling treatment is lower than the group without the treatment.

Scope of the Research

1. Population and sample
The population of this research is the paraplegic patients, who are patients at Physical Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province during August-September, 2000. The characteristics of the patients are as follows:
   1.1 Being diagnosed by the doctor that the patient is paralyzed in lower parts of the body and need to stay in the hospital to have the treatment at least two weeks.
   1.2 Being in the age range of 15-50 years old
   1.3 Having conscious and being able to communicate well
   1.4 Willing to participate in the research

   Sampling group consists of ten paraplegic patients, who are patients at Physical Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province during August-September, 2000. The sampling group is selected by random a specific population who have high rate of worrisome after being evaluated by Spielberger's anxiety rate test. The sampling group is the patients who received permission from the doctor and volunteered to participate in this research.

2. Variables
   2.1 Independent variable is an individual counseling by using the theory that the patient is the center
   2.2 Dependent variable is the anxiety rate based on Spielberger's anxiety rate test
Basic Agreement

1. Experimental group is ten paraplegic patients, who have an individual counseling consecutively during their stay in the hospital
2. Experimental period is during 8 a.m. to 6 p.m.
3. Anxiety is evaluated by based on Spielberger’s anxiety rate test

Definition

1. Individual counseling refers to two-way communication between a counselor and the patients. By focusing on the patients, the counselor will help them understand the problem and encourage them to seek solutions by themselves. The individual counseling will be conducted consecutively.
2. Anxiety is a human’s reaction against dangerous stage, which has impacts to both body and mind and also leads to feeling of unhappiness, nervousness, worrisome and fear.
3. Paraplegic patients refer to the patients paralyzed in both legs and also some part of body, which stems from an injury of spinal cord. The patients need to get the doctoral diagnosis and have the physical treatment at the hospital.

Advantages of the research

1. The individual counseling by focusing on the patients will relieve the anxiety of the paraplegic patients. This can be used as a guideline to develop other counseling methods.
2. This research will be a database to help treat the patients with physical difficulties.
3. This research will be a guideline for using the counseling process to relieve anxiety of patients suffering other kinds of diseases or injuries.
CHAPTER II

LITERATURE REVIEW

This research is a study on the result of individual counseling towards anxiety of paraplegic patients. The researcher studied documents and research works on the following topics:
- Paraplegic paralysis
- Anxiety
- Counseling
- Related research

Paraplegic paralysis

Paraplegic paralysis is the loss of feeling and the loss of control of injured organs below the spinal cord (Brunner & Suddarth, 1988: 1510). Causes of the paraplegic paralysis are stemmed from external factor such as broken bone which injures the spinal cord, and from internal factor such as tumor at the spinal cord, backbone tuberculosis, multiple sclerosis, and handicapped by birth. Temporary or permanent paralysis depends on anatomy and level of injury to the spinal cord.

Causes of paraplegic paralysis

The paraplegic paralysis can happen from several causes as follows:
1. Spinal cord injury

Spinal cord injury is the main cause of the paraplegic paralysis (Brunner & Suddarth, 1982: 744). It was found that the spinal cord injury was a result of car accident, which accounted for 47.7% of the total case. Falling from high floor represented 20.8%. Other factors included being shot and accident from playing sports (Zejdlik, 1992: 8). The patients having spinal cord injured or being paraplegia is caused by broken bone or displaced of backbone. The spinal cord injury will lead to the disorder of nerves and organs since the blood supply will not circulate through injured spinal cord. This will kill the backbone cells.

The doctor will diagnose the patients together with x-ray to locate injured spinal cord. In the case of minimal injury, nerves at some parts of the body will be disordered. The severe injury will lead to the complete disorder of spinal cord. The organs below the spinal cord will lose feeling and will be malfunction.

2. Spinal cord tumor

Spinal cord tumor, which is among the causes of paraplegic paralysis, is often found in male aged more than 40 years old. Keim and Willis (Keim & Willis, 1980: 9) stated that the spinal cord tumor, generally occurred in periosteum and backbone, causes the disorder of the spinal cord and makes the spinal canal narrower. As a result, the
patients have pain in their back. Meanwhile, malignant tumor happens around backbone area. This type of tumor is resulted from the spread of cancer cells to the backbone. Multiple myeloma is the most severe bone morrow, which ruins the functions of nerves and organs in lower part of the body. The multiple myeloma patients usually feel pain at their back and in both legs, and can not defecate or urinate as normal.

3. Tuberculous spondylosis

Tuberculous spondylosis normally occurs in backbone from chest to waist level. This disease stems from the spread of mycobacterium tuberculosis through blood to cancellous area of the backbone. The mycobacterium tuberculosis will kill epiphyseal cortex, which creates bone cells, and also deteriorates anterior longitudinal ligament. The granulation tissue will press the spinal cord and nerves, and will block the blood supply through the spinal cord. As a result, the patients will become paralyzed in the lower part of body. The patients will also feel fatigue, lose appetite, have a fever in the afternoon, sweat at night, as well as have problems in defecation and urine.

4. Multiple sclerosis

Multiple sclerosis causes malfunction of the central nerve system. Delisa (Delisa, 1988: 15) noted that this disease is often found in female aged between 30-40 years old. The patients who carry multiple sclerosis will show the symptom when their bodies get infected or be pregnant.

Multiple sclerosis will deteriorate myelinated stealth cells and axon, which will cause the disorder of nerves. The patients of this disease will lose their feeling and their muscles will be under performed. Some patients may be unable to walk. Some may have a problem with eyes muscle. The symptom also includes the pain and numb in face, the difficulty in swallow, the decline of sexual capability, as well as the disorder of recognition and thinking system. The multiple sclerosis patients will suffer with the loss of feeling and the body malfunction due to the disorder of nerves. They will have physical difficulties and problems in perception and emotion (Delisa, 1988: 32).

When the patients become paralyzed, their physical difficulties involve their abilities in doing activities, movement and perception. The patients need to adjust their lifestyle accordingly.

Impacts of the paraplegic paralysis

The impacts to the paraplegic patients include the physical impact, mental impact, as well as social impact.

1. Physical impact

The paraplegic patients will lose the feeling of touch, vibration and squeeze. Perspiration gland will not work properly at the paralyzed part. Body temperature on the upper part and lower part of the body is different. The blood supply through the body will be blocked. The lymph will increase on that paralyzed part due to a lack of movement.

The weakness of muscle or paralyzed muscle will make the patients lose control of movement system. The spinal cord controlling many parts of the body will be malfunctioned. The patients suffering with the complete disorder of the spinal cord will totally lose the sense of feeling and muscular power below the injured organs. The patients will have a splitting pain in their muscle (Zejdlík, 1992: 584-585).
2. Mental impacts
The patients may be under the stress because of fear, pain, boredom, and desperation after they find out that they are not in the same condition. A reaction of each person is different, depending on age, gender, experience, environment as well as condition of the illness. The patients who become paralyzed soon after having a car accident will be more desperate than the handicapped by birth. Age and experience influence on problem solving of the patients.

3. Social impact
Self-esteem of the paralytic patients will lose their self-esteem and feel unsecured due to changes in their lives and working responsibility. The paralysis will affect financial status of family members and relationship within the family. It would affect the patient’s community and society. The patients will be able to adjust themselves or not depending on several supportive factors. The patients should have proper psychological treatment and have chances to express feeling. The mental treatment will help the patients adjust themselves to the new environment.

4. Financial impact
Since the paraplegics can not recover completely and they need someone to take care of all the time, the medical treatment cost can lead to the financial problem to the patients and their families.

Changes happening to the paraplegics are as follows:

1. Physical changes
The injury can cause the malfunction of the central nerve and nerve system, which lead to the loss of feeling in lower parts of the body. This has an impact to physical appearance (Beeken, 1978: 20). According to the study of Conomy (Conomy, 1973: 84) on the physical changes of 18 paraplegics, it was found out that the changes include body movement, action, and perception. Kurtz and Hurst (Kurtz & Hurst, 1970: 149) studied the attitude of 20 female paraplegics and ordinary women. The outcome showed that the female paraplegics had negative attitude on their appearances. The appearance has an influence on human’s self-esteem and identity. The paraplegia will result in personality changes of the patients.

2. Mental change
The paraplegic patients usually lose their self-esteem since they can not do daily activities as usual and have to rely on the support from other people. They may think that they are useless and are burden of the families (Lunckman & Sorenson 1980: 83; Stryker, 1977: 34).

3. Change in self-esteem
The paraplegics, which are under neurological disability, normally have lower level of self-esteem (Carson, 1980: 312) because the body ability is related to self-esteem. The person who satisfies with his or her body has high level of self-esteem. On the other hand, the one who does not satisfy with their physical appearance will have lower level of self-esteem. (Hamackok, 1978: 128). The paraplegics who have low level of self-esteem usually lose ability to adjust themselves to new environment. They will become
pessimistic and depressed and later on will isolate themselves from other people (Driever, 1976: 233-238).

The reaction of the paraplegics after the accident is sadness. Lillistion (Lillistion, 1985: 1-13) explains about sadness after the accident consists of three stages including shock and refuse the truth, an initial stage to realize about the situation, and the stage of accepting the changes.

**Anxiety**

Anxiety is a natural emotion of human being, which can happen to everyone at all ages. The anxiety has impacts to body, mind and behavior. The anxiety at normal level will support body's efficiency when doing some activities. However, the anxiety at extreme level will lead to sickness.

**Concept of Anxiety**

Rogers (1951:7) defines anxiety as the state of inconsistency of self-structure and experience. The recognition of experience as a threat to self-structure is the cause of anxiety. Anxiety is expressed through self-protective behavior or spiritual imbalance, unhappiness and worry.

Spielberger (Spielberger and Diaz-Guerrero (1983: 4; Spielberger et al, 1982: 16; Spielberger 1975 cited in James Archer, 1982: 6) defines anxiety as an intensity of emotions against experience in a situation that causes stress. Anxiety is expressed through the feeling of fatigue, and disheartedness to ask for help. Spielberger has 2 perspectives toward anxiety, i.e., anxiety about a specific situation and anxiety about personality.

According to James Archer (1982: 18), anxiety is a state of emotion, arising from a conflict in the subconsciously between a response to one's own need or selfness and the drive of instinct, which leads a person to feel anxious and tense. The cause of the inner rouse cannot be clearly identified.

From the above definitions of anxiety, it can be summarized that anxiety is a feeling of worry, tense and uneasiness as a result of the assessment of a circumstance as a hazard to oneself. It is an emotion that arises within a person and others cannot be aware of it unless that person expresses it or when the anxiety has intensified to the extent that is physically noticeable.
Types of Anxiety

Spielberger (Spielberger cited in Parker, 1983: 334) divides general anxiety into 2 types as follows:
1. Trait anxiety is a tendency of anxiety in a person, a rather certain individual characteristic and is a spiritual base of a person.
2. State anxiety is a tense that arises in a situation at that time and automatically affects both the emotion and the central nerve. State anxiety is temporary and occurs in a particular situation.

Causes of Anxiety

Spielberger (1983: 8-10) explains that the most important cause of anxiety is fear of physical harm and lost of beloved things. James Archer (1982: 11-13) views that anxiety can happen in any situations that are a threat to individual’s identity or to the self-respect, making a person feel helpless, abandoned and unconfident. Anxiety arises when a person realizes that he/she is in danger. When this feeling occurs, it is inseparable from fear but is different in the way that anxiety is a feeling of vagueness, fear and upset. It causes an alert in the physical system and automatic reaction of nerve systems to get ready to response or escape. Hislop (1991: 12) says that anxiety results from the fact that a person’s dignity or individuality is threatened, which may relate to a fear of punishment and not being accepted, not being loved, fear of termination of relationship, detachment, separation, or fear of loss. Luckman and Sorensees (1980: 162) say that anxiety may be caused by frustration, conflict, stress, uncertainty, guilt or desire or stimulation that is not responded.

From those perspectives, Hislop (1991: 15) summarizes 3 major elements that cause anxiety as follows:
1. Sign is ideas, concepts, values or system of thought. A person has a meaning for these signs both external and internal. When there is a threat or loss of these signs, a feeling of anxiety may occur.
2. Anticipation is an assessment or a forecast about a threat, causing a conflict that may occur both consciously and subconsciously. This conflict results in an anxiety.
3. Uncertainty is a vagueness of future event. It is unforeseeable and indefinite and a person feels like it is a threat and causes anxiety.

Level of Anxiety

Anxiety is a feeling of frustration. It may benefit or harm a person, depending on the level of anxiety.

The appropriateness of situation and timing – Anxiety at an appropriate level is beneficial. It is a good stimulation. However, if anxiety that exceeds the appropriate level may hinder the success of what is expected (Prochaska James O 1979: 67). Anxiety may cause violent effects on physical changes. If anxiety is in a low or moderate level, it will
help increase the efficiency of systems in the body. Nonetheless, if anxiety is severe, it will slow or stop systems in the body.

Level of anxiety that occurs in a person is different, depending on stimulation, meaning of an event and personality of that person. A person with maturity will not be sensitive to changes as much as person with weak personality. However, every human being must have a more or less anxiety. Thus, anxiety is categorized into many levels.

Level of anxiety affects important processes i.e. learning, recognition, consciousness and thinking. Anxiety of each person, although it arises from the same cause, has different levels, depending on acceptance and self-adaptation of each person that links with many aspects such as social condition, culture as well as environment of each person. Luckmann and Serensen, 1980: 26 divide anxiety into 3 levels as follows:

1. Low anxiety helps a person to adapt oneself to everyday life successfully because while anxiety occurs, one feels alert and it helps improve recognition and learning as well as conscious problem solving.
2. Moderate anxiety causes loss of ability to perform duties at that moment and slow the adaptation.
3. High anxiety causes confusion, scatters thought and impedes learning. A person is unable to proceed with the activity as expected and loses the ability to adapt oneself.

Anxiety is a basic feeling that can be found mostly in a person’s life. It is not totally negative because it has both favorable and unfavorable effects on a person, depending on level of anxiety. Anxiety at a low level will help motivate a person to do something more efficiently. However, if anxiety is in a severe level, it limits ability and efficiency of a person as it causes fatigue and hinder reaction of the body. According to the study of Ampaiwan Phumsawad (1998: 28), there are 4 levels of anxiety as follows:

1. Mild anxiety helps alert a person to be able to better aware of the five senses, improve the ability to learn and to solve problems as well as create creativity.
2. Moderate anxiety causes a person to pay attention to anxiety immediately. The ability to be aware of the five senses is narrowed down. The ability to learn drops and the person pays attention only to a specific part of an event. Some parts of the body respond to the anxiety increasingly, for example, tight muscle, harsh breathing, mixed-up stomach or headache, etc.
3. Severe anxiety causes the ability to be aware of the five senses to considerably narrow. The perspective toward the surrounding will be distorted from reality. Recognition of event occurs only for some part and cannot be linked with all the details of the event. The person feels uncomfortable both physically and emotionally. All behaviors are aimed at relieving the anxiety.
4. Panic distorts the ability to recognize the events from reality. A person loses self-control and is unable to achieve an easy task. The personality and thinking is unusual. Ability to learn is lost and the person may have illusion or hallucination. In addition, the person feels weak, cannot eat or falls into depression to the extent that he/she dies.
Level of anxiety depends on each person and event. Suwannee Tantipattananond (1978: 21) divides anxiety into 5 levels as follows:

1. Euphoria is a feeling of carefree, a moment without anxiety. A person is not unhappy or in trouble, regardless of whether or not the surroundings are. The person feels cheerful, good-humored and laughs all the time. This can be found in those who take marijuana or uses drugs.

2. Mild anxiety is a low level of anxiety that causes a person to be active and can recognize and memorize things better.

3. Moderate anxiety is a moderate level of anxiety that causes a person to pay attention to anxiety immediately. The ability to respond to various situations increases.

4. Severe anxiety is a high level of anxiety which increase more energy in the body. The perspective toward the surrounding will be distorted from reality. The person feels uncomfortable both physically and emotionally.

5. Panic is the highest level of anxiety. It causes a person to be most energetic. The five senses cannot work at full capacity and the ability to recognize is very low. The person may express severe and aggressive behavior that may be dangerous to oneself and others.

It can be seen that mild or moderate anxiety causes positive effects on a person while anxiety at the severe and panic levels lowers the awareness and hinders the ability to do things and may cause emotional sickness.

Anxiety may cause physical, emotional and behavioral changes, which can be summarized as follows: (Bang-orn Kriadchaiyaphum, 1990: 14)

Biochemical and physical change result from acceleration of automatic nerve system in response to a more stressful situation, leading an ejection of more epinephrine, norepinephrine and adrenocortical. These hormones affect the control over the balance of minerals, water and metabolism. Changes in hormone levels cause systems in the body to work more, depending on the level of anxiety. Changes are fast heart beating, deep and quick breathing, expanded irises, dry lips, loss of appetite, contract muscle, sweating, cold and pale skin.

Emotional change is caused by conflict and uncertainty that are expressed through emotion and thinking, i.e., frustrated, fearful, worried, uncomfortable, upset, angry. A person feels that a bad thing will happened and no one can help him/her, hence feeling sad, guilty and hopeless. Person is obsessive, thoughtful and cannot concentrate or make proper decision, cannot be aware of mistake and the ability to memorize and interest in the surrounding decrease.

Behavioral change causes a person to express many forms of behavior both verbally and non-verbally, i.e. a facial statement of worry, uneasiness, tight fist, movement without purpose, shaking hands, fast speech, loud or light voice, repetitive speaking, rolling eyes, hiding, escaping or deny to cooperate in activities.

Those behaviors are natural process. When they happen, a person must try to adapt oneself to maintain the emotional balance. Self-adaptation is quick or slow, depending on experience, ability, spiritual support and seriousness of the event or what to be happened.
or what remains and how these are important to the patient (Sompob Ruangtrakul, 1999: 144).

Generally, the ways that a persons uses to reduce anxiety can be divided into 4 major groups as follows:

1. Task-oriented reaction or to satisfy oneself by using intellectual capacity to solve the problem according to the reality. It is a reaction that a person can feel such as a fight, escape, and compromise.

2. Ego-oriented reaction is an automatic spiritual process that does not help solving the problem but helps eradicate anxiety from the consciousness in order to maintain spiritual balance. The spiritual mechanisms usually found are repression, rationalization and fantasy, etc. If a person uses this mechanism until it becomes a familiarity, that person will not accept changes but avoid or hide from problems. He/she will not have self-awareness and may finally have neurosis.

3. Psychological conversion is an inappropriate way to deal with problems by unconscious physical statement such as asthma or stomachache.

4. Physiological conversion often occurs when a person has suffered anxiety for a long time. Organs are destroyed gradually and he/she finally becomes ill and has psychosomatic disorder and the person will not be able to get back to the normal condition.

Anxiety is an emotion that can be expressed through many different ways. Measure of anxiety can be made by 3 ways as follows: (Spielberger, shaces D et al, 1995: 209)

1. Physiological measure of anxiety is noticeable from physical changes (Mitchell and Loustau 1981: 249) such as the heartbeat, breathing, blood pressure, retinal expansion, sweat, etc. This measurement is rather difficult as the level of anxiety may be irrelevant to the statement. Moreover, physiological change of a person has different forms (Kanchana Kanchanatriwat, 1984: 8).

2. Self-report measure of anxiety is the most popular measure, i.e., The State-Trait Anxiety Inventory of Spielberger, 1976: 34-37).

3. Behavioral measure of anxiety is a notice of alterations such as movement, speaking, awareness, consistency of physical functions and awareness. Due to the belief that a person’s behavior is a reaction of inner mood such as the lack of concentration, frustration, insomnia, an instrument is designed to suit each target group of the measure.

All the three ways of measure of anxiety, the last two ways are generally applied as they have high possibility. One may use either way or both ways simultaneously, depending on the objective of the study or measure.
Anxiety about Illness and Being Admitted in Hospital

Apart from the situations in everyday life, a person may also encounter an important situation that may have serious effect on the anxiety i.e. to stay in a hospital, which is a necessary thing when a person is ill and needs close and continuous care. It is a way to comfort the patient and relieve pain to help the patient get back to perform duties in his/her normal life. When a patient is in a hospital, he/she does not go there with physical disorder but also with anxiety about one’s own illness.

Luckmann and Sorensen (1980: 52) summarized factors that may determine the behavioral reaction toward illness in 4 ways as follows:
1. Nature of illness such as seriousness of the disease or forecast about the disease.
2. Nature of the patient – Each person has different reaction toward illness and may use different protective mechanism, depending on individual philosophy of living and other factors such as sex, age, social status, economic status as well as experience in illness.
3. Others’ perspective toward illness of the patient such as acceptable or unacceptable disease.
4. Perspective of the patient toward the disease – An illness is the cause of disturbance to human well being and self-image of the patient that affects the patient’s perspective toward oneself. Naturally, a human being has to adjust oneself when facing with illness and this leads to emotional changes i.e., anger, worry, shock, guilt and embarrassment, lost, fear and depression, which are expressed through different ways of acts or behavior.

Illness is a critical event that changes a person’s life, both physiologically and spiritually. This change may be an element that leads the patient to have negative self-awareness and awareness of the surroundings. The patient not only suffers from illness but also spiritual problem. This spiritual problem is influential to the statement while being patient and anxiety occurs immediately when the patient cannot accept the status as a patient and tries to use protective psychological mechanism to wipe out anxiety. This causes negative effect of fear.

The patient has to be away from home, family, friend and normal way of life to stay in the hospital. In the patient’s view, hospital is a new place, which is exciting, frightening and there is no freedom. There are many differences from the outside society such as the location, light, sound, smell. The patient as to live among other patients who are suffering and has to follow the hospital’s rules. These are different from where the patient had experienced and was familiar with. The result of environmental changes, illness and treatment are the assignment of a new role as “patient”, causing a feeling of anxiety. The patient needs help to enable the appropriate self-adaptation (Kathleen N. Shafer, 1971: 1-3). Because of illness, the patient feels unhappy and painful. The strength and energy inside decrease and the ability to perform daily tasks also drop or is lost.
Moreover, the hospital environment, the rules and regulations affect the fundament of good spiritual health and individuality. All these cause anxiety.

While a person is ill, there is anxiety that bothers the normal pattern of response. Meanwhile, if a person's demand is not responded, he/she feels anxious. According to the psychologists, if we can respond to all demands, there will not be inner conflict. But in reality, we cannot easily respond to our demands. We often face some obstacles that must be overcome with difficulty or some are undefeated and cause us to give up, change our goal while some takes time to accomplish and need the appropriate decision making and choice. During these decision making process, a person has inner conflict, which causes stress and anxiety finally.

Bowmann (1994: 6) explains that the patient who stays in a hospital mostly is in a troubled situation and may have abnormal physical symptoms that need doctor's treatment. Sometimes, though it is not painful, the patient wonders what diagnosis will be and how the treatment will be made and whether there will be any abnormality left. The patient may also feel like facing death. When an illness occurs, what follows are pain and discomfort, causing wonder and anxiety. The patient has negative anticipation, doubt about the chance of being healed, frustration and fear of death.

Illness and being admitted in a hospital are influential to the basic demand of the patient. The patient is unable to respond to his/her demand because he/she has no physical and spiritual ability. This agrees with Watson (1992: 52) who views that anxiety is a response of the patient toward illness and staying in a hospital that can be mostly found and it is the most severe response.

Counseling

Definition of Individual Counseling

Individual counseling is a process of creating a relationship between the counselor, who is a professional, and the client who needs help. The purpose of the counseling is to make the client understand oneself better, improve skills, decision making and problem-solving as well as self-development. The counselor has to understand the feelings of the client, respect, make him/her feel warm and encourage him/her to express oneself (Watcharee Submee, 1990: 28)

In addition, the counselor has a role in assisting the client to relax, see the solutions and understand his/her situation more clearly. An environment that encourages self-adaptation and development of potentials into a desirable ways should be provided (Jene Barry, 1994: 25)

Individual counseling is a process to assist the person who feel unhappy, has problem or pressure in mind such as anxiety, frustration, anger, sadness and fear (Soree Potkaew, refer to Tanimporn Nilkan, 1990: 16).

Individual counseling is aimed at heightening the spirit to be a person with good spiritual health, which is the main objective of counseling process. The counseling encourages the client to develop his/her mind and understand oneself and life better.
able to adapt oneself, make decision, improve social skills and reduce emotional problems. The focus is on making person happy. (Fretz, 1982 referred in Tanimporn Nilkan, 1990: 18).

Therefore, the definition of counseling is a private process to help a person between the counselor and the client so that the client has better understanding about oneself and the environment as well as develops oneself to the maximum potential in order to help himself/herself and finally can make proper decision.

**Philosophy of Counseling**

The basic philosophy of counseling is as follows (Padfield, 1976: 21-29):

1. Counseling should be based on the acceptance of value and dignity of a person. Main theme is that everyone should be given help in personal matters as needed.
2. Counseling should pay attention on the client on the basis of development to the optimum potential and help the person to use his/her energy and ability to benefit himself/herself and the society as that person may need.
3. Counseling is to help a person to plan and adapt oneself to life.
4. Counseling requires in-depth study and understanding of culture of each person and comprehensive understanding of that person.
5. Counseling should have a follow-up and measure to improve the counseling to be beneficial to the client as much as possible.

**Guidelines of Counseling**

There are 3 ways of counseling, which are summarized below:

1. Directive Counseling focuses mainly on the problem of the patient and the counselor is the center. The concept is that a person may solve problem efficiently only when the person has self-awareness and knowledge about the surroundings for use in proper decision making.
2. Non-Directive Counseling has the patient as the center. The concept of Carl R. Rogers believes that the entire problem is relative to the person, not only some parts. A warm relationship in the counseling will help the client to realize the solution, to have self-awareness and finally to select the appropriate solution by oneself.
3. Eclectic Counseling is a mix between directive counseling and non-directive counseling for the appropriateness of the client and nature of problem. The concept of this counseling is that each human being is different and the solution for each is different. To solve a problem needs to focus on the person and be variable to the circumstances. Not a sole solution can be used with everyone (Pongpan Pongsopha, 1984: 219).
Types of Counseling

The above three ways of counseling can be divided by the size of the client group into 2 groups as follows: (Watcharee Submee, 1980: 85-86)

1. Individual Counseling is for an individual. There is a meeting between the counselor who will help the client to understand himself/herself and the surroundings better. This does not only enable solving of problem the person is facing but also improve problem-solving skill for other problems.

2. Group Counseling is for those who have the same need of self-improvement or problem solving. They are gathered to discuss in a group with the counselor and the group members express their feelings and ideas as a way out for their inner conflict. They will be encouraged to face the problem and think of solving or self-improvement as well as listen to the feelings and thoughts of others.

In this research, the researcher uses individual counseling and therefore presents details of individual counseling as follows:

Definition of Individual Counseling

Individual counseling is a process to build relationship between the counselor, who is a profession, and the client who needs help. The purpose of the counseling is to make the client understand oneself better, improve skills, decision making and problem-solving as well as self-development. The counselor has to understand the feelings of the client, respect, make him/her feel warm and encourage him/her to express oneself (Watcharee Submee, 1990: 15)

In addition, the counselor has a role in assisting the client to relax, see the solutions and understand his/her situation more clearly. An environment that encourages self-adaptation and development of potentials into a desirable ways should be provided (Jene Barry, 1994: 8).

Individual counseling is a process to assist the person who feels unhappy, has problem or pressure in mind such as anxiety, frustration, anger, sadness and fear (Soree Potkaew, refer to Tanimporn Nilkan, 1990: 22).

Individual counseling is aimed at heightening the spirit to be a person with good spiritual health, which is the main objective of counseling process. The counseling encourages the client to develop his/her mind and understand oneself and life better, be able to adapt oneself, make decision, improve social skills and reduce emotional problems. The focus is on making person happy. (Fretz, 1982 referred in Tanimporn Nilkan, 1990: 22).

Therefore, the definition of counseling is a process of building relationship between the counselor and the client who feels unhappy, has problem or pressure to relax, understand himself/herself, sees guidelines of solution for self-adaptation and development of potentials for good spiritual health.
Client-Centered Counseling Theory or Non-Directive Counseling Theory

Rogers is the pioneer in developing of client-centered counseling with the concept that perfect personality is real self and congruent with ideal self. Therefore, a person, who has clear awareness toward oneself, adapts oneself, be mature and open to new experiences, trust the sense-forces of one’s own and others, has perfect personality (Patterson, 1980: 209-214).

According to Rogers, each human being by nature is reasonable, has the ability to solve problem and make decision by oneself. Each is valuable, dignified, reliable and can be trusted, has a desire for full functioning and is ready to live and create benefits. However, the fact that a person behaves improperly is because he/she has a problem and has to protect oneself to survive. Actually, a human being adapts oneself more to the society (Pongpan Pongsopha, 1984: 26).

According to Rogers, significant characteristics of human being are as follows: (Watcharee Submee, 1990: 18).
1. Human is capable and valuable. The counselor should support the self of the client to enable him/her to make decision and has self-reliance.
2. Human is inclined to develop oneself. The counseling process should focus on arrangement of an appropriate circumstance so that the client can fully develop oneself. Thus, this theory emphasizes on arrangement of the circumstances.
3. Basically, human is good and reliable. Rogers believes that the counselor can help the client to reduce the use of protective spiritual mechanism and help the client to be open to more experience, re-consider oneself and develop oneself to be a good and reliable person.
4. Human has self-recognition and recognizes the environment according to the experience. Therefore, to understand a person, one should try to understand how the person recognizes things, what is his/her frame of learning. The counselor has to understand the feelings, attitude and values of the client.
5. Human needs love, care and acceptance. The counselor should have positive attitude and accept the client without condition.

Furthermore, Rogers believes that human by nature is good, valuable, reliable, reasonable and improve oneself. Human being tends towards self-actualization, which is the basic motive of human behavior.

Rogers accepts that sometimes human cannot be trusted or may have evil behavior. Evil is not nature of human but the failure to adapt oneself has been an obstacle to self-actualization and causes self-protection. If self-protection is unnecessary, human statement will be positive. Human will always be cooperative and creative.

Rogers emphasizes that the essential structure of personality is “self”. “Self” in Rogers’ view means attitude and feeling toward self or self-concept or self-structure is a form of recognition which leads to self-realization, personality and capability. Realization and self-concept in respect of the surroundings and others, values that a person gives to experiences is an ideal of negative or positive value given by a person.
In conclusion, Rogers describes that human is active and tends to have self-actualization. Human maintains congruence between self and experience. However, if one learns to have a need of being accepted under condition, he/she may be rejected or distorted from experience that are threatening, causing incongruence between self and experience, hence anxiety and realization based on one's own experience.

The key principles of client-centered counseling theory (Watcharee Submee, 1990: 18) are as follows:

1. Development of self-concept. This theory is based on the belief that the main theme of personality is self-concept which arises from notice of reaction that other person has toward himself and from experiences. It leads to realization whether one is good or bad and how much one is capable of a person who can do things successfully feels proud and have positive self-concept. In contrast, if one does something wrong or fails, he feels inferior and has negative self-concept.

2. Cause of problem or unhappiness – The theme of this theory is that problem is caused by emotion and feeling that arise from incongruence between self-concept and what one encounters. Consequently, a person feels threatened and anxious about the value that does not meet the expectation. When the self-concept is incongruent with what one faces, those who fails to adapt will uses self protection mechanism to maintain his belief that he is still capable.

3. Those who have good self-adaptation is those who does not distort their experience, accept the truth. Self-concept is changeable. It is unnecessary to be stable or untouchable. The counselor has to be aware of the gap between experience and self-concept.

4. To prevent the client from the feeling of threat and to avoid self-protection mechanism, the counselor need to have rapport with the client to make the client feel relaxed and not feel the emotional threat so that the client re-consider himself and the circumstances realistically.

The objective of client-centered counseling is to allow the client to change his personality to new congruent personality, which is perfect, i.e. to be open and adapt to new experiences, self-consciousness, self-reliance and deliberate, not being threatened by the environment, being oneself and can solve a problem. Therefore, the objectives of client-centered counseling are as follows:

1. To enable the client to have self-concept that is more congruent with the facts, to reduce distortion or suppression of one's own experience and have self-assessment that is in line with reality.

2. To create more self-confidence, decrease depression, have energy to survive, accept reality and be ready to choose what to do with one's life.

3. To make the client feels more valuable.

4. To be oneself, can make decision and solve problem efficiently.

5. To enable the client to perform duties in everyday life efficiently, both personal, educational and professional aspects.
6. To make the client become efficient through acceptance of reality, open to experiences for self-development and be confident in one's decision making.

Procedures of Counseling

According to Rogers’ concept, counseling is not divided into clear stages but they are mixed into one phase. According to Rogers, these processes can be divided into 7 stages as follows:

Stage 1 – The client is not willing to tell his story but talks about externals, not emotions, realization or his problems. The client does not need to change and not be ready for the counseling.

Stage 2 – The client is well accepted by the counselor, who lets the client talk about non-self topics. The client starts to express some feelings but does not admit that these are his feelings or problems. In this stage, the client is attentive in the counseling but many factors may cause discontinuation of the counseling in this stage.

Stage 3 – The client is well accepted in Stage 2. The client starts to express himself freely about his own feelings and experiences that relate to him, tells about the feelings and experiences in the past, which are usually negative. Self-acceptance is slight and the client is unable to distinct the feelings clearly, starts to realize the feeling and personal needs that are congruent with the actual experiences. Many clients accept the counseling in this stage.

Stage 4 – Sincere acceptance and understanding of the counselor helps the client to express his feelings more freely. But the client is still uncertain, afraid and hesitates to express his feelings. The client can better distinct his feelings, accept the feelings and experiences in reality. But this is not current. The client begins to have responsibility in his problem. In this stage, the client starts to have good feeling toward the counselor.

Stage 5 – The counselor expresses his feelings freely but still doubtful and afraid, lacks clarity about his own feeling but still can distinct and accept self-concept more, realize the current experiences better, have courage to be responsible for his problem. The client begins to be himself and can separate feelings and experiences.

Stage 6 – The client fully accepts the feeling and experiences without rejection or obligation. Congruence between self-concept and realistic experience increase without condition, causing the threat to lower. statement is natural.

Stage 7 – This stage is after the counseling. The client has new experience and realizes who is he, what he wants, what is his goal. The client be himself totally, has self-confidence, accept reality, can make decision by himself, flexible. These will lead to free internal and external changes.
Process of Counseling

Rogers (1942, referred in Apha Chantarasakul, 1992) proposes the process of counseling as follows:
1. Two people contact via meeting and conversation.
2. The client is explained to understand the situation of counseling.
3. The counselor encourages the client to express his feelings freely especially those relate to the problem he's facing.
4. The counselor accepts, look after and understand the negative feeling of the client.
5. When the client express his pessimistic feelings, there will be a drive to urge him to think positively.
6. The counselor accepts and understands optimistic feelings of the client as well as the acceptance of his negative feelings.
7. Insight, understand oneself and accept the situation are important factor for the whole process.
8. Clarification will also help the client to examine and understand oneself.
9. Positive behavior will occur, which is a significant step as a sign of the change.
10. Improvement of insight will help the client have the accurate information and understand himself more.
11. The client will have more positive behavior. His confidence will also improve.
12. The client will be less dependent on the counselor.

Counseling technique

The client-centered counseling is a philosophy of psychotherapist. This method shows the efficiency of relationship rather than technique of counseling. Therefore, techniques needed for the client-centered counseling are listening skill, response skill. These skills allow the client to express his feelings, understand himself and accept the changing situation. These are basic techniques leading to the solving of other problems (Duangjai Kasantikul and team, 1987).

Listening skill
Listening is the condition that the person receives the messages from the transmitters. Listening needs patience and concentration. Listening will help the client will comfortable to describe his situation, without the feeling of being forced to do that. Listening skills are as follows:
- Acceptance responses
- Silence
- Paraphrasing skill or reflection of content or restatement
- Reflection response
Response skill
Response skill will show that the counselor understands the problem of the client, which will lead to the relationship. The selection of timing and location are necessary to help create the situation better and to avoid the feeling of rejection from the client. Response skills are as follows:
- Questioning
- Giving information
- Clarification
- Encouragement

Related Research
Related researches on the effect of the individual counseling toward anxiety of the paraplegic patient have not been found. However there are similar topics as follows:

Sudsiri Hirunchunha (1987) studied about the treatment to change attitude of ten paraplegic patients by using Tennessy attitude test and his own nursing method. The objective of the treatment is to let the patient receive sufficient food and beverage and the patients should not have any infection. The treatment method aims to create good attitude of the patient, help the patient understand changing physical condition and create the patient's confidence to move on his life. The method to change attitude covers the stage of creating relationship with the patient and his/her family, the stage of being under treatment, and the last stage of finishing the treatment. The treatment took place around four hours a day for six weeks. The result of the study stated that the patient who received the treatment has optimistic attitude before attending the treatment at the significant level at .01, while the change in their attitude about morality has a significance at .05.

Yuwaranee Sukwinyarn (1993) studied about the results of the training on home treatment for paraplegics' cousins to avoid severe condition. Research tools were treatment method guidance, demonstrative tools and evaluation forms. The result of the study showed that five paraplegics whose cousins attended the training on the home treatment did not have worse conditions.

Wasana Chalaemket (1982 quoted in Ratchanee Verasooksawadsi, 1992) conducted the study on the Rogers' counseling method toward anxiety reduction of 16 nursing students by using random sampling method. The sample group was divided into two groups -- controlled group and experimental group with eight students in each group. The individual counseling was provided to each student one hour a week for the total of six consecutive weeks. The study showed that anxiety level of the students who received the counseling was reduced.
Kallaya Paikao (1994) studied the result of the treatment toward the change of attitude of ten paraplegic patients. It was found out that the attitude of the patients before and after attending the treatment was significantly difference at .01, while their attitude on behavior and morality was significantly difference at .05.

Roong-arun Tosakparalert (1993) studied the client-center counseling toward anxiety level of 14 nursing students at Saint Louis Hospital. The sample was divided into controlled group and experimental group. The researcher used questionnaire to evaluate the anxiety level, which was found out that the students attending the individual counseling had low level of anxiety at the statistic significance level at .05.

Tanimporn Nilkarn (1990) conducted the comparative study on the individual counseling based on the concept of Roger's toward the attitude of drug addicted patient. The sample group was male patients who were treated at Tannarak Hospital during October to November, 1989. The sample, which was selected by using emotion test, were divided into controlled and experimental groups. The experimental group attended six counseling sessions for 3 consecutive weeks, one hour a week. The anxiety level was lessened before attending the counseling sessions.

Supannee Nakthong (1996) studied the result of Roger’s individual counseling toward anxiety level of 30 Aid patients. The result showed that the anxiety level of the patients was reduced after getting the individual counseling.

Jiew Chaotavorn (1996) studied the result of Roger’s individual counseling toward anxiety of 24 mothers who has handicapped children. The experimental group got six consecutive counseling. It was found out that the worrisome of the sample in experimental group was lower than the controlled group at the significant level at .05.

Ajjariya Pansiri (1992) studied the efficiency of the individual counseling toward the protection of sexual disease of 91 male patients at Baan Pong medical center during November 1991 to January 1992. The experimental group consisted of 51 patients, and the controlled group of 40 patients. The experimental group received two individual counseling sessions which took around 35-40 minutes each. It was found out that the those patients know the risk factors of the disease and know the protection methods.

Padified (1976) studied the result of the individual counseling toward female clients who were in sorrowful emotion. Two types of individual counseling were used to reduce the clients’ anxiety. It was found out that there was no significantly difference between two method of individual counseling to reduce the anxiety of the clients.

Watson P.G. (1983) studied the result of the individual counseling to improve physical and emotional conditions of the patients after the operations. The patients under the counseling treatment showed better conditions.
Conclusion

Based on the related document and researches, it is found out that the paraplegic paralysis is the loss of feeling and the loss of control of injured organs below the spinal cord. Causes of the paraplegic paralysis are stemmed from external factor such as broken bone which injures the spinal cord, and from internal factor such as tumor at the spinal cord, backbone tuberculosis, multiple sclerosis, and handicapped by birth. Temporary or permanent paralysis depends on anatomy and level of injury to the spinal cord.

The results of several studies on individual counseling showed that the anxiety level of the patients have been reduced after getting the individual counseling. The clients' emotional problems have been solved. They can adjust themselves to new changes in their lives.

Based on those research, the possible area to study are as follows:

1. The anxiety of the paraplegic patients is lessened after having the individual counseling.
2. The anxiety of a group of the paraplegic patients who have the individual counseling treatment is lower than the group without the treatment.
CHAPTER III
MATERIALS AND METHODS

The research on the effect of individual counseling on the anxiety level of paraplegic patients is based on the quasi experimental design. The research aims to study the result of the individual counseling towards the anxiety of the paraplegics. The process of the research are as follows:

1. Population and sample
2. Research tools
3. Data collection
4. Research method
5. Data analysis

Population and sample

1. Population
The population of this research were the paraplegic patients, who was patients at Physical Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province during August-September, 2000. The characteristics of the patients are as follows:

1.1 Being diagnosed by the doctor that the patient is paralyzed in lower parts of the body and need to stay in the hospital to have the treatment at least two weeks.
1.2 Being in the age range of 15-50 years old
1.3 Having conscious and being able to communicate well
1.4 Willing to participate in the research

The sample consists of 20 paraplegic patients, who was patients at Physical Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province during August-September, 2000. The sampling group was selected randomly from a specific population who had high rate of worrisome after being evaluated by Spielberger's anxiety rate test. The sampling groups were the patients who received permission from the doctor and volunteered to participate in this research.

Research tools

The research tools in this study were as follows:
The first tool is an interview on personal information of the patients.
The second tool was a questionnaire to evaluate anxiety based on the Spielberger's test called 'the State-Trait Anxiety Inventory (STAI)'. The test consists of two following parts:
Part 1 State Anxiety (A-State) Form X-I. This type of the test aims to evaluate emotion happening at a certain situation, which results from the reaction of nerve system. The level of anxiety depends mainly on stimulus. Rating scale was used to evaluate the emotion at the time of conducting the test. The rating scale covers do not feel anything, have that feeling sometimes, have that feeling often, and have that feeling all the time. The test consists of 20 statements, of which 10 are positive feeling as follows:

1. I feel peaceful
2. I feel safe
5. I feel happy
8. I feel not confused
10. I feel comfortable
11. I have self confidence
15. I feel relieve
16. I am satisfied
19. I feel joyful
20. I feel cheerful

Ten negative statements are as follows:
3. I am under stress
4. I feel sorry
6. I feel upset
7. I worry that something bad will happen
9. I am worried
12. I feel excited easily
13. I feel restless
14. I feel uneasy
17. I think about nonsense subject
18. I feel panic

Part 2 Trait Anxiety (A-Trait) Form X-II. The test is about personality, which can identify difference on reaction of person towards anxiety. The trait anxiety test evaluates feeling of people towards general situation. The rating scale covers do not feel anything, have that feeling sometimes, have that feeling often, and have that feeling all the time.

Of the total 20 statements, 7 are positive statements as follows:
21. I am always cheerful
26. I feel relax
27. I think carefully
30. I am happy
33. I feel secure
36. I am satisfied
39. I am consistent
Thirteen negative statements are as follows:
22. I often feel bored
23. I often cry
24. I want to be happy like other people
25. I usually lose an opportunity because I take too much time to make a decision
28. I feel that there are many obstacles to make me disheartened
29. I usually feel worried
31. I take everything seriously
32. I does not have self-confidence
34. I try to avoid facing difficulties
35. I feel depressed
37. I often have nonsense idea in mind
38. I usually think about disappointment
40. I usually feel nervous and tense

In this study, the researcher used both X-I and X-II tests to evaluate the feeling of the sampling group before and after having the counseling.

Evaluation
Since the State-Trait Anxiety test comprises both positive and negative statement. The scoring of the test is as follows:

The scoring of positive statement is following
Have that feeling all the time get 1 point
Have that feeling often get 2 points
Have that feeling sometimes get 3 points
Do not feel anything get 4 points

The scoring of negative statement is following
Have that feeling all the time get 4 points
Have that feeling often get 3 points
Have that feeling sometimes get 2 points
Do not feel anything get 1 point

The scores were calculated from both tests. The lowest score was 40 points, while the peak score was 160 points. If the respondents have low points, it shows that they have low level of anxiety. If their score is high, those respondents have high level of anxiety.

Validity and Reliability
Spielberger and his team examined validity of the State Anxiety test by testing under-graduated students who were under stress from having an exam and watching horror movie. The test was also conducted while those students were in normal conditions. The correlation coefficient of the outcome stood at .03-.73.

The concurrent validity was used to examine the validity of the Trait Anxiety test. The validity test was conducted to a group of student. The correlation from the test was compared with the result of other anxiety tests such as IPAT Anxiety Scale.
Thai version of STAI test was examined by experts in research tools and linguistics consisting of Nittaya Kotchapakdee, Sairudee Worakitpokatarn, and Malee Nisaisuk. The test was re-examined by conducting the test to freshmen students in Science at Mahidol University in 1990/1991 academic year. The Person’s Product Moment Correlation Coefficient (r) was used. The outcome showed that the correlation coefficient of A-State was at r=0.27 (The guideline in English shows that correlation coefficient of A-State is at r=0.16-0.54), while the correlation coefficient of A-Trait stood at r=0.83 (STAI noted that correlation coefficient of A-Trait is at r=0.73-0.86).

For the reliability of the test, the researcher tested the research tools with twenty paraplegics who had similar characteristic as the population in this research. Then, the researcher calculated the coefficient by using Cronbach method (Prakong Kannasutr 1986: 43)

The reliability of the questionnaire are:

| X-I (State)  | .8743 |
| X-II (Trait) | .7725 |
| X-I and X-II | .9080 |

Part 3 Individual counseling program

1. The design of individual counseling program

The researcher designed the individual counseling program towards anxiety level of the paraplegic patients to give the counseling to ten patients by taking around 45-60 minutes for each patient. The procedures of the design are as follows:

1.1 Study Client Center Counseling Theory to be a guideline.
1.2 Design the individual counseling program towards anxiety level of the paraplegic patients

2. Quality test of the individual counseling program

The researcher submitted the individual counseling program to the thesis advisor and two other experts who are a psychologist at Medical Department, Khon Kaen University and a nurse who has long experiences in treating paraplegics.

3. The researcher revised the individual counseling program.

4. The researcher tried out the revised counseling program with one to two paraplegics who have similar characteristics as the sampling group, and then revised the counseling program again.
### No. Topic | Objective | Content |
--- | --- | --- |
1 | Relationship | 1. To create good relationship between a counselor and clients 2. To let clients understand objective of the counseling, duration and numbers of time having the counseling, and other basic agreement 3. To create atmosphere that would make clients feel comfortable and be able to express their feelings | 1. Counselor creates good relationship with clients by greeting with nice manner, smiling and having general conversation 2. Objective and framework of the individual counseling and details of basic agreement |
2 | Problem survey and identification | 1. To give a chance to clients to evaluate themselves and express their feeling 2. To let clients know their problems | Survey physical reaction and feeling of clients |
3 | Problem solving plan | 1. To clarify clients about their problems 2. To help clients solve the problem by setting targets 3. To help clients identify method of problem solving | Understanding problems and seeking solutions of the problems |
4 | Problem solving implementation | 1. To help clients have self-confidence and encouragement to solve the problems 2. To follow problem solving plan | 1. Identification of practical methods and procedures to relieve anxiety 2. Implementation of those methods |
5 | Evaluation on the plan implementation | 1. To let clients give details of methods to reduce anxiety | 1. Follow-up 2. Observation clients after getting counseling |
6 | Evaluation on counseling process and the completion of the counseling | 1. To let clients identify advantages from getting the counseling 2. To make clients feel confident about this treatment 3. To evaluate counseling process | 1. Advantages from getting counseling 2. Evaluation five counseling |

### Data Collection

The researcher collected data based on following procedures:
1. Ask for permission from the director of Srinakarin Hospital to collect data
2. Collaborate with the head of Rehabilitation Medicine Department and the head of Physical Rehabilitation Medicine Building to get information
3. Survey lists of paraplegics being treated at Physical Rehabilitation Medicine Building, Srinakarin Hospital, and then select the research population from this group of patients

4. Conduct pre-test by having paraplegics working on the State-Trait anxiety questionnaire. Then, evaluate the scores and divide the sample into two groups by random assignment
- Experimental group comprising ten paraplegics who have individual counseling and are willing to have counseling service
- Controlled group comprising ten paraplegics who have regular treatment from the hospital

5. Provide individual counseling to the sampling group, which is ten paraplegics under the experimental group. Each counseling takes around 45-60 minutes based on the schedule.

<table>
<thead>
<tr>
<th>No.</th>
<th>Person</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date/time</td>
<td>Date/time</td>
<td>Date/time</td>
<td>Date/time</td>
<td>Date/time</td>
<td>Date/time</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>4Sep/8-9</td>
<td>6Sep/8-9</td>
<td>10Sep/8-9</td>
<td>15Sep/8-9</td>
<td>18Sep/8-9</td>
<td>2Sep/8-9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>4Sep/14-15</td>
<td>6Sep/14-15</td>
<td>10Sep/14-15</td>
<td>15Sep/14-15</td>
<td>18Sep/14-15</td>
<td>2Sep/14-15</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>5Sep/8-9</td>
<td>8Sep/8-9</td>
<td>12Sep/8-9</td>
<td>16Sep/8-9</td>
<td>19Sep/8-9</td>
<td>25Sep/8-9</td>
<td></td>
</tr>
</tbody>
</table>

6. Conduct post-test by having paraplegics working on the questionnaire

**Type of research**

This study is an experimental research which has following method

\[
\begin{align*}
0_1 & \quad x & \quad 0_2 \\
0_3 & \quad c & \quad 0_4 \\
\end{align*}
\]

\(0_1\) and \(0_3\) Evaluation on anxiety level before an experiment of the experimental group and the controlled group
Duangjai Sucontamarn

Materials and Methods / 30

0₂ and 0₄  Evaluation on anxiety level after an experiment of the experimental group and the controlled group

x  Having individual counseling from the researcher

c  Having regular treatment from the hospital

Data Analysis and Statistics

1. Analyze general data of the sample by using descriptive statistics including frequency, deviation and mean
2. Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups before having counseling by using Mann Whitney U Test
3. Compare the result of Trait-Anxiety test (Form X-II) between the controlled and the experimental groups before having counseling by using Mann Whitney U Test
4. Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups before and after having counseling by using Wilcoxon Match Pair Signed Ranks Test
5. Compare the result of State-Anxiety test (Form X-I) of the experimental groups before and after having counseling by using Wilcoxon Match Pair Signed Ranks Test
6. Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups after having counseling by using Mann Whitney U Test
7. Compare the result of Trait-Anxiety test (Form X-II) between the controlled and the experimental groups after having counseling by using Wilcoxon Match Pair Signed Ranks Test
8. Analyze data, interpret and conclude the result of the individual counseling
CHAPTER IV
RESULTS AND DISCUSSION

Research result

This research is a study on the effect of individual counseling on the anxiety level of 20 paraplegic patients, who were under treatment at the Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province. The sampling was divided into two groups which are an experimental group who received individual counseling, and a controlled group who got regular treatment of the hospital.

The result of the research will be presented as follows:
1. Personal data of the sampling group
2. Score of the paraplegics towards anxiety
   - Score on the State-Anxiety test (Form X-I) of the paraplegics patients both in experimental and controlled groups before getting counseling
   - Score on the Trait-Anxiety test (Form X-II) of the paraplegics patients both in experimental and controlled groups before getting counseling
   - Score on the State-Anxiety test (Form X-I) of the controlled group before and after getting counseling
   - Score on the State-Anxiety test (Form X-I) of the experimental group before and after getting counseling
   - Score on the State-Anxiety test (Form X-I) of the controlled and experimental groups after getting counseling
   - Score on the Trait-Anxiety test (Form X-II) of the controlled and experimental groups after getting counseling
3. Conclusion of the counseling

1. Personal data of the sampling group

The personal information of the sample was classified by age, education, occupation, income, and number of times being treated in the hospital. The data was analyzed by using mean and deviation as shown in table 1 and table 2.
**Table 1  Age of the sample**

<table>
<thead>
<tr>
<th>Age of the sample</th>
<th>Experimental Group</th>
<th>Controlled Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>30</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>36</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>39</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>44</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>47</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mean</td>
<td>34.2</td>
<td>35.3</td>
</tr>
<tr>
<td>Deviation</td>
<td>6.86</td>
<td>7.00</td>
</tr>
</tbody>
</table>

The table 1 shows that the average age of the experimental group is 34.2 years old with deviation at 6.86 years. Meanwhile, the average age of the controlled group stood at 35.3 years old with deviation at 7.00 years. This shows that the age of the experimental and controlled groups is similar.
Table 2 shows that most of the sample has educational level at grade 1-6, followed by grade 7-12 and Bachelor's degree. Most of them are employees, followed by farmers. The numbers of the respondents who are government officials and the ones who run their own businesses are at the same amount. Most respondents have average monthly incomes of around 1,000 baht-2,000 baht. The highest cause of injury is car accident, followed by falling from high floor, being injured from weapon or sharp edges, respectively.

<table>
<thead>
<tr>
<th>Characteristics of sample</th>
<th>Experimental Group</th>
<th>Controlled Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 1-6</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Grade 7-12</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2. Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farmers</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Employee</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Government official</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Own Business</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Income (Baht per month)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 2,000</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>2,001 - 4,000</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>4,001 - 6,000</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>More than 6,000</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Causes of injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car accident</td>
<td>6</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Falling from high floor</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Injury from sharp edges</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Spinal cord infection</td>
<td>-</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
2. Score of the paraplegics towards anxiety

The comparison on the results of the State-Anxiety test (Form X-I) of the paraplegics patients between the experimental and controlled groups before getting counseling. The outcome is analyzed by based on Mann Whitney U test.

Table 3 The results of the State-Anxiety test (Form X-I) of the paraplegics patients between the experimental and controlled groups before getting counseling.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Mann Whitney U test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>8.05</td>
<td>25.50</td>
<td>.063</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>12.95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 3 shows that the results of State-Anxiety test (Form X-I) between the controlled and experimental groups before getting counseling are not significantly different at P<.05. This means that both groups have similar anxiety level.

The comparison on the results of the Trait-Anxiety test (Form X-II) between the paraplegics patients in experimental and controlled groups before getting counseling

Table 4 The results of the Trait-Anxiety test (Form X-II) between the controlled and experimental groups before getting counseling

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Mann Whitney U test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>8.15</td>
<td>26.50</td>
<td>0.75</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>12.85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 4 shows that the results of the Trait-Anxiety test (Form X-II) between the controlled and experimental groups before getting counseling are not significantly different at P<.05. This means that both groups have similar anxiety level.

The comparison on the results of the State-Anxiety test (Form X-I) of the controlled group before and after getting counseling by using Wilcoxon Match Pair Signed Ranks test
Table 5

The results of the State-Anxiety test (Form X-I) of the controlled group before and after getting counseling

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Wilcoxon Match Pair Signed Ranks test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>5.07</td>
<td>.813</td>
<td>.43</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>6.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 5 shows that the results of the State-Anxiety test (Form X-I) of the controlled before and after getting counseling are not significantly different at P<.05. This means that both groups have similar anxiety level.

The comparison on the results of the State-Anxiety test (Form X-I) of the experimental group before and after getting counseling by using Wilcoxon Match Pair Signed Ranks test

Table 6

The results of the State-Anxiety test (Form X-I) of the experimental group before and after getting counseling

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Wilcoxon Match Pair Signed Ranks test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>5.07</td>
<td>.813</td>
<td>.43</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>6.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 6 shows that the results of the State-Anxiety Test (Form X-I) of the controlled group before and after having the counseling are different significantly at P<.05. The anxiety level after getting the counseling is lower than before attending the session.

The comparison on the results of the State-Anxiety test (Form X-I) between the controlled and experimental groups after getting counseling by using Mann Whitney U test
Table 7 The results of the State-Anxiety test (Form X-I) between the controlled and experimental groups after getting counseling

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Mann Whitney U test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>14.75</td>
<td>7.5</td>
<td>.000*</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>6.25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 7 shows that the results of the State-Anxiety test (Form X-I) between the controlled and experimental group after having counseling are significantly different at P<.05. The anxiety rate of the experimental group is lower than the controlled group.

The comparison of the results of the Trait-Anxiety test (Form X-II) of the controlled and experimental groups after getting counseling by using Wilcoxon Match Pair Signed Ranks test

Table 8 The results of the Trait-Anxiety test (Form X-II) of the controlled and experimental groups after getting counseling

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean Rank</th>
<th>Wilcoxon Match Pair Signed Ranks test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled</td>
<td>10</td>
<td>12.75</td>
<td>6.5</td>
<td>.000*</td>
</tr>
<tr>
<td>Experimental</td>
<td>10</td>
<td>5.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P<.05

Table 8 shows that the results of the Trait-Anxiety test (Form X-II) between the controlled and experimental groups after having the counseling are significantly different at P<.05. The anxiety rate of the experimental group is lower than the controlled group.

3. Conclusion of the counseling

In this research, the researcher divided the sample into two groups--experimental group and controlled group. The experimental group attended 6 sessions of individual counseling conducting by the researcher who acts as the counselor. Meanwhile, the controlled group had regular treatment from the hospital.

The researcher applied the client center counseling theory to create good relationship with the patients by surveying problems, identifying objectives and problems, using various skills to provide counseling. The most important method is giving information and encouraging patients. This will help the patients understand their problems and be able to solve their problems by themselves.
The paralytic patients can not do daily activities by themselves. The physical problem of the patients will make them lose their self-esteem and feel desperate. This would lead to mental problem among paraplegics.

The individual counseling, therefore, is an appropriate treatment for the paraplegics since it helps the patients accept the truth and adjust themselves to the new environment.

The summary of the individual counseling for the paraplegics under experimental treatment is following:

The first client is 42 years old woman with Bachelor's degree. She works as a teacher with a monthly income of 8,000 baht. She is paraplegic after having a car accident. Before getting counseling, she had high rate of anxiety since she was frightened from unexpected accident. She's worried that she has become handicapped and may be forced to resign from current job. She also has arguments with her husband. However, she does not have a financial problem since her medical payment can be refunded.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. After attending the counseling session, her anxiety rate declined. The patient also felt relieve since she had chances to express her feelings. This was resulted from the encouragement of the counselor who urged the client to think of the solutions and adjust themselves to the new conditions.

The second client is female at 27 years of age. Her education level is grade 12. She is a teacher with an income of 5,000 baht a month. Cause of the paraplegia was because of severe crash. Her high rate of anxiety has declined after joining the counseling session. She is worried about her future both about work and life.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. The State-Trait Anxiety test showed that she has lower level of anxiety after getting the counseling. She feel relieve after understanding problems and changing situations.

The third client is 30-year-old man whose education level is grade 6. He is an employee with a monthly income of around 1,000-2,000 baht. He becomes paraplegic because of a car accident. Prior to getting counseling, his anxiety rate was high since he was sad that his wife and him had an accident at the same time and both have become paraplegic. He also worries about his kid, his mother, as well as the medical costs.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. The patient's anxiety rate reduced after getting the consultation. This may be because he got an advice to understand the problem, to adjust himself as well as to find the solutions for those things he is concerned.

The fourth client is 30-year-old woman whose education level is grade 6. She is an employee with a monthly income of around 1,000-2,000 baht. The cause of injury was due to a car accident. She had high rate of anxiety since she was worried about her husband who had the accident at the same time, and also about the life of her young kid.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. After attending the counseling session, her anxiety rate declined. The patient also felt relieve since she had chances to express her
feelings. She can accept the big change happening in her life and find the ways out to reduce her worrisome.

The fifth client is male at 36 years of age, with an education level at grade 9. He is an employee with a monthly income of 5,000 baht a month. Cause of the paraplegia was because of falling from high floor. The anxiety rate was high before attending the counseling session. He is afraid that he may lose his job and become a handicapped. Besides, he worries about his wife and children as he is the head of the family who has to financially support his family.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. The State-Trait Anxiety test showed that his anxiety rate declined after the consultation. The patient has an encouragement to solve the problems and knows how to fix those problems.

The sixth client is 39-year-old man who has a Bachelor's degree. He runs his own business. He becomes paraplegic because of a car accident. Prior to getting counseling, his anxiety rate was high since he could not accept the fact that he would be come paraplegic. He is also worried that he will be a burden to his family to take care of high expense of the treatment.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. The patient's anxiety rate reduced after getting the consultation. This is resulted from an encouragement of the counselor helping the patient see the value of himself. The counselor also helped him understand the process of treatment.

The seventh client is 36-year-old man who has a Bachelor's degree. He is a temporary staff at a government agency with an income of 5,000 baht a month. The cause of paraplegics is due to a car accident. Prior to getting counseling, his anxiety rate was high since he could not accept the fact that he would be come a handicapped. He is also worried about his future.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. The patient's anxiety rate reduced after getting the consultation. The patient had a chance to explore himself during the time of counseling. He accepts the fact and discovers ways to reduce his tension. His family also encourages him, which help him have more self confidence and realize that he can be useful for his family and the society.

The eighth client is 44-year-old woman whose education level is grade 6. She is a farmer with a monthly income of 2,000 baht. She had been bumped hardly, which causes the paraplegia. The patient had a high level of anxiety before getting a consultation before there were conflicts of idea in her family about the treatment method between traditional medicine and conventional therapy. She was also worried that she has become a burden to her family.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. Her anxiety rate declined after attending the counseling session. The patient felt genial and satisfied with the treatment. The counselor also explained the patient's conditions and methods of treatment to her.
family. This helps create well understanding between the patient and her family about the right way of treatment.

The ninth client is 30-year-old man whose education level is grade 6. He is an employee with a monthly income lower than 2,000 baht. The cause of injury was due to a car accident. He had high rate of anxiety because he thought that he was an unlucky person who got severe injury after the accident. He felt desperate and worried about treatment costs.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. After attending the counseling session, his anxiety rate declined. The patient can accept the big change happening in his life and find the ways out to reduce his worrisome.

The tenth client is 23-year-old woman whose education level is grade 9. She is an employee with a monthly income of 4,000 baht. The cause of injury was because she fell down from high floor. She had high rate of anxiety since she was worried that she has become the handicapped.

The researcher provided counseling by asking questions, repeating important statement, and clarifying problems. After attending the counseling session, her anxiety rate declined. The patient also felt relieve since she had chances to express her feelings. She can accept the big change happening in her life and find the ways out to reduce her worrisome.

Discussion of the result

The paraplegia, which is the loss of feeling and the disorder of organs lower than spinal cord, is usually resulted from being hurt from an accident or having an injury in spinal cord. The patients' physical and mental conditions have been affected after being paraplegic. The patients will become worried and desperate following physical changes. They mostly lose their self-esteem as they will become the burden to the family. The patients' anxiety will affect their physical conditions, feelings, and relationship within the family. The paraplegics need an encouragement and supports from family and friends to help them live with happiness and confidence. The medical and psychological treatments are needed to help them recover in a short period of time.

The individual counseling is a method that requires counseling skills to relieve anxiety of the patients and encourage them to live on with confidence.

Based on this research, the anxiety level of the paraplegics who attended an individual counseling session declines significantly at P<.05. This is in line with the hypothesis stated that the paraplegic patients who get the individual counseling will have lower anxiety rate after the treatment. The counseling under the client center theory can help relieve anxiety of the patients. The consultation involves a process of creating good relationship between the patient and the counselor. The patients have chances to express their feelings and explore themselves. The counselor also helped the patients to find out the solutions of the problems and to understand more about the medical treatment.

The result of the research shows that the individual counseling to the paraplegics is helpful to solve their psychological problem and to reduce anxiety. This
is in line with the study of Yuwadee Summatr (1998) who stated that the individual counseling reduced anxiety rate of the patients having surgery. Jiew Chaotaworn (1996) found that the individual counseling could lessen the tension of mother whose child is ill. The study of Tanimporn Nilakarn (1990) showed that the individual counseling can help reduce anxiety level. Sineenart Boontorterm (1987) suggested that the counseling is needed to prepare the patients to deal with physical and mental impacts that may happen to them later on.

In this study, the researcher provided the counseling under the client center theory by creating good relationship with the patients, considering their problems, and using various counseling techniques. Those techniques are allowing the patients to express their feelings, encouraging them, as well as giving them information about jobs and financial support. The patients will understand their situations and know how to solve the problems they have. The individual counseling also helps reduce anxiety level of the patients and help them live their lives with confidence and happiness.
CHAPTER V
CONCLUSION

Conclusion

The research on the effect of individual counseling towards the anxiety of paraplegic patients is based on the quasi experimental design. The research compares the results of paraplegics who attended individual counseling group and the group that does not receive the counseling. The conclusions of the study are as follows:

1. Purpose of the Research
   To study the effect of individual counseling on the anxiety level of paraplegic patients.

2. Research Hypothesis
   1. The anxiety of the paraplegic patients is lessened after having the individual counseling.
   2. The anxiety of a group of the paraplegic patients who have the individual counseling treatment is lower than the group without the treatment.

3. Sample
   The sample of this research is the paraplegic patients, who are patients at Physical Rehabilitation Medicine Building, Srinakarin Hospital, Khon Kaen province during August-September, 2000. The patients are required to be diagnosed by the doctor that the patient is paralyzed in lower parts of the body and need to stay in the hospital to have the treatment at least two weeks. The sampling group is the patients who received permission from the doctor and volunteered to participate in this research. The sampling group is selected by random a specific population who have high rate of worrisome after being evaluated by Spielberger's anxiety rate test. Also, the sample needs to have conscious and be able to communicate well.

4. Research tools
   4.1 Survey on basic information
   4.2 Spielberger's anxiety rate test comprising two parts
      Part 1 State Anxiety (A-State) X-I test. This type of the test aims to evaluate emotion happening at a certain situation.
      Part 2 Trait Anxiety (A-Trait) Form X-II. The test is about personality, which can identify difference on reaction of person towards anxiety.
   4.3 Individual counseling program
5. Research method

The researcher conducted research based on following procedures:

5.1 Survey lists of paraplegics being treated at Physical Rehabilitation Medicine Building, Srinakarin Hospital, and then select the research population from this group of patients

5.2 Conduct pre-test by having paraplegics working on the State-Trait anxiety questionnaire. Then, evaluate the scores and divide the sample into two groups by random assignment
  - Experimental group comprising ten paraplegics who have individual counseling and are willing to have counseling service
  - Controlled group comprising ten paraplegics who have regular treatment from the hospital

5.3 Provide individual counseling to the sampling group, which is ten paraplegics under the experimental group. Each counseling takes around 45-60 minutes based on the schedule.

5.4 Conduct post-test by having paraplegics working on the questionnaire

6. Data Analysis

6.1 Analyze general data of the sample by using descriptive statistics including frequency, deviation and mean

6.2 Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups before having counseling by using Mann Whitney U Test

6.3 Compare the result of Trait-Anxiety test (Form X-II) between the experimental groups before having counseling by using Mann Whitney U Test

6.4 Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups before and after having counseling by using Wilcoxon Match Pair Signed Ranks Test

6.5 Compare the result of State-Anxiety test (Form X-I) of the experimental groups before and after having counseling by using Wilcoxon Match Pair Signed Ranks Test

6.6 Compare the result of State-Anxiety test (Form X-I) between the controlled and the experimental groups after having counseling by using Mann Whitney U Test

6.7 Compare the result of Trait-Anxiety test (Form X-II) between the controlled and the experimental groups after having counseling by using Wilcoxon Match Pair Signed Ranks Test

6.8 Analyze data, interpret and conclude the result of the individual counseling

7. Research results

7.1 After the experiment, the anxiety rate of the paraplegics who had the individual counseling is lower than before the treatment at P<.05

7.2 After the experiment, the anxiety rate of the paraplegics who had the individual counseling is lower than the group which did not attend the individual counseling at P<.05
Suggestions

From the study on the effect of individual counseling towards the anxiety rate of paraplegic patients, it was found out that the individual counseling can reduce anxiety rate of the patients and help them adjust themselves following the physical changes. To treat the paraplegic patients, the researcher has some suggestions as follows:

1. Counseling
   1.1 Apart from counseling treatment during the stay in the hospital, there should be a follow-up session after the patients leave the hospital
   1.2 There should be a training on the individual counseling to improve the efficiency of medical treatment
   1.3 Counseling services to the patients’ families are needed to reduce their anxiety and educate them to appropriately treat the patients
   1.4 There should be a campaign to reduce causes of paralysis

2. Treatment
   2.1 Home visit is needed to know basic information of the patients for better treatment, and to follow-up after the patients have attended the counseling session
   2.2 Counseling service on financial support, job recruitment and job opportunity should help the patients reduce their anxiety
   2.3 There should be the cooperation between public and private sector on the refer case

3. Research
   3.1 There should be follow-up study on the anxiety rate of the paraplegics after attending the counseling session
   3.2 The research on the effect of individual counseling towards anxiety rate of the paraplegics should be conducted again to reconfirm the result
   3.3 There should be a study on the effect of individual counseling on patients suffering with other type of ailment
   3.4 The study should cover patients being treated in other hospital in order to expand the counseling service to other areas
   3.5 There should be a study on other kinds of counseling towards the anxiety rate of the paraplegics, in a bid to compare the result with the individual counseling
   3.6 There should be a follow-up study on rehabilitation counseling

4. Hospital services
   4.1 The hospital should adopt the individual counseling to treat the patients to reduce their anxiety
   4.2 The hospital should train the staff to understand mental conditions of the patients
   4.3 The individual counseling should be used in other type of patients apart from the paraplegics
BIBLIOGRAPHY

THAI


กัลยา ใจกษา (2537). ผลของการฝึกการเปลี่ยนแปลงพฤติกรรมในตัวบุคคลของผู้ป่วยยืนทางคลื่น บริการจุฬาลงกรณ์, มหาวิทยาลัยชัยภูมิ.

กาญจน์ กาญจน์ไชยแสง (2527). การศึกษาดัชนีโนทศบินผู้ป่วยยืนทางคลื่นทางด่วน วิทยานิพนธ์ปริญญาตรีพยาบาลศาสตร์ คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล.

จันทร์พิทักษ์ ภักดีทภ (2527). การดูแลผู้ป่วยยืนทางคลื่น วารสารพยาบาลศาสตร์ 33, 126-141.

จารุ เขาวิชยาน (2539). ผลของการเรียนรู้เพิ่มเติมวิทยาศาสตร์แบบรายบุคคลตามแนวรีเทิเวทช์ต่อพฤติกรรมความเครียดของนักเรียนที่มีอาการโรคคลื่นชีวิต: วิทยานิพนธ์ปริญญาศิลปศาสตร์ มหาบัณฑิต, มหาวิทยาลัยมหิดล.

จิตรนันท์ ฤทธิประเสริฐ (2534). ผลของการเตรียมการให้การปรับม่านผู้ป่วยผู้ป่วยสูงศรีมานท์.

ดวงบุตร พึงศาสตร์ (2534). ผลของการเตรียมการให้การปรับม่านผู้ป่วยผู้ป่วยสูงศรีมานท์.

ดวงไชย ลูกสมบูรณ์ และพรวิภา (2530). เทคนิคการให้คำปรึกษาแบบแนวระมัดระวังผู้ป่วยผู้ป่วยสูงศรีมานท์.

ดวงพล ศิริภักดี (2532). การศึกษาพฤติกรรมที่เกี่ยวข้องกับการให้การคุ้มครองผู้ป่วยสูงศรีมานท์: ระดับพยาบาล.

ดวงพล สุริยะนฤ (2532). ผลของการส่งเสริมการกระทำสุขภาพตามแนวรีเทิเวทช์ต่อพฤติกรรมความเครียดของผู้ป่วยสูงศรีมานท์.

ภูมิธรรม นิลเกษียร (2532). ผลของการส่งเสริมการกระทำสุขภาพตามแนวรีเทิเวทช์ต่อพฤติกรรมความเครียดของผู้ป่วยสูงศรีมานท์.

บุญธรรม ชัยสะอาด (2532). วิจัยการวางตัวในการกระทำด้วย 1. ครู Harding: โรงพยาบาลชัยภูมิ, มหาวิทยาลัยชัยภูมิ.

ฟ้าวิชญ์ เพ็ญ.swift (2527) การแนะนำและให้คำปรึกษา ครูที่ปรึกษา. โรงพยาบาล: โรงพยาบาลศิริราช อัศวิน.

พวงน้อย ปุระ (2536) ปัญญาสารภาพชีวิตในผู้ป่วยผู้สูงอายุ มหาวิทยาลัย ชลิตาศิริ วิทยาลัยวิทยาศาสตร์

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.

มหาวิทยาลัย.
สุทธรสี นาคทอง.(2530). ผลของการให้คำปรึกษาแบบรายบุคคลตามแนวทางของโอเมอร์ที่มีต่อการ
ลดความวิตกกังวลของผู้ป่วยด้วยเครื่องร้องระดมมีอาการ ร.พ.พระรามราษฎร วิทยาลัย
ศึกษาศาสตร์ศึกษาบัณฑิต, มหาวิทยาลัยศรีนครินทรวิโรฒ.

สุวิทยา ดันดิศพานิชย์.(2521). “Anxiety “ เอกสารประกอบการอบรมเชิงปฏิบัติการเรื่องการ
พบปะจิตเวช (10 กรกฎาคม – 18 สิงหาคม 2521 ), หน้า 15-19.

สะอาด โกศลกุล.(2525). กฎระเบียบในการปรับตัวเมื่อเกิดความเครียด. วารสารคณะแพทยศาสตร์จุฬาลงกรณ์.

ทองสุรชัย ศรีกนิษฐ์, โรงพยาบาลศิริราช.(2543). รายงานสถิติผู้ป่วยด้วยโรคและเจ้าหน้าที่.

ของภัณกีรศิริราช.(2543). ประวัติผลของอาการให้คำปรึกษาแบบรายบุคคลต่อการป้องกันโรคติดต่อ
ทางเพศในผู้ติดอยู่ของผู้ป่วยานโรคบัณฑิตและคนขายโรคแบบ 4 จังหวัดชายฝั่ง.

วิทยาลัยปริญญาศึกษาศาสตร์ศึกษาบัณฑิต มหาวิทยาลัยศรีนครินทรวิโรฒ.

ยุทธ์ภัทร ปานมา.(2535). การบันทึกปัญหาด้านการศึกษาและพบปะพุทธิคุณ. คณะแพทยศาสตร์.


อานุภาพ ภูริศรีสวัสดิ์.(2541). การประมวลผลข้อมูลและจุดทำให้เกิดแนวทางปฏิบัติตามพยาธิสภาพ. คณะ:

พิชญ พิรุฒ.
ENGLISH
(Vol.10,pp.20-23).
Bowman, Daniel O.and Halfacre,David L.Poetry therapy with the sexually abused
injury: A theoretical analysis.Paraplegia,18, ( pp.74-85 ).
Clinics of North America( pp.309-320).
Esther Lucile Brown. ( 1965 ). Meeting patients Psychosocial Needs in The
General Hospital, Social Introduction and Patient Care, ( Edited by James
Winston.
Lippincott Company.
The C.V.Mosby Company.
McGibbon J.,(1987). Para medical aspects of spinal cord injured patients. Paraplegia,25,270-
274.
of Depression Among Roral Women of Low Socioeconomic Status.
Row.
APPENDIX A

List of Examiners of the Research Tools
List of Examiners of the Research Tools

1. Poonsri Rangsikachi, M.D.
   Department of Psychiatry, Faculty of Medicine, Khon Kaen University

   Department of Psychiatry, Faculty of Medicine, Khon Kaen University

3. Nichanun Punyaek, M.S.
   Department of Rehabilitation, Faculty of Medicine, Khon Kaen University
APPENDIX B

Research Tools

1. Survey on personal information
   1.1 Thai version
   1.2 English version
2. Anxiety rate test
   2.1 Thai version
   2.2 English version
3. Individual counseling program
4. Individual analysis
แบบบันทึกข้อมูลส่วนตัว

<table>
<thead>
<tr>
<th>ชื่อ</th>
<th>สกุล</th>
<th>เพศ</th>
<th>วันเกิด</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ป. 1 - ป. 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>หญิง</td>
<td>ม. 1 - ม. 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>อาชีพ</th>
<th>นักเรียน นักศึกษา</th>
<th>รับราชการ รัฐวิสาหกิจ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ชาย</td>
<td>ล้มละลาย</td>
</tr>
<tr>
<td></td>
<td>หญิง</td>
<td>ตั้ง ๆ ระบุ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>สถานภาพสมรส</th>
<th>โสด</th>
<th>หย่า</th>
<th>ไม่หย่า</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>รายได้ของครอบครัวต่อเดือน</th>
</tr>
</thead>
<tbody>
<tr>
<td>ต่ำกว่า 2,001 บาท</td>
</tr>
<tr>
<td>2,001 - 4,001 บาท</td>
</tr>
<tr>
<td>ไม่มีรายได้</td>
</tr>
</tbody>
</table>

เพียงพอสำหรับรายจ่ายในการรักษาพยาบาลหรือไม่

<table>
<thead>
<tr>
<th>พอ</th>
<th>ไม่พอ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

สัญญาความทิ้ง

<table>
<thead>
<tr>
<th>ได้รับความคุ้มครองจากรัฐ</th>
<th>ถูกกระท่อมท้องระแนง</th>
</tr>
</thead>
<tbody>
<tr>
<td>ค่าจ้างที่สูง</td>
<td>ได้รับบำนาญจากรัฐวุฒิของไทย</td>
</tr>
<tr>
<td>การติดเชื้อโรคส่วนต่าง</td>
<td>ต่างๆ (ระบุ)</td>
</tr>
</tbody>
</table>
Survey on personal information

Name............................................. Last name..................................Code..............

Age........................

Gender          □ Male           □ Female

Education        □ Have not study   □ Grade 1-6          □ Grade 7-12
            □ Diploma                  □ Bachelor's degree
            □ Others......................

Occupation       □ Student              □ Government/State enterprise official
            □ Farmer                   □ Own Business
            □ Employee                 □ Others......................

Marital Status   □ Single               □ Married              □ Widow          □ Divorce

Average monthly income of the family
            □ Below 2,001 Baht       □ 4,001 – 6,000 Baht
            □ 2,001 – 4,001 Baht   □ More than 6,000 Baht
            □ No income

Be able to cover the treatment expense or not
            □ Yes          □ No. Solution(s) is (are)

Cause of injury
            □ Car accident           □ Getting severe hit
            □ Falling from high floor □ Injured from sharp edges
            □ Spinal cord infection  □ Others......................
แบบวัดระดับความวิตกกังวล

ตั้งขึ้นในกำรตอบแบบสอบถาม

ในกำรศึกษำวิจัยครั้งนี้ ค่อนกำรทำให้ระดับความวิตกกังวลเกี่ยวกับกำรเข้ำป่วยของท่าน
ในแบบสอบถามนี้จะมีข้อความให้ทำแผนังเพื่อสอบถามว่าทำมีความรู้สึกระดับข้อความในแต่ละ
ข้อมูลถ่ายให้ได้ทำข้อติดเป็นควำมดีและตระหนักถึงเป็นกำรรวม จึงไม่มีผลกระทบ
ต่อผู้ตอบแต่ยังไง ทำจะนำไปใช้ในกำรศึกษำวิจัยครั้งนี้เท่านั้น เพื่อเป็นประโยชน์ในกำร
ปรับปรุง กำรให้กำรปรึกษำผู้ป่วยให้มีประสิทธิภำพดียิ่งขึ้น

ขอขอบพระคุณที่กรุณาให้ความร่วมมือครั้งนี้

นางดวงใจ สุคนธามาน
นักศึกษาระดับปริญญาโท
สำนักงานบริการพื้นที่สุขภาพพนักพิการ
แบบวัดระดับความภูมิคุ้มกัน

ชื่อ – สกุล...........................................................(ชื่อนักเรียน)

คำชี้แจง โปรดอ่านข้อความแต่ละข้อค่อยๆ นั้น และกรอกหรือหมายเลข 5 ตรงในช่องคำตอบที่ตรงกับความรู้สึกของ

ท่าน โดยให้ท่านตอบข้อความคิดถึงว่า ตรงกับความรู้สึกของท่านอย่างไร ไม่ในแต่ละข้อจะมีคำตอบเดียว

และกรุณาตอบทุกข้อ ตามเสียงตอบเลือกแยกรุ่นนี้

<table>
<thead>
<tr>
<th>ความรู้สึก</th>
<th>ไม่มีเลย</th>
<th>มีบ้าง</th>
<th>ค่อนข้างมาก</th>
<th>มากที่สุด</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ตัวรู้สึกแน่น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. ตัวรู้สึกปลอดภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. ตัวรู้สึกไม่ช้า</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. ตัวรู้สึกภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ตัวรู้สึกภัย</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ตัวรู้สึกช้า</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. ตัวรู้สึกตื่นเต้น</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
แบบวัดระดับความสัมพันธ์กับ

ชื่อ–สกุล ................................................................. วันที่ .................................................................
ที่ชื่นชม โปรดอ่านข้อความแต่ละข้อต่อไปนี้ และหาคำตอบของว่าในข้อที่ตรงกับความรู้สึกของท่าน โดยให้ท่านหาคำตอบที่ตรงกับความรู้สึกของท่านอย่างไร ในแต่ละข้อจะมีคำตอบสองข้อ และมุ่ง
ตอบช้าข้อ การเลือกตอบยิ่งนั้นดังนี้

<table>
<thead>
<tr>
<th>ความรู้สึก</th>
<th>ไม่มีเลย</th>
<th>มีบ้าง</th>
<th>ค่อนข้างมาก</th>
<th>มากที่สุด</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. ท่านมักจะเจริญได้รับรีสมะ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. ท่านมักจะเป็นหน้าขน่ง</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. ท่านมักจะร้องไห้บ่อยๆ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. ท่านอาจมีความสุขเกินกันสุข</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. ท่านมักจะสดใสแย้มแย้มดินใจข้าม</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>เกินไป</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. ท่านรู้สึกว่าได้พักผ่อน</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. ท่านมักจะเลือยอย่างชุ่มชื่นอบอบ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. ท่านรู้สึกว่ามีดุษฎีกรรมมากจนทำให้ท้อใจ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. ท่านมักจะทราบอยู่เสมอ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. ท่านรู้สึกเป็นสุข</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. ท่านมักจะเสียเป็นเร็วขึ้นๆ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. ท่านขาดความมั่นใจในตนเอง</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. ท่านเป็นคนมั่นคงในชีวิต</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright by Mahidol University
<table>
<thead>
<tr>
<th>ความรู้สึก</th>
<th>ไม่มีเลย</th>
<th>มีบ้าง</th>
<th>ต่ำกว่ามาก</th>
<th>มากที่สุด</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. ขันผูกบางหลักเล็กน้อยการพักผ่อนมากกับความยุ่งยาก</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. ขันผูกพักผ่อนหมอง</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. ขันผูกพักผ่อนใจ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. ขันผูกเป็นความคิดที่รุ้งสราด</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. ขันผูกเป็นความคิดทรัพยากร</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. ขันเป็นคนแงอดีต เหมาะปลาย</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>40. ขันผูกจะรู้ว่าใจไหลเดี๋ยวก็เรียกอุ่นแนะ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anxiety Rate Test

Remark

This research wants to evaluate your anxiety level towards your illness. In this questionnaire, please mark your feeling on given statements. The result of this research will be confidential and will be used only for the academic purpose with an aim to help improve efficiency of the counseling.

Your cooperation on this matter would be appreciated.

Mrs. Duangjai Sucontamarn
Graduate student
Disability Rehabilitation Service

Department
State Anxiety Test

Name-Last Name.................................
Date.................................

**Remark** Please read the following statement and mark X on the space describing your feelings towards that statement. There is only one answer for each statement. Choices of expressions are:

None refers to Do not feel anything
Sometimes refers to Have that feeling occasionally
Often refers to Have that feeling often
Always refers to Have that feeling all the time

<table>
<thead>
<tr>
<th>Expression</th>
<th>None</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel peaceful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I feel safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am under stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I feel sorry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I feel upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I worry that something bad will happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel not confused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I am worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I feel comfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I have self confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I feel excited easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I feel restless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I feel uneasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I feel relieve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I am satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I think about nonsense subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I feel panic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I feel joyful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I feel cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Trait Anxiety Test

Name-Last Name..............................................................................
Date........................................

**Remark** Please read the following statement and mark X on the space describing your feelings towards that statement. There is only one answer for each statement. Choices of expressions are:

<table>
<thead>
<tr>
<th>Expression</th>
<th>None</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I am always cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I often feel bored</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I often cry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I want to be happy like other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I usually lose an opportunity because I take too much time to make a decision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I feel relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I often think carefully</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I feel that so many obstacles discourage me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I am often worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I feel happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. I take everything seriously</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I lose self-confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. I am stable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I try to avoid facing difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I feel depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I feel satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. I often have nonsense ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. I usually think about disappointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I am a consistent person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. I usually feel nervous and tense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Individual Counseling Program

The first counseling: Create Good Relationship

Objective

1. To help the patients feel comfortable and trust the counselor
2. To acknowledge the patients about the objective, procedure, schedule and venue of the counseling, as well as the role of the counselor and the patient.

Duration

45-60 minutes

Venue

Patient’s room, Rehabilitation Medicine Building, Srinakarin Hospital

Setting

Counselor sits beside the patient’s bed, while the patient sits or lies down on the bed as picture below

![Diagram](image)

= Patient

= Counselor

Equipment

1. Agenda of the counseling
2. Tape recorder
3. Counseling analysis form

Procedure

1. The counselor introduces herself in friendly manner and has a conversation in general topics. Then, the counselor explains to the patient about the objective, procedure, as well as the role of the counselor and the patient. After that, the counselor asks the patient’s permission to make a record of the conversation.

"Good morning (good afternoon) Mr./Ms. ………. First, let me introduce myself. My name is Duangjai Sukonthamarn. I’m studying Master’s degree in physical rehabilitation service department, Rachasuda College, Mahidol University. I’m doing a thesis on the anxiety level of the paraplegics. After I’ve got your ‘State-Trait Anxiety’ test result and found out that you feel worried, therefore I arrange an individual counseling to help relieve your anxiety. I’ll be your counselor giving you advice to find out ways to relieve your tension. The counseling will also help you understand yourself more and you can adjust yourself while being under medical treatment. This will also guide you to discover the solutions suitable with your situation. Finally, your physical and mental conditions will be improved. During the
counseling session, I may have some personal questions. Your information will be kept confidentially. Accurate information will be of your benefits.

There will be six counseling sessions which take around 45-60 minutes each. The first meeting will be general topics and the explanation on the counseling purpose, procedure, and schedule. We’ll meet again in the next five sessions, twice this week and two more times next week, and the last session in the following week. After that, you will have to do the anxiety rate test again to evaluate your feeling after getting the counseling. Therefore, I’d like to have your cooperation on this consultation. And, I’d like to make a tape record on our conversation, which will be used to figure out ways to lessen your anxiety level. I’ll delete the recorded tape once the study completed,”

“What do you think about meeting again?”

2. The counselor allows the patients asking questions.
Counselor: “If you have any questions or do not understand clearly on those details, please feel free to ask me.”

3. The counselor makes the conclusion at the end of the conversation to make sure that the patients understand the purpose of the study and agree to join the counseling session.
Counselor: “In conclusion, I’ll provide six counseling sessions taking about 45-60 minutes each. The counseling aims to help reduce your anxiety on your illness. Our conversation will be treated confidentially. I’d like to give to you the schedule of our meetings. That’s for today. Hope to meet you again on ........... at............”

Evaluation
1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient’s interest and question
4. Counseling analysis form

Individual Counseling Program

The Second Counseling: Examine & Identify Problems

Objective

1. To help the patients feel comfortable and trust the counselor
2. To acknowledge the patients about the objective, procedure, schedule and venue of the counseling, as well as the role of the counselor and the patient.

Duration 45-60 minutes

Venue Patient’s room, Rehabilitation Medicine Building, Srinakarin Hospital
Setting
Counselor sits beside the patient’s bed, while the patient sits or lies down on the bed as picture below

= Patient

= Counselor

Equipment
1. Tape recorder
2. Counseling analysis form

Procedure
1. The counselor creates good relationship with the patients by greeting with friendly manner and has a conversation in general topics. Then, the counselor asks the patient’s permission to make a record of the conversation.
   Counselor: “Good morning (good afternoon) Mr./Ms. ……….. Glad to meet you again. How are you today. … May I record the tape as the last time?”

2. The counselor explains the patients about the details of the previous counseling. Then, the counselor gives a chance to the patients to express their feelings, and ask them questions, repeat important statement, clarify some complicated content.
   Counselor: “We’re seeing each other again today to figure out solutions to help you feel better. Do you mind telling me about your feeling as you’re getting ill now?”

3. The counselor concludes details describing by the patients and classifies them into main issues. The counselor applies many techniques such as clarification, repetition to assure that the patients understand their situations and problems. This will help the patients examine themselves, acknowledge the problems and express their feelings. Then, the counselor gives a chance to the patients to ask questions.
   Counselor: “From what you’ve said, you’re worrying about. Is that correct? Do you have anything to add?”

4. The counselor makes a conclusion of the conversation.
   Counselor: “For our conversation today, could you please briefly tell me about the main points we have discussed today…. And, I have additional conclusion too.”

Individual analysis

5. The counselor ends the counseling session and set the next timing.
   Counselor: “Our conversation may have to end today. Next time, we’ll talk about ways to solve those problems. Every problem has its way out if you’re determined to solve it and understand its causes. See you again on… at… Bye.”
Evaluation

1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient’s interest and question
4. Counseling analysis form
Individual Counseling Program

The Third Counseling: Problem Solving Plan

Objective

1. To help the patients understand their situation and problems
2. To help the patients understand causes of the problems
3. To help the patients solve the problem by setting a plan with a target

Duration

45-60 minutes

Venue

Patient's room, Rehabilitation Medicine Building, Srinakarin Hospital

Setting

Counselor sits beside the patient's bed, while the patient sits or lies down on the bed as picture below

= Patient

= Counselor

Equipment

1. Tape recorder
2. Counseling analysis form

Procedure

1. The counselor creates good relationship with the patients by greeting with friendly manner and has a conversation in general topics. Then, the counselor asks the patient's permission to make a record of the conversation.

   Counselor: "Good morning (good afternoon) Mr./Ms. Glad to meet you again. How are you today. ... May I record the tape as the last time?"

2. The counselor reviews the main details of the previous counseling to stimulate the patients to find out the ways to solve their problems.

   Counselor: "Last time, we talked about your current situation, Today, we'll figure out the ways to solve your problem and reduce your anxiety. You yourself may be thinking about that. So, we'll work that out today."

3. The counselor gives a chance to the patients to share their ideas about the solutions.
Counselor: “If you want to solve the problem happening to you, which is the main reason that make you feel bad, what would be solutions?”

4. The counselor lets the patients make a conclusion of the conversation and detail the solutions.
Counselor: “For our conversation today, could you please review the solutions we have discussed today. And, please tell me what can you do to solve your problems.”

Individual analysis

5. The counselor makes additional conclusion and allows the patients to ask questions.
Counselor: “What we’ve talked today is the solutions to your problems in... And, you plan to solve those problems by...
I really appreciate your attempt figuring out ways to solve your problems and setting the problem-solving plan by yourself.

6. The counselor evaluates the result of the counseling by noticing the patient’s body reaction and expression. Then, the counselor ends the session and sets the next timing.
Counselor: “So far, what do you feel about the solutions? ... Our conversation may have to end today. See you again next time on... at... Bye.”

Evaluation
1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient’s interest and question
4. Counseling analysis form
Individual Counseling Program

The Fourth Counseling: Problem Solving Implementation

Objective

1. To let the patients designate methods and procedures to relieve their anxiety
2. To encourage the patients to implement the problem-solving plan

Duration
45-60 minutes

Venue
Patient's room, Rehabilitation Medicine Building, Srinakarin Hospital

Setting
Counselor sits beside the patient's bed, while the patient sits or lies down on the bed as picture below

```
= Patient
= Counselor
```

Equipment
1. Tape recorder
2. Counseling analysis form

Procedure

1. The counselor creates good relationship with the patients by greeting with friendly manner and has a conversation in general topics. Then, the counselor asks the patient's permission to make a record of the conversation.
   Counselor: “Good morning (good afternoon) Mr./Ms................ Glad to meet you again. How are you today. ... May I record the tape as the last time?”

2. The counselor reviews the main details of the previous counseling and to make clear that the patients understand methods and procedures to reduce their anxiety. The counselor also gives a chance to the patients to express their feelings.
   Counselor: “From our last talk, do you have anything to add? I think that you may have adjusted yourself to reduce anxiety. Do you mind telling me what do you feel after following those steps?”
3. The counselor asks the patients make a conclusion of the conversation and detail the solutions. Then, the counselor makes an additional conclusion.
Counselor: “Today, we’ve talked for a while about the methods to reduce the anxiety. Next time we will talk about the outcome from the implementation. Hope to see you again on... at... Good-bye.”

Evaluation
1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient’s interest and question
4. Counseling analysis form
Individual Counseling Program

The Fifth Counseling : Evaluation on Plan Implementation

Objective

1. To let the patients identify methods and procedures to relieve their anxiety and adjust themselves to the changes in life

Duration 45-60 minutes

Venue Patient’s room, Rehabilitation Medicine Building, Srinakarin Hospital

Setting Counselor sits beside the patient’s bed, while the patient sits or lies down on the bed as picture below

![Diagram of Patient and Counselor positions]

= Patient

= Counselor

Equipment

1. Tape recorder
2. Counseling analysis form

Procedure

1. The counselor creates good relationship with the patients by greeting with friendly manner and has a conversation in general topics. Then, the counselor asks the patient’s permission to make a record of the conversation.

Counselor: “Good morning (good afternoon) Mr./Ms.................. Glad to meet you again. How are you today. ... May I record the tape as the last time?”

2. The counselor makes clear with the patients about details of the previous discussion and gives changes to the patients to evaluate themselves by explaining about their solutions when being depressed.

Counselor: “From our previous talk, do you have anything to add?”

“And, I’d like to hear you opinion to evaluate the results after you have followed those problem-solving steps.”

3. The counselor asks the patients make a conclusion of the conversation and detail the solutions. Then, the counselor makes an additional conclusion.
Counselor: "We've talked for a while today. I'd like you to go through all main details we've discussed today. Next session will be our last meeting. We'll conclude again on the results of the whole session. That'd be enough for today. See you again on... at... Good-bye."

Evaluation
1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient's interest and question
4. Counseling analysis form
**Individual Counseling Program**

**The Sixth Counseling : Evaluation on Counseling**

**Objective**

1. To allow the counselor and the patients to review the whole counseling process and recheck the understanding of the patients, in an attempt to create positive feelings of the patients towards the counseling session.
2. To let the patients evaluate their feeling towards anxiety level after joining the counseling session.

**Duration**

45-60 minutes

**Venue**

Patient’s room, Rehabilitation Medicine Building, Srinakarin Hospital

**Setting**

Counselor sits beside the patient’s bed, while the patient sits or lies down on the bed as picture below.

![Diagram showing counselor and patient positions]

- = Patient
- = Counselor

**Equipment**

1. Tape recorder
2. Counseling analysis form

**Procedure**

1. The counselor creates good relationship with the patients by greeting with friendly manner and has a conversation in general topics. Then, the counselor asks the patient’s permission to make a record of the conversation.

   Counselor: “Good morning (good afternoon) Mr./Ms. …………. Glad to meet you again. How are you today. … May I record the tape as the last time?”

2. The counselor gives a chance to the patients to evaluate themselves by describing their feelings after attending several counseling sessions.

   Counselor: “What do you think after we’ve talked for several times? … Are there anything of your benefits?”

3. The counselor evaluates the counseling by noticing the patients’ reaction. Then, the counselor allows the patients to express their feelings and
appreciate the patients on their cooperation in the research before ending the counseling session.

Counselor: “I’m glad and feel impressed that you have cooperated in this counseling session. I intend to help you to feel better both physical and mental aspects. All process we’ve gone through will help reduce your anxiety. Be strong, you’ll get better. For today, I’d like to finish the counseling session and wish you good health. After this, if you want to talk more, please feel free to come to see me anytime at Social Welfare Division, 2nd floor. Thank you very much once again. Good-bye.”

Evaluation
1. Evaluate from conversation
2. Evaluate from physical reaction
3. Evaluate from the patient’s interest and question
4. Counseling analysis form
## Schedule of Counseling

**Counselor**  Mrs. Duangjai Sucontamarn  
**Patient**  Mr./Ms./Mrs.  
**Venue**  Rehabilitation Medicine Building, Srinakarin Hospital

<table>
<thead>
<tr>
<th>No</th>
<th>Topic</th>
<th>Date</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Creating Good Relationship</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Examine &amp; Identify Problems</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Problem Solving Plan</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Problem Solving Implementation</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>5</td>
<td>Evaluation On Plan Implementation</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
<tr>
<td>6</td>
<td>Evaluation On Counseling</td>
<td></td>
<td>45 – 60 minutes</td>
</tr>
</tbody>
</table>
Counseling Analysis Form (For researcher only)

During the counseling to ................., which techniques the researcher use? And, what are outcomes of each procedure?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Technique</th>
<th>Result</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

STATISTIC
Statistic in this research

1. The validity of the anxiety rate test is evaluated by Cronbach’s Coefficient Alpha based on the following formula:

\[
\alpha = \frac{K}{K-1} \left( 1 - \frac{\sum S_i^2}{S_1^2} \right)
\]

\( \alpha \) = Validity based on Cronbach’s Alpha Coefficient  
\( k \) = total data  
\( \sum S_i^2 \) = variation on the score of each question  
\( S_i^2 \) = variation of the total score of the questionnaire

2. Mean

\[
\bar{X} = \frac{\sum X}{N}
\]

\( X \) = Mean  
\( \sum X \) = Total age of paraplegics  
\( N \) = Total population

3. Deviation

\[
SD = \frac{\sum X^2 - (\sum X)^2}{N}
\]

\( SD \) = Deviation  
\( \sum X \) = Total age of paraplegics  
\( \sum X^2 \) = Two time of the paraplegics’ total age  
\( N \) = Total population
4. Data analysis on the result of the anxiety rate after the experiment by using Mann-Whitney U Test

\[ U_1 = \frac{n_1n_2 + n_1(n_1 + 1)}{2} - R \]

\[ U_2 = n_1n_2 + \left(\frac{n_2(n_2 + 1)}{2}\right) - R_2 \]

\[ n = \text{Sampling group} \]
\[ U = \text{Result from analysis by using Mann - Whitney U Test} \]
\[ R_1 = \text{Result from controlled group} \]
\[ R_2 = \text{Result from experimental group} \]

5. Data analysis on the result of the anxiety rate after the experiment by using Wilcoxon Matched Signed-ranks Test

\[ d_i = (X_i - Y_i) \]
\[ T = \text{Min} (T^+, T^-) \]

\[ n = \text{Total population} \]
\[ X_i = \text{Anxiety rate before the experiment} \]
\[ Y_i = \text{Anxiety rate before the experiment} \]
\[ T^+ = \text{Result with } d_i \text{ positive} \]
\[ T^- = \text{Result with } d_i \text{ negative} \]
APPENDIX D

Conclusion of The Result on Individual Counseling
Conclusion of The Result on Individual Counseling

Patient  

1

Counselor    

Mrs. Duangjai Sucontamarn

Venue    

Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

First patient is a married woman with two children. She has a Bachelor's degree and works as a teacher with monthly income of around 20,000 baht. Her medical expense can be reimbursed. She has not been treated in the hospital before.

Symptom

Fourteen day before going to the hospital, the patient had a car accident. She felt pain in lower parts of the body, them become numb.

Diagnosis    

Paraplegic

Counseling

First Counseling : Create Good Relationship

The patient felt shy, spoke softly and did not reveal much about her personal information. After the patient understood the objective of the counseling and willing to attend the following session.

Second Counseling : Examine and Identify Problems

The patient became familiar with the counselor. She made eye contact, but still felt a bit shy. She told more about herself and the incident. What she concerned most is the loss of feeling in lower parts of the body and an inability to move. Besides, she has also got an infection and got a fever. She has to be under the treatment in the hospital for long time and become a handicap. She worries whether she can get back to work and also concerns about her child as well as conflicts with her husband. For financial status, she can reimburse all the expenses.

The counselor reiterated that the patient has become worry after the accident and also repeated the concerned points of the patient which are long-period of treatment, being handicapped, a possibility to lose job, a concern about her child and family.

Third Counseling : Problem Solving Plan

After the patient has examined and identified her problems, the counselor suggested the patient to understand figure out ways to solve problems and also
encouraged her to solve them. The counselor has acknowledged about the change to mental conditions after getting physically ill and also has suggested the ways to deal with the changes and problems. The counselor also guided the patient to adjust her mindset to understand changes after being paraplegic. The patient has understood the process of medical treatment and prepared to ask her husband to contact her office about getting back to work. The patient has accepted that it would take time for her and her husband to understand each other and solve the conflicts in the family. However, she felt relieved when her husband brought along the child to visit her. Finally, the counselor made a conclusion on the problem solving plan and encouraged the patient to follow those steps.

Fourth Counseling: Problem Solving Implementation

After the patient identified causes of unhappiness, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has been trying to adjust herself to the new physical conditions. She spent her free time learning about the paraplegics and the treatment of this illness. She also tries to control her feeling, by not to be upset easily. Her anxiety relieves as she becomes understand the situation. Besides, she can get back to work after she recovers.

Fifth Counseling: Evaluation On Plan Implementation

The patient described about results after following the problem solving plan. She has accepted her illness situation and tried to adjust herself to the changes. Her anxiety level has been reduced. She has become more cheerful.

Sixth Counseling: Evaluation On Counseling

The patient satisfied with the counseling as she has examined and understand herself more. She has changed some of her behavior to face the problems. She has become more comfortable and felt relieve. The counselor also suggested ways to improve her physical illness and to relieve her anxiety after she gets back home.
Conclusion of The Result on Individual Counseling

Patient 2
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The second client is female at 27 years of age. She is a teacher with an income of 5,000 baht a month. She's married with a soldier who has a monthly income of 10,000 baht. They have two children who studying in grade 6 and primary school. Her medical expenses can be reimbursed.

Symptom
Ten days before going to the hospital, the patient fell down and got hurt at her coccyx, the small bone at the bottom of the spine. Three days after that, she had a Thai traditional massage and then she could not move. After that, she went to the hospital and had an operation.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship
The patient felt at ease and greeted the counselor first. She understood the purpose of the counseling and willing to attend all the counseling session.

Second Counseling: Examine and Identify Problem
The patient became familiar with the counselor and willing to tell about her personal information and the incident. She felt sorry that she did not go to see the doctor after she had got the accident. The massage made her condition become worse. As she knew that she has become paraplegic, she felt sad and worried about her future and her children.

The counselor reiterated the feeling of the patient about the incident and the impact to her physical condition as she did not get the medical treatment as soon as she had an accident. The counselor also repeated the causes of anxiety which are being handicapped, a possibility to lose job, a concern about her future and her children.

Third Counseling: Problem Solving Plan
After the patient has examined and identified her problems, the counselor suggested the patient to understand figure out ways to solve problems and also
encouraged her to solve them. The counselor has acknowledged about the change to mental conditions after getting physically ill and also has suggested the ways to deal with the changes and problems. The counselor also guided the patient to adjust her mindset to understand changes after being paraplegic. The patient has understood the process of medical treatment. As the patient will have difficulties in returning to be a teacher, the counselor suggested she do handicraft work to earn some incomes. The patient has accepted that it would take time for her and her husband to understand the changing situation. However, she felt relieve when her husband bringing along the child to visit her. Finally, the counselor made a conclusion on the problem solving plan and encouraged the patient to follow those steps.

Fourth Counseling : Problem Solving Implementation

After the patient identified causes of unhappiness and anxiety, the counselor urged the patient to identify procedures and solutions of the problems by changing daily activities and adjusting herself to the change in physical conditions. The counselor also gave information about medical treatment and the conditions of paraplegia. As she works for a private company, she may have to resign and find a new job. The counselor suggested that she should do handicraft works to have some incomes and to spend her free time usefully.

Fifth Counseling : Evaluation On Plan Implementation

The patient described about results after implementing the problem solving plan. She has accepted her illness situation and tried to adjust herself to the changes. Her anxiety level has been reduced. She has become more cheerful.

Sixth Counseling : Evaluation On Counseling

The patient satisfied with the counseling as she has examined and understand herself more. She has changed some of her behavior to face the problems. She has become more comfortable and felt relieve. The counselor also suggested ways to improve her physical illness and to relieve her anxiety after she gets back home.
Conclusion of The Result on Individual Counseling

Patient 3

Counselor Mrs. Duangjai Sucontamarn

Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The third patient is a married man with one daughter. He is an employee with a daily income of around 100-120 baht. The patient and his wife usually work in other towns and leave their kid with his mom and sister.

Symptom

Fifteen day before going to the hospital, the patient and his wife had a car accident. He got hurt at his back, waist and legs and later had an operation.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt sad, avoided having eye contact, and rarely talk. After the counselor starting the general conversation, the patient talked back and felt relax. However, he did not reveal much about his personal information. After the patient understood the objective of the counseling, he was willing to attend the following session.

Second Counseling: Examine and Identify Problems

The patient became familiar with the counselor. He felt a bit more refresh and had eye contact, but was still in a silent sometimes. He revealed that he and his wife got an accident on the way to work. After getting an operation, he is getting a physical therapy. However, the incident made him feel depressed and could not accept the truth of what has happened. Besides, his wife also had the operation and has been under treatment at the hospital. Since he and his wife are only two people getting severe impacts from the accident, while his friends had a slight injury, he felt that he has misfortune. He is worried about financial status as he and his wife can not make money to support family. Also, he is worried about his kid and mom.
The counselor reiterated that the patient has become worry after the accident and also repeated the causes of the patient’s anxiety that he can not accept the truth he and his wife have become paraplegic. Other points that he is concerned are the condition of his wife, medical expenses, as well as the future of his child and mother.

Third Counseling : Problem Solving Plan
After the patient has examined and identified his problems, the counselor suggested the patient to understand figure out ways to solve problems and also encouraged him to solve them. The counselor suggested the ways to deal with the changes and problems, as well as guided the patient to be patient and have physical therapy to improve his conditions. The counselor also recommended the patient learn some occupation skills to be able to make some money after getting back home.

The counselor also offered to help arrange the meeting between the patient and his wife who is under treatment at the same building. The patient’s cousins are encouraged to make a frequent visit to make the patient feel better.

Fourth Counseling : Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has been trying to adjust himself to the new physical conditions. His feeling improved. He felt refresh and met his wife regularly to see her improvement. He spent his free time learning to be electrical mechanics.

Fifth Counseling : Evaluation On Plan Implementation
The patient described about results after following the problem solving plan. He can adjust himself to the physical difficulties. He has been trying to accept the fact about impacts from the accident. He visited his wife to encourage her to get better. The patient also felt better after meeting with his child and mother regularly.

Sixth Counseling : Evaluation On Counseling
The patient satisfied with the counseling as he has examined and understood himself more. He has changed his daily activities to face physical difficulties. His anxiety has relieved. The counselor also guided ways to improve his physical illness and to relieve his anxiety after he gets back home. Also, the counselor made an advice about occupation opportunity.
Conclusion of The Result on Individual Counseling

Patient 4
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The fourth patient is a married woman with one six-year-old daughter. She is an employee with a daily income of around 80-100 baht. The patient lives with her husband and child within her mother's property.

Symptom

Fifteen day before going to the hospital, the patient and her husband had a car accident. She got hurt at her back and lower parts of the body, which required an operation.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt sad, avoided having eye contact, rarely talk. After the counselor starting the general conversation, the patient talked back and felt relax. When the patient understood the objective of the counseling, she was willing to attend the counseling session.

Second Counseling: Examine and Identify Problems

The patient became familiar with the counselor but remained quiet and sad. She described about that accident that she and her husband got an accident on the way to work. The patient and her husband had the operations after getting an accident. She was afraid that she may die and felt sad that her family has to face terrible situation. She also felt so much depressed that she wanted to commit suicide, but her concern about her daughter helped her stay alive. She could not accept the fact about the terrible incident happening to herself and her husband.
The counselor reiterated that the patient has become depressed after the accident and also repeated the causes of the patient’s anxiety which were about her physical condition and future of her daughter. Besides, she can not accept the truth herself and her husband have become paraplegic.

Third Counseling: Problem Solving Plan
After the patient has examined and identified her problems, the counselor suggested the patient figure out solution of the problems and also encouraged her to solve them. The counselor suggested the ways to adjust her daily activities following the physical difficulties. The patient has conducted a physical therapy to improve her conditions. She was encouraged to ask suggestions from doctors or nurse whenever she felt pain or uncomfortable.

The patient wanted to see her mother and daughter regularly, so that her anxiety about their lives would be lessened. She did not want to plan about her work at the moment of being under medical treatment. She preferred to concentrate on recover her illness and then she will think about ways to make money. She also requested to visit her husband to see his improvement.

Fourth Counseling: Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged her to detail procedures and solutions of the problems. She has adjusted herself and daily activities following changes of her physical conditions. The patient asked her mother to bring along her daughter for a visit and also requested to see her husband who was being under medical treatment at the same hospital. She spent her free time reading books to relieve her anxiety.

Fifth Counseling: Evaluation On Plan Implementation
The patient described about results after following the problem solving plan. She has accepted the fact that herself and her husband have become paraplegia and been able to adjust herself to the physical difficulties. She has interacted more with other people and also read books to relax. She also has a discussion with her husband about the plan to make a living after getting back home. The patient also felt better after meeting with her child and mother regularly.

Sixth Counseling: Evaluation On Counseling
The patient satisfied with the counseling as she has examined and understood herself more. She has changed her daily activities to solve physical difficulties. Her mental conditions have been improved as she regularly has a conversation with her husband. Her anxiety has relieved. The counselor also guided ways to improve her physical illness and to relieve her anxiety after getting back home. Also, the counselor made an advice about occupation opportunity.
Conclusion of The Result on Individual Counseling

Patient 5
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The fifth patient is a married man with two children. His wife is a farmer. The patient himself does a construction work in Taiwan with a monthly income of 7,000 baht. His company will pay all the medical expenses.

Symptom

The patient fell down from the construction site and was under the treatment at a hospital in Taiwan for 15 days. Then, he was sent back for the treatment in Thailand.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship
At the beginning of the counseling session, the patient was quiet and a bit shy but often smile. When the counselor gave him a chance to tell about himself, he gave only a few details about himself. Knowing about the purpose of the counseling, the patient was all information. After the patient understood the objective of the counseling, he was willing to attend the following sessions.

Second Counseling: Examine and Identify Problems
The patient became familiar with the counselor but still quiet most of the time. He responded more after the counselor started talking about general topics. Then, he started telling about the incident that he fell down from the construction site which was about the height of second floor of the building. He still had conscious after he fell down on the ground floor. His back got so much pain. He went to a hospital in Taiwan. The doctor there let he lied down still for 10 days. After that, his company sent him back to Thailand. He had an operation at Srinakarin hospital. The company he is working with pay all the medical expenses for him. However, he got worried as he has lost the feeling in the lower parts of the body and become paraplegic. He felt very sad and can not yet accept the impact of that accident. He is also concerned about his future whether the company will cover all the expenses and whether the company still employs him. Besides, his wife has a cancer. He has to make money to cover all the expenses and for his children’s education.
The counselor reiterated that the patient has become depressed after the accident which made him become paraplegic. The patient also can not handle with the impact of the accident. He can not sleep and also worry about his wife and children, as well as the cost of expenses. The patient was also concerned that he may lose his job.

The counselor made a conclusion about the patient’s anxiety which are medical expenses, the illness of his wife, the future of his children and his work.

Third Counseling : Problem Solving Plan
After the patient has examined and identified his problems, the counselor suggested the patient to understand the problems and encouraged him to find out solutions to those problems. The counselor stimulated the patient to think about what he should do as he has physical difficulties and how should he adjust his daily life accordingly. The patient thinks that getting a physical therapy will help him recover in short period of time and also asks his friend to check with the company about the medical expense reimbursement.

For his concern about his wife illness, the counselor will help arrange the meeting between the patient’s wife and the expert in cancer treatment. The patient wants to learn about other occupational skills so that he can make a living after getting back home. Even though the patient can not accept the fact that he has become paraplegic, he will try talking with other people which may help he feel better.

Fourth Counseling : Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has been trying to adjust himself to the physical difficulties and to relieve tension. After knowing that the company will make the medical payment for 50,000 baht, he felt relieved about the medical cost. The patient spent his free time practicing new working skills. His anxiety level has reduced as his cousins and children make a visit. The patient has become more confident to solve the problems.

Fifth Counseling : Evaluation On Plan Implementation
The patient described about results after implementing the problem solving plan. He can adjust himself to the physical difficulties and be able to sleep. After he had talked with other patients, he has got an encouragement to move on and solve the problems. He also plans to do some business at the village he lives by using the financial support from his company. His anxiety reduces once he knows that his wife’s condition can be improved if she takes medicine. He has become more cheerful when he sees his children.

Sixth Counseling : Evaluation On Counseling
The patient satisfied with the counseling as he has examined and understood himself more. He has changed his behavior to adjust himself to the physical difficulties. His anxiety level also reduced and he has hope in life.
Conclusion of The Result on Individual Counseling

Patient 6
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The sixth patient is a single man with a Bachelor's degree in agriculture. He lives with his parents and sells fishery products with a daily income of 300-500 baht. He also sells agricultural products with a weekly income of 200-400 baht.

Symptom

Fifteen days before going to the hospital, the patient had a car accident on his way back home.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt at ease and talked nicely with the counselor about general topics. But when the counselor asked about the caused of the injury, the patient become quiet and then changed the topic trying to avoid talking about the incident. The counselor concluded that the sixth patient was not ready to talk about the accident. He may need a bit more time to get used to the counselor. However, the patient was willing to join the next counseling sessions.

Second Counseling: Examine and Identify Problems

The counselor had spent more time creating good relationship with the patient by visiting him regularly, but not yet talking about the conditions of the patient. Later, the patient became familiar with the counselor and was willing to tell about the car accident. He had an operation and found out that he has become paraplegic. He can not accept the truth about what has happened to him. He could not eat and sleep, and also felt depressed that he has become paraplegic. The patient also can not handle with the impact of the accident. He can not adjust himself to the physical difficulties and also worry about the cost of expenses.

The counselor reiterated that the patient has become depressed after the accident which made him become paraplegic. The patient also can not handle with the impact of the accident. He can not adjust himself to the physical difficulties and also worry about the cost of expenses.

Third Counseling: Problem Solving Plan
After the patient has examined and identified his problems, the counselor suggested the patient to understand the problems and encouraged him to find out solutions to those problems. The counselor stimulated the patient to think about what he should do as he has physical difficulties and how should he adjust his daily life accordingly. The patient thinks that he will take some times to accept what has happened to him. He may spend more time talking with other patients to relieve his anxiety. He also plans about fixing his house to be convenient for him to run the business. During his leisure time, he has attended the physical therapy and real some books. Before ending the third counseling session, the counselor asked the patient to conclude the key points of discussion and then the counselor encouraged the patient to follow the plan.

Fourth Counseling: Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has been trying to adjust his daily activities to the new changes. He also spends his free time discussing ideas with other patients. Frequent visit of his parents also encourages him to live on and follow the plan, so that he will recover in a short period of time.

Fifth Counseling: Evaluation On Plan Implementation
The patient described about results after implementing the problem solving plan. He has accepted the truth about being paraplegic and has adjusted himself to the physical difficulties. During his spare time, he reads books, listens to music and talks with other patients. The patient has also learned about the methods to improve his physical ability. Following the regular visit of his parents and cousins, he feels that his family cares about him. This helps him feel relieve and his anxiety has reduced.

Sixth Counseling: Evaluation On Counseling
The patient satisfied with the counseling as he has examined and understood himself more. He has changed his behavior to adjust himself to the physical difficulties. His anxiety level also lessens. He has adjusted an environment and facilities in the house to be convenient for him and his business.
Conclusion of The Result on Individual Counseling

Patient  
7

Counselor  
Mrs. Duangjai Sucontamarn

Venue  
Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The seventh patient is a single man with a Bachelor's degree. He is the eldest son in the family. His father is a government official, while his mother is a housewife. He works as a temporary staff at the department of domestic animals with a monthly income of 5,000 baht.

Symptom

The patient had a car accident then got a spinal cord operation.

Diagnosis  
Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt sad and avoided an eye contact, but he still talked with the counselor. After having general conversation for a while, the patient felt at ease and had an eye contact with the counselor. After the patient knew about the objective of the counseling, he was willing to join the following sessions.

Second Counseling: Examine and Identify Problems

The patient looked better than the first counseling session. He smiled and started the conversation, however he avoided having an eye contact with the counselor sometimes. The patient revealed that he and his friends celebrated a New Year party and drunk alcohol. Then, he rode a motorcycle to buy some foods but he did not wear a helmet. He drove with high speed and had an accident. Then, he had an operation and has become paraplegic. He had done a physical therapy. However, after he found out that the paraplegia could not be cured, he has been depressed and felt that doing the physical therapy is useless. He feels guilty that he has made his mother become worried about his conditions and she has to take care of him. For the medical expense, he has asked for the support from the hospital.

The counselor reiterated that the patient has become depressed after the accident which made him become paraplegic. The patient also can not handle with the impact of the accident. He also felt bad that he could not do routine activity as before and has become a burden for his mother. The cost of expenses is also one of his concerns.
The counselor made a conclusion that the patient's anxiety was because of the physical difficulties and medical expense cost.

Third Counseling: Problem Solving Plan
After the patient has examined and identified his problems, the counselor suggested the patient to understand the problems and encouraged him to find out solutions to those problems. The counselor stimulated the patient to think about what he should do as he has physical difficulties and how should he adjust his daily life accordingly. The patient thinks that he will take some times to adjust himself to the new changes. He has decided that he will continue doing the physical therapy otherwise his conditions would become worse. During his leisure time, he will write a book about disadvantages of drinking alcohol.

Fourth Counseling: Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has been trying to adjust his daily activities to the new changes. In his spare time, he reads books, newspapers and writes articles. The patient has also asked about the methods to improve his physical ability. The counselor asked the patients to briefly conclude the solution and also encouraged him to follow the plan to relieve his anxiety.

Fifth Counseling: Evaluation On Plan Implementation
The patient described about results after implementing the problem solving plan. He has accepted the truth about being paraplegic and has adjusted himself to the physical difficulties. He looked relieved and talked more with the counselor. He has found that his family is still love and care him. His anxiety has reduced.

Sixth Counseling: Evaluation On Counseling
The patient satisfied with the counseling as he has examined and understood himself more. He has changed his behavior to adjust himself to the physical difficulties. His anxiety level also lessens. He feels good that his articles about disadvantages of drinking alcohol would be beneficial to other people.
Conclusion of The Result on Individual Counseling

Patient 8
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The eight patient is a married woman with two children who are unemployed. Her husband is a farmer.

Symptom

The patient had a headache then fell down on the floor. An initial diagnosis showed that she had a tubercular infection. After she had antibiotic, her lower parts of the body have lost the feeling.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt sad, barely talked and cried. Even though the counselor talked about general topic, she still cried. The counselor explained the purpose of the counseling and then asked whether does she want to participate in the counseling sessions. The patient responded that she would attend the sessions. She cried because she felt overwhelmed that someone cares her and because she misses her children.

Second Counseling: Examine and Identify Problems

The patient looked more fresh than the first session but remained quiet. She described about that accident that she felt headache after she had taken some foods. Then, she fell down on the concrete floor. After she got conscious, the doctor told her that she had a tubercular infection in her lung and needed to be under treatment by using antibiotic medicine. After five days of the treatment, she felt that her lower parts of the body became numb. She tried to move her body, but she could not. She assumed that the antibiotic is the cause that has made her become paraplegic. Her husband and children also blamed her on taking that food which made her get ill. Besides, she has a conflict with her daughter about the traditional believe of chasing away bad luck and being treated by traditional medicine. Her daughter prefers the contemporary medical treatment. She has confused about what should she do. She feels uncomfortable about different attitude between herself, her daughter and cousins. She can not adjust herself to a new environment staying in the hospital, can not sleep and does not want to eat.
The counselor reiterated that the patient has become depressed after getting ill. Her main concerns are her physical difficulties and conflict with her family about the treatment.

Third Counseling: Problem Solving Plan

After the patient has examined and identified her problems, the counselor suggested the patient figure out solutions of the problems and also encouraged her to solve them. The counselor suggested the ways to adjust her daily activities following the physical difficulties. The patient said she would try to adjust her activities to improve her conditions.

Fourth Counseling: Problem Solving Implementation

After the patient identified causes of anxiety, the counselor encouraged her to detail procedures and solutions of the problems. The patient has adjusted herself to the physical difficulties. The counselor also helped clarify ways of treatment and condition of the patient to her daughter. This helps her understand the situation and try to encourage her mother. For the conflict within the family to improve her conditions, the patient will not express her opinion but will listen to them. She will be under the treatment at the hospital until her condition improves. The patient also asks the counselor to talk with her daughter so that she understands about the treatment.

Fifth Counseling: Evaluation On Plan Implementation

The patient described about results after following the problem solving plan. She has adjusted herself to the physical difficulties. Her anxiety has relieved. The counselor also guided ways to improve her physical illnesses and to relieve her anxiety after getting back home.

Sixth Counseling: Evaluation On Counseling

The patient satisfied with the counseling as she has examined and understood herself more. She has changed her daily activities to solve physical difficulties. Her mental conditions have been improved. Her anxiety has relieved. The counselor also guided ways to improve her physical illnesses and to relieve her anxiety after getting back home.
Conclusion of The Result on Individual Counseling

Patient 9
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The ninth patient is a married man whose education level was grade 6. His only son is six years old. He is an employee with a daily income of 100-120 baht. During off-harvest season, he goes to Bangkok to sell lottery.

Symptom

The patient had a car accident on the way back home from Bangkok. Then, he got a spinal cord operation.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient felt relaxed talking about general topics with the counselor. The patient understood about the objective of the counseling and was willing to join the following sessions.

Second Counseling: Examine and Identify Problems

The patient became more familiar with the counselor and was willing to talk more about himself. He revealed that the accident happened while he was on the way back home by taking a truck with other 29 people in the truck. When he found out that his injury was worse than other people in the truck, he felt depressed and wondered why he was the only one who experience this terrible condition. He felt desperate as he has lost the feeling in lower parts of his body. As he is the head of the family, he has worried about the future of his wife and kid and about the ways to make a living and to pay for the medical expenses. He felt that his life has become meaningless.

The counselor reiterated that the patient has become depressed as the accident made him become paraplegic. The patient also felt that he is the only unfortunate person suffering with this handicapped condition. The counselor concluded that his anxiety are about the physical difficulties, cost of expenses, expenses within the family. The patient also worries about his wife and child.

Third Counseling: Problem Solving Plan
After the patient has examined and identified his problems, the counselor suggested the patient to understand the problems and encouraged him to find out solutions to those problems. The counselor stimulated the patient to think about what he should do as he has physical difficulties and how should he adjust his daily life accordingly. The patient thinks that he will take some times to adjust himself to the new changes. He has decided that he will do the physical therapy and try to relieve his tension.

For his concern about the expenses, the patient will learn about fixing electrical appliances to make his living after he gets back home.

Fourth Counseling: Problem Solving Implementation
After the patient identified causes of anxiety, the counselor encouraged the patient to detail procedures and solutions of the problems. The patient has adjusted his daily activities to the new changes and tried to relieve his anxiety. He has asked his wife to bring along his kid for a visit, which makes he feels better. The patient also finds out about the information about career opportunity to prepare himself after he gets back home.

Fifth Counseling: Evaluation On Plan Implementation
The patient described about results after implementing the problem solving plan. He has accepted the truth about being paraplegic and has adjusted himself to the physical difficulties. He felt happy when seeing his child visiting him and relieved when knowing about the career opportunity information. His anxiety has reduced as he knew that the hospital will support the medical expenses.

Sixth Counseling: Evaluation On Counseling
The patient satisfied with the counseling as he has examined and understood himself more. He has changed his behavior to adjust himself to the physical difficulties. His anxiety level also lessens when he knows that he has an opportunity to make a living by taking a course in vocational school to learn and practice various skills.
Conclusion of The Result on Individual Counseling

Patient 10
Counselor Mrs. Duangjai Sucontamarn
Venue Rehabilitation Medicine Building, Srinakarin Hospital

Personal Information

The tenth patient is a married woman, but divorce. She has two children. She worked as a staff at a belt-making factory in Bangkok, but she has resigned.

Symptom

The patient fell down from the balcony which has a six-meter-height. Her spinal cord was broken and needed to be operated.

Diagnosis Paraplegic

Counseling

First Counseling: Create Good Relationship

The patient responded nicely with the counselor when talking about general topics. She was willing to join the counseling sessions after knowing about the objectives.

Second Counseling: Examine and Identify Problems

The patient has become more familiar with the counselor. She sometimes begins the conversation first. She revealed that she had jumped from the balcony because she had confused after breaking up with her husband. The patient resigned and took her kids back to her hometown. After that, she had not been herself, barely talked and had no idea how to live on her life. When she got back to her hometown, her father threatened that he would tell neighbors that she was raped when she was young. She had felt desperate and decided to commit suicide. After she has an operation and knows that she has become paraplegic, she is worried about the future of her children. She has no one to rely on and no one that she can help her take care of her children. Besides, she can not sleep well at the hospital. She also worries about the medical expenses since she has been unemployed.

The counselor reiterated that the patient has become depressed because of her past experiences. The counselor also pointed out that the patient worries about medical expenses, future of her children and problems in the family.

Third Counseling: Problem Solving Plan
After the patient has examined and identified her problems, the counselor suggested the patient figure out solution of the problems and also encouraged her to solve them. The counselor suggested the ways to adjust her daily activities following the physical difficulties. The patient said she would try to adjust herself to reduce the anxiety and will do a physical therapy to improve her conditions. She also wants to learn about a dress-making so that she can earn some money. She has asked her aunt to take care of her children. Even though her husband wants to get back to her, she declined, asking only his financial support for the children.

In addition, the patient plans to run her own business in her hometown. She will ask for financial facilities from the village fund with the support from her aunt.

Fourth Counseling: Problem Solving Implementation

After the patient identified causes of anxiety, the counselor encouraged her to detail procedures and solutions of the problems. The patient has adjusted herself and daily activities following changes of her physical conditions.

Fifth Counseling: Evaluation On Plan Implementation

The patient described about results after following the problem solving plan. She has adjusted herself to the physical difficulties. Her mental conditions have been improved. She has studied about running the business, in which she plans to invest a small amount of the money in the beginning. Her anxiety has been lessen as she knows that she will get a support in medical expenses from the hospital and her husband will help support the expenses for the children.

Sixth Counseling: Evaluation On Counseling

The patient satisfied with the counseling as she has examined and understood herself more. She has changed her daily activities to solve physical difficulties. Her mental conditions have been improved. She will not commit suicide to get away from the problems. The counselor has given her information about the government-owned vocational school where she can learn more skills to make a living.
Conclusion on the counseling

Based on the individual counseling to ten samples with six counseling sessions, which take about of 45-60 minutes each, the main points about the counseling can be concluded as follows:

1. Create good relationship
   The patients were not familiar with the counselor in the first counseling session. They barely talked about themselves when the counselor asked them to tell about them. When the patients understood about the purpose of the counseling, they were willing to participate in the counseling sessions.

2. Examine and Identify problems
   The patients have become more familiar with the counselor. They talked more with the counselor and expressed their feeling about the impacts from the accident. The counselor reiterated the patients' feelings by asking questions, repeating to let the patients examine themselves and identify the cause of the anxiety.

3. Problem solving plan
   The patients have examined and identified their problems. They understand about their physical and mental changes after the accident and want to solve the problems. The counselor has encouraged them to figure out the solutions and implement them. The counselor also educated the patients to understand that the they will take some times for their conditions to improve after getting the medical treatment and physical therapy. The counselor urged the patients to realize that they are the key factors for the improvement of their conditions. The patients need to adjust their daily activities according to the physical changes.

4. Problem solving implementation
   The counselor urged the patients to follow their plans whenever they feel depressed by adjusting their activities to the new changes, changing their positions to exercise their muscles, and trying to relieve their anxiety. The patients felt confident and got an encouragement to follow the plans.

5. Evaluation on plan implementation
   The patients told about the results after following the problem solving plans. They also pointed out about obstacles for implementing the plan. As they follow the plans, they can adjust their mind and activities to the new changes.

6. Evaluation on counseling
   The patients were satisfied with the counseling sessions. They have examined and understood themselves to face physical difficulties. They figured out ways to solve their problems and followed the plans to reduce their anxiety.
NAME
Mrs. Duangjai Sucontamarn

DATE OF BIRTH
6 April 1963

PLACE OF BIRTH
Bangkok, Thailand

INSTITUTE ATTENDED
1981-1985 Bachelor of Social work
Faculty of Social Administration, Thammasat University, Bangkok, Thailand.
1998-2002 Master of Arts
Faculty of Mahidol University,
Bangkok, Thailand.
1986-present Social worker
Faculty of Medicine,
Bangkok, Thailand.

BIOGRAPHY

Mrs. Duangjai Sucontamarn
6 April 1963
Bangkok, Thailand
1981-1985 Bachelor of Social work
Faculty of Social Administration, Thammasat University, Bangkok, Thailand.
1998-2002 Master of Arts
Faculty of Mahidol University,
Bangkok, Thailand.
1986-present Social worker
Faculty of Medicine,
Bangkok, Thailand.