



UNITED NATIONS
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Handbook 3.

Counselling Skills and Techniques

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Communication and techniques and skills



Introduction

There is a range of communication skills that will greatly assist you in your work as a drug counsellor. You will need to utilise these skills in all the contacts you have with your clients. Many of these skills also underpin any counselling role you may have with your client.

Basic communication skills

ESTABLISH RAPPORT

It is crucial to establish rapport with your client as early as possible in the relationship. You should:

- introduce yourself
- establish open communication lines
- demystify and normalise the assessment process
- provide the client with an overview of the service and clarify their expectations
- inform your client of other treatments available that may be relevant to them

ACTIVE LISTENING

Listening skills are crucial to effective communication. It must be remembered that listening is not a passive activity. It consists of specific behaviours directed towards the person speaking. The key components of active listening are:

- listening to the verbal content
- observing non verbal cues
- being perceptive

This conveys that you are paying attention to both verbal and non-verbal messages and that you are attempting to understand the person's perspective within their social context.

BEING EMPATHIC

Empathy is complex and difficult to define.

- Primarily it is a form of human interaction where the worker listens, understands and conveys their understanding of the client and their world.

Empathy has been defined as a 'way of being' with the client and entering their world.

This involves;

- the frequent reflection and validation of the client's feelings and requires a non-judgemental approach.

The art of empathy involves getting in contact with the client's world, 'walking in the client's shoes', to the degree that;

- being able to communicate this understanding of their world to them so that they might more fully understand themselves and act upon this understanding.



PRACTICAL EMPATHETIC COMMUNICATION

Making practical use of an otherwise esoteric concept such as empathy requires division of the concept into its simplest elements. key steps to effective empathy include:

- recognizing presence of strong feeling in the clinical setting (ie, fear, anger, grief, disappointment);
- pausing to imagine how the patient might be feeling;
- stating our perception of the patient's feeling (ie, "I can imagine that must be ..." or "It sounds like you're upset about ...");
- legitimizing that feeling;
- respecting the patient's effort to cope with the predicament; and
- offering support and partnership (ie, "I'm committed to work with you to ..." or "Let's see what we can do together to ...").

COMPARISON OF SYMPATHY WITH EMPATHY:

- Sympathy emphasizes sharing distressing feelings whereas
- Empathy does not emphasize any particular type of feeling.

The listener using empathy shares (experiences) whatever feelings the talker is expressing at the moment

- regardless of whether the feelings are distressing (grief, for example) or pleasant (love, for example).

Sympathy may also involve agreeing with some aspects of the other person's feelings, beliefs, etc. **whereas** empathy emphasizes understanding all of them with no interest in either agreeing or disagreeing.

The person using empathy tunes into the entire inner world of the other person **whereas** the person using sympathy typically **tunes into only** those aspects with **which he/she agrees.**

The listener using empathy usually responds more comprehensively to the talker as compared with the listener using sympathy.



Sympathy focuses on sharing (experiencing) a person's bad news or feelings, **feeling sorry for the person** suffering the bad news/feelings, and whether the sympathizer agrees with any of the person's beliefs, opinions, or goals whereas:

Empathy focuses on sharing (experiencing) a person's bad and good news or feelings and **understanding the bad or good news/feelings rather than feeling sorry for the person's** bad news/feelings or agreeing or disagreeing with the person's beliefs, opinions, or goals.

OPEN AND CLOSED QUESTIONS

When working with clients it is useful to **utilise both open and closed questions** but it is important to use them at the most appropriate times.

- **Open questions allow the client to respond more freely.**

This type of question does not predict a given response nor confine the client's response too narrowly.

- Open questions tend to seek elaboration or further clarification and are ideal for eliciting information, opinions and feelings. For example:
 - 'What would you like to talk about first?' or
 - 'How are you feeling about this?'

Closed questions are ideal for assembling facts and details that can provide essential background information.

Closed questions can be useful when the client is less able to handle further exploratory questions.

- Closed questions allow the client to respond very succinctly,
 - usually with a 'Yes' or 'No' response.
- For example:
 - 'Are you in a relationship?' or 'Do you have a job?'

Questions beginning with **'Why' are probably best avoided**, as they tend to put the person on the spot and often involve some level of interpretation. The worker will probably get more information from;

- 'What was happening for you when you did that?' rather than
- 'Why did you do that?'

As a final point, it is best if the worker can fluidly integrate both open and closed questions into a session.



REFLECTIVE LISTENING

Reflective listening is a way of checking that you understand what is meant rather than assuming it.

When your client is talking, they are trying to convey some information or meaning to you.

Some clients can make their meaning quite clear, whilst others may have more difficulty in communicating.

Even when the client has made a relatively simple statement, there is no guarantee that you have heard, understood and interpreted its correct meaning from that statement.

The essence of reflective listening is for you to paraphrase what the client has said and reflect that back to them.

- By doing this you provide an opportunity for the client to either confirm that you have understood it correctly, or alternatively allow the client to clarify what they meant.
- With shared meaning, you are more able to respond appropriately. Although the words incorporated within a typical reflective listening statement could be used to form a question, it is better if the inflection at the end of the sentence is down rather than up. For example:
 - 'You're feeling uncomfortable' (a statement) as opposed to
 - 'You're feeling uncomfortable?' (a question)

Reflective listening is not a passive process.

As the worker, you decide what you will reflect back at that point in time. In this way some issues can be de-emphasised while others can be brought to the fore.

Self-motivational statements, for example, should be reflected back to reinforce what the client has just said.



Diversity issues

The diversity within society has implications for your professional practice.

Being aware of diversity and cultural issues is of paramount importance to providing a quality service to your client.

COMMUNICATING EFFECTIVELY

It is important to be aware of your own;

- values, beliefs
- expectations
- cultural practices, and
- consider how these impact on the care you give to people from cultures different from your own.

It is also important to be aware of other factors that influence interactions such as;

- socio-economic status
- politics
- urban/rural origin
- educational level
- language proficiency
- age
- gender
- sexuality
- religion
- spirituality and
- personality.

In many cultures, the client and his/her family make up a single client group with which you need to interact.

The general principles are as follows:



ASSESS CLIENT LEVELS OF UNDERSTANDING

Making assumptions about poor levels of comprehension and skill can result in a client feeling:

- patronised if they have some knowledge of medical terminology or hospital practice.
- You need to consider that while a person's spoken or written Vietnamese may not be well developed, their comprehension may be sound.
- On the other hand, lack of comprehension will affect a client's commitment to adhering to a treatment plan, or their ability to carry out the treatment.
- Ensure that you restate information in different ways to facilitate comprehension.

For instance, do you and your client have the same understanding of terms such as 'safe sex' and 'clean gear or equipment'?

RESPECT BELIEFS AND ATTITUDES

People have different reactions towards government agencies, drug use, illness, life and death. These are built up over a lifetime, and cannot be dismissed without creating a barrier in the communication process.

It can help if you ask the client to provide you with information about his or her own ideas.

- For newly arrived immigrants, asking a client
 - 'Could you tell me what would happen to you if you were in your former country?' or 'I don't have a great understanding of this' or 'I am interested to know more' are ways to encourage intercultural dialogue.

By doing this, you are acknowledging to the client your understanding of their different perspectives and experience.



TAKE THE TIME TO EXPLORE ANY ISSUES

Effective communication is the key to addressing many of the cross-cultural issues that arise.

- Cultural or linguistic issues may affect acceptance of treatment or adherence to withdrawal regimes.
- Other members of the family may be involved in decision making as well as or instead of the client, and this may influence client behaviour.
- In addition, there is a need to balance cultural appropriateness (from the client/family's perspective) with medical procedures to ensure the client's survival, especially in the critical care setting.
- It may help if key issues are identified and prioritised. Client and family confidence in medical decisions may increase if you take the time to talk and ensure good communication.

SPEAK CLEARLY AND SLOWLY

Communication is a two way process. It is important to find out that you understand the client and that the client understands you.

- Ask the client to let you know if they do not understand your what you have said:
 - "would like you to speak more slowly or would like clarification, for example, writing down words that are not clear".
- If you use colloquial or complicated terms, speak rapidly, or mumble, it is unlikely that you will be understood.
- The information you give may need to be broken down further than usual, or rephrased, to avoid confusion:
 - repeat important information
 - make things very clear and simple
 - focussed and direct
 - avoid jargon
 - confusing phrases
 - double negatives and rhetorical questions, such as 'you don't want any more painkillers, do you?'
- Ask the client to tell you what they understand to check comprehension.
- Be wary of sounding condescending.



LISTEN AND OBSERVE

Be sensitive to body language and take cues from it:

- sometimes the client's demeanour will give you clues to comprehension. For instance, if a client looks upset even after being told that the result of a hepatitis C test is negative, they may not have understood the implications of the information.

However, the same body language expresses different messages in different cultures:

- maintaining or avoiding eye contact may be a sign of respect, and smiling may be a sign of apprehension.

EXERCISE CULTURAL SENSITIVITY

Be sensitive when asking clients to reveal intimate details through a third party especially regarding common taboo subjects such as:

- drug use
- sexual behaviour
- contraceptive use
- abortion
- menstruation

Most, if not all people have some secrets, and the interpreter may be a member of their community, so issues of confidentiality may be of concern.

CONTEXT

Consider the physical environment in which you are seeing your client:

- within the limits of your organisation, check if there are some ways that the environment could be improved to make the space more welcoming and less clinical (furniture, posters etc)
- find out where the client feels most comfortable.
- be aware that location may affect behaviour - an unfamiliar context could lead to an inappropriate assessment.



ENGAGEMENT

Take time to establish safety and trust. First of all, ask if the client is comfortable working with you.

- A trusting relationship built between the worker and the client is important and this might require some time to develop.

It is important to remember that word of mouth is a strong means of communication within a community. Developing a trusting relationship over time with a client may then affect how you and your service are perceived by that community (Waples-Crowe, 2007).

- Don't make assumptions about a person's cultural or spiritual affiliation.
- Ensure that your service's intake process addresses cultural and spiritual background/affiliation. If not, ensure that you ask your client at the beginning of the assessment.
- Ask your client if they are comfortable working with you and acknowledge cultural differences up front.
- Be aware of possible age or gender differences.
- If your client is of the opposite gender, ask if they feel comfortable working with you, or would they prefer a worker of the same gender. Engaging in intimate discussions with people of the opposite gender may elicit feelings of 'shame' (Westerman, 2004).
- Ask your client if they would like someone such as a significant other, family and/or community members involved in their treatment.
- Keep checking-in during the assessment to ensure that your client remains comfortable with the process.

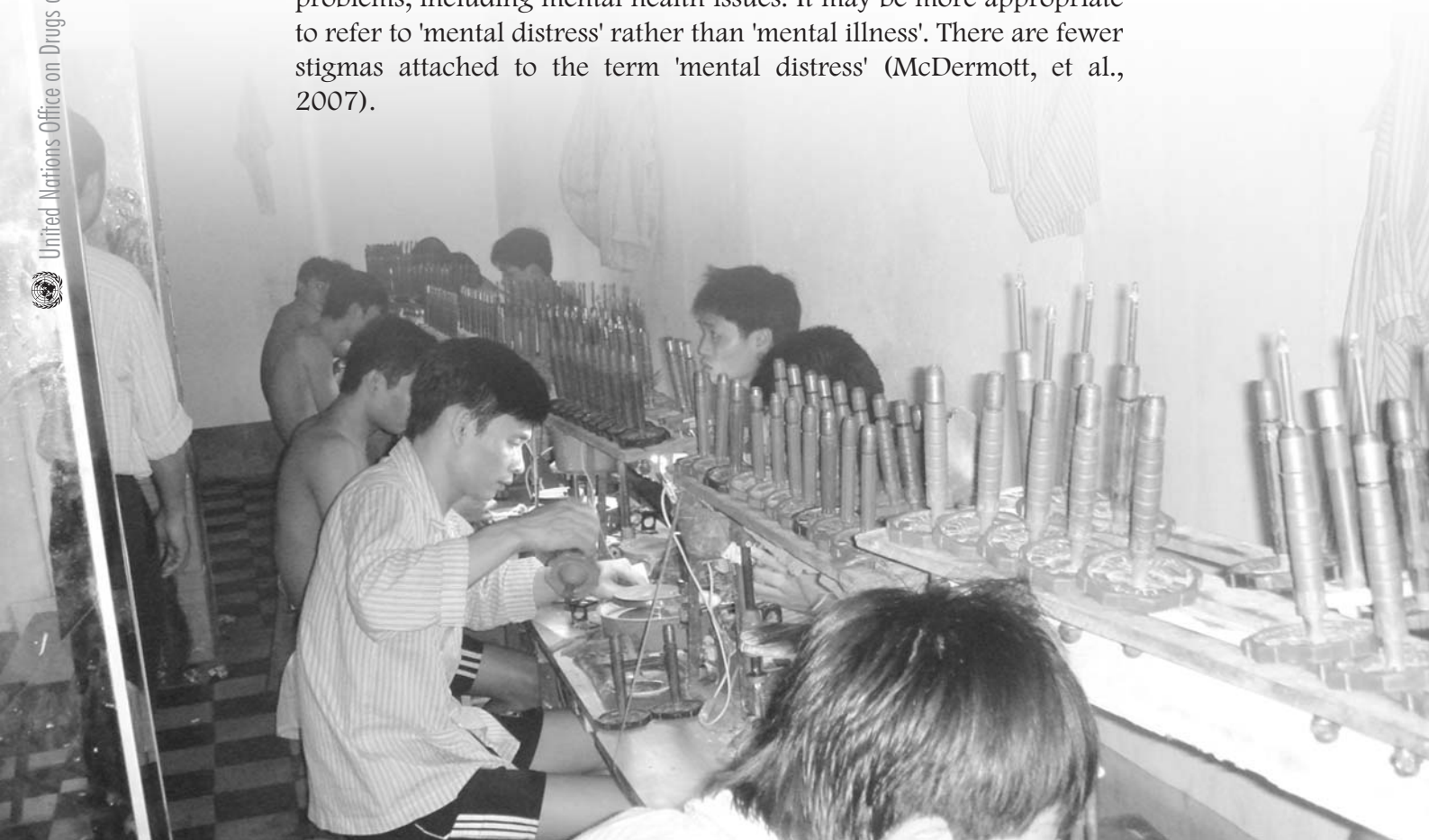


TREATMENT

It may be appropriate to sequence interventions.

For example, deal with immediate day-to-day problems such as housing, food or paying bills first, before you deal with the drug problem.

- Be sensitive to and listen for any previous experiences with service providers. This might impact on the client's participation in the assessment as well as the referral process (Westerman, 2004).
- Ask if the client is comfortable working with models of treatment.
- It might be helpful to ask about their perceptions of illness, substance use and treatment. Clients may not see their concerns as individualised or internalised issues.
- During your work, you may also need to consider whether particular behaviours have specific cultural meaning and how this might impact on potential interventions.
- Acknowledge and incorporate culturally appropriate treatment options within interventions. For example, facilitate traditional methods of healing through appropriate referrals where possible (Westerman, 2004).
- Recognise and respect the traditional processes that exist to resolve problems, including mental health issues. It may be more appropriate to refer to 'mental distress' rather than 'mental illness'. There are fewer stigmas attached to the term 'mental distress' (McDermott, et al., 2007).



Listening skills



Listening is not a simple technique. Whilst we do it all the time, we often do not listen effectively and therefore miss out on what is said.

To listen effectively you must:

- concentrate on the person who is speaking, which sometimes requires you to prevent your own thoughts from interrupting
- you need to be careful not to interrupt unnecessarily when they are speaking as this can make people feel that you are not really interested.

The following qualities and skills are the components of what is called "**Active Listening**". The skills are:

- Observing.
- Attending/encouraging.
- Questioning.
- Reflecting.
- Summarising and rephrasing.

Qualities include:

EMPATHY

The ability to see things as someone else sees them - "Stepping into someone else's shoes".

OBJECTIVITY

Impartiality - showing a non-biased, non judgemental attitude

RESPECT

Having respect for individual differences, respect for the views of others, maintaining self-respect

SELF-AWARENESS

Being aware of your own values, attitudes, prejudices, barriers to understanding.



Observing

PURPOSE:

To increase your knowledge of a person by looking at their non-verbal behaviour

METHOD:

Observe changes during the interview.

CHANGES DURING THE INTERVIEW:

The client's non-verbal behaviour will change during the interview. Observing these changes may assist you in increasing your understanding of the client's situation.

There may be changes to:

- energy level
- eye contact
- voice, tone and pitch
- gestures
- posture

Your observations can be discussed as part of the reflecting / feed-back process.

The major focus is to note congruence:

- that the words, tone/emotion and body messages all agree.



Attending/ Encouraging

PURPOSE:

To demonstrate empathy by giving your whole attention to the person.

METHOD.

There are a number of aspects to attending.

A. SETTING THE ENVIRONMENT

Try to be in a place that is free from distractions.

- Desks can be a barrier, so
 - sitting across the corner of a desk
 - at a round table
 - or with a coffee table may increase feelings of comfort and trust.

B. NON-VERBAL BEHAVIOURS

Your non-verbal behaviour is very important in demonstrating attention and empathy. Aspects to consider include:

EYE CONTACT.

- Maintaining eye contact (without staring) demonstrates attending and ensures you can observe the client.
- Remember to give as much as the client is comfortable with and to relieve tension by looking at a point a couple of inches to the side of the nose.



DISTANCE.

- Sitting at a comfortable distance, not too close or too far away.
- People will tend to choose a distance that feels comfortable for them so allow the client to position themselves.

MIRRORING.

Mirroring is like; looking at a reflection in a mirror - it means that you and the client have a similar position and posture. For example:

- you may be facing each other with feet together and arms resting on the chair arms.
- when people have rapport they will often mirror each other's behaviour unconsciously
- you can increase rapport at times by consciously, and subtly mirroring the client's behaviour.

PAUSING:

People sometimes require time to think so allowing short periods of silence is important.

- This can feel awkward so that you may have to be careful not to speak simply to fill in the silence.

PROMPTING:

- Encouraging a person to keep speaking by using prompts such as nodding your head, hand movements, and non-words of acknowledgement, eg., "mmm", "ah hah".u

DOOR-OPENERS:

Phrases such as:

- 'what happened next?',
- 'what did you do then?',
- 'tell me more?', and etc.

They simply encourage the person to talk. They do not lead.

Questions

PURPOSE

To seek information, encourage involvement and interest, establish control, obtain **feedback, and facilitate decision-making.**

METHOD

There are a number of different types of questions.

Different types will produce different outcomes so it is useful to consider your purpose and then use the appropriate type of question.

CLOSED QUESTIONS:

These require a specific answer such as "yes, "not, or a factual piece of information, for example:

- In what year were you born?

A question is also sometimes regarded as closed if it endeavours to direct or "steer" the answer.

- Closed questions can be useful in obtaining a specific item of information, causing a talkative person to pause and when you are introducing a new idea.
- Use of closed questions at the beginning of an interview may prevent the discussion from flowing as they tend to shut people off and it can feel like an interrogation.



OPEN QUESTIONS:

These are very general and allow the client to express him/herself freely.

- They can be particularly useful at the beginning of an interview as they provide the client with the opportunity to raise and expand concerns or issues.
 - Two "magic" words in introducing open questions are "what" and "how".
 - **A word to avoid when feelings are strong** is "what". This is a thinking work and the person, with the feeling line up high, is not in a thinking state.

FOCUSSED QUESTIONS:

These are particularly useful in the final stage of the interview, where the client:

- is needing to set priorities
- to choose between options
- to state time frames

Commence your focussed question with words such as "when", "which", "what", etc.

Examples

- What mattersmost?
- What do you really want?
- Which has your highest priority?
- When will the job be ready to start?

The skill to use, after a focussed question, is silence.

POINTS TO REMEMBER

- Keep questions simple, concise and relevant.
- Give the client time to answer.
- Give the client opportunity to ask questions.
- Avoid interrupting.

Reflecting

PURPOSE

To demonstrate empathy to:

- check that you understand what the client means
- to assist the client to express the real issues.

METHOD

Reflecting requires a willingness to understand and to give feedback to the client in respect of what they have said or the feelings and issues that appear to be underlying their statements or behaviour.

- Reflecting facilitates mutual understanding by putting the content into a clear picture and relating feelings to the content.
- It provides a supportive environment in which the client can explore his or her own issues.

Reflecting statements should be presented in a non-judgemental manner.

REFLECTING CONTENT:

This does not change anything as it involves repeating back to the client what he/she has just said:

- you choose what to reflect on the basis of your own understanding and judgement.
- You may choose to reflect statements that are not clear so as to check their meaning, or ones which appear particularly important.

REFLECTING FEELING:

This requires you to hear underlying emotions:

- It demonstrates empathy to the client
- assists in developing awareness and understanding which otherwise would not be fully recognised.



Summarising and Rephrasing

PURPOSE

To bring together scattered thoughts and feelings

- to prompt the client to further explore a theme;
- to dose a part of the discussion;
- to check that what has been discussed is fully and mutually understood.

METHOD

Summarising and Rephrasing is similar to reflecting content except that:

- it covers a longer time period and a broader range of thoughts and feelings.

Summarising & Rephrasing requires you to:

- condense and clarify the essence of what the client has said
- clarify what the client is feeling.

The client will often repeat the most important things and will also communicate these with the most intensity.

- By watching for, and attending to, these themes or patterns, you can draw together the main thoughts of feelings, even if they are expressed in different ways and at different times, and then summarise them.

Summarising and Rephrasing can be used very effectively when you feel "stuck" and do not know what to say or do next. It will get you out of trouble.

It is also extremely effective in the final stages of the interview when you are making sure that there is mutual understanding between you and the client.

After a Summary and Rephrasing the client will always agree or correct you.

If the Summarising & Rephrasing is used in the body of the interview the next skill to use is silence.



12 Blocks to listening

There are twelve blocks to listening.

You will find that some are old favourites that you use over and over. Others are held in reserve for certain types of people or situations.

- Everyone uses listening blocks, so you shouldn't worry if a lot of blocks are familiar.
- This is an opportunity to become more aware of your blocks at the time you actually use them.



1. COMPARING

Comparing makes it hard to listen because:

- You are always trying to assess who is smarter, more competent, more emotionally healthy - you or the other.
- Some people focus on who has suffered more, who's a bigger victim.
- While someone's talking you think to yourself: "Could I do it that well? ... I've had it harder, he doesn't know what hard is ... I earn more than that ... My kids are so much brighter."

You can't let much in because you're too busy seeing if you measure up.

2. MIND READING

The mind reader doesn't pay much attention to what people say. In fact, he/she often distrusts it.

He/she trying to figure out what the other person is really thinking and feeling for example

- "She says she wants to go to the show, but I'll bet she's tired and wants to relax. She might be resentful if I pushed her when she doesn't want to go."

The mind reader pays less attention to words than to intonations and subtle cues in an effort to see through to the truth.

If you are a mind reader, you probably make assumptions about how people react to you, for example.

- "I bet he's looking at my lousy skin ... She thinks I'm stupid. . . She's turned off by my shyness."
- These notions are born of intuition, hunches, and vague misgivings, but have little to do with what the person actually says to you.

3. REHEARSING

You don't have time to listen when you're rehearsing what to say. Some people rehearse whole chains of responses: "I'll say, then he'll say, then I'll say;" and so on.

- Your whole attention is on the preparation and drafting of your next comment.
- You have to look interested, but your mind is going a mile a minute because you've got a story to tell or a point to make.



4. FILTERING

When you filter, you listen to some things and not to others. You pay only enough attention to see if somebody's angry, or unhappy, or if you're in emotional danger.

Once assured that the communication contains none of those things, you let your mind wander, for example:

- one woman listens just enough to her son to learn whether he is fighting again at school. Relieved to hear he isn't, she begins thinking about her shopping list.
- A young man quickly ascertains what kind of mood his girlfriend is in. If she seems happy as she describes her day, his thoughts begin wandering.

Another way people filter is simply to avoid hearing certain things - particularly anything threatening, negative, critical, or unpleasant. It's as if the words were never said: You simply have no memory of them.

5. JUDGING

Negative labels have enormous power. If you prejudge someone as stupid or nuts or unqualified, you don't pay much attention to what they say. You've already written them off.

- Hastily judging a statement as immoral, hypocritical, fascist, or crazy means you've ceased to listen and have begun a "knee-jerk" reaction.

A basic rule of listening is that judgments should only be made after you have heard and evaluated the content of the message.

6. DREAMING

You're half-listening, and something the person says suddenly triggers a chain of private associations.

- You are more prone to dreaming when you feel bored or anxious. Everybody dreams, and you sometimes need to make efforts to stay tuned in.
- But if you dream a lot with certain people, it may indicate a lack of commitment to knowing or appreciating them. At the very least, it's a statement that you don't value what they have to say very much.



7. IDENTIFYING

In this block, you take everything a person tells you and refer it back to your own experience.

They want to tell you about a toothache, but that reminds you of the time you had oral surgery for your tooth.

- You launch into your story before they can finish theirs.
- Everything you hear reminds you of something that you've kit, done, or suffered.
- You're so busy with these exciting tales of your life that there's no time to really hear or get to know the other person.

8. ADVISING

You are the great problem-solver, ready with help and suggestions.

You don't have to hear more than a few sentences before you begin searching for the right advice.

- However, while you are thinking of suggestions and convincing someone to do something," you may miss what's most important.
- You didn't hear the feelings, and you didn't acknowledge the person's pain.

He or she still feels basically alone because you couldn't listen and just be there.

9. SPARRING

This block has you arguing and debating with people. The other person never feels heard because you're so quick to disagree.

In fact, a lot of your focus is on finding things to disagree with.

- You take strong stands, are very clear about your beliefs and preferences.

The way to avoid sparring is to repeat back and acknowledge what you've heard. Look for one thing you might agree with.

ONE SUBTYPE OF SPARRING IS THE PUT-DOWN.

You use sharp or sarcastic remarks to dismiss the other person's point of view. Put-down is the standard block to listening in many relationships. It quickly pushes the communication into stereotyped patterns.



A SECOND TYPE OF SPARRING IS DISCOUNTING.

Discounting is for people who can't stand compliments. The basic technique of discounting is to run yourself down when you get a compliment.

The other person never feels satisfied that you really heard his appreciation.

10. BEING RIGHT

Being right means you will go to any lengths (twist the facts, start shouting, make excuses or accusations, call up past sins) to avoid being wrong.

- You can't listen to criticism, you can't be corrected, and you can't take suggestions to change.
- Your convictions are unshakeable.
- And since you won't acknowledge that your mistakes are mistakes, you just keep making them.

11. DERAILING

This listening block is accomplished by suddenly changing the subject.

- You derail the train of conversation when you get bored or uncomfortable with a topic.
- Another way of derailing is by joking it off.

This means that you continually respond to whatever is said with a joke or quip in order to avoid the discomfort or anxiety in seriously listening to the other Person.

12. PLACATING

"Right... Right ... Absolutely ... I know ... of course you are ...Incredible... Yes ... Really?" You want to be nice, pleasant, and supportive.

- You want people to like you. So you agree with everything.
- You may half-listen; just enough to get the drift, but you're not really involved.

You are placating rather than tuning in and examining what's being said.

Roadblocks to communication

All of us have learned through our life experiences certain natural or typical ways of responding to what other people say.

These vary widely from one person to another, but usually they consist of responding with:

- one's own material
- one's own
 - views
 - beliefs
 - feelings
 - judgments
 - opinions.

It is important that we take account of our own experiences and feelings. But it is also vital that we don't let our own material get in the way of communicating with our clients.

- Resorting to our own material rather than really listening to the other person is like putting up roadblocks to communication.
- Roadblocks have the effect of interrupting, of stopping the other person from saying what he or she wants to say.

Think about your own practice and see if you recognise any of these examples.



Common roadblocks to communication

1. ORDERING DIRECTING, OR COMMANDING.

Here a direction is given with the force of some authority behind it. There may be actual authority (as with a parent or employer), or the words may simply be phrased in an authoritarian way. Some examples:

- "Don't say that I..."
- "You've got to face reality..."
- "Go right there and tell her you're sorry!"

2. WARNING OR THREATENING.

These messages are similar to directing but they also carry an overt or covert threat of impending negative consequences if the advice or, direction is not followed.

It may be a threat that the individual will carry out, or simply a prediction of a bad outcome if you don't reply. Some examples:

- "You'd better start treating him better or you'll lose him."
- "If you don't listen to me you'll be sorry...."
- "You're really asking for trouble..."

3. GIVING ADVICE, MAKING SUGGESTIONS OR PROVIDING SOLUTIONS.

Here the individual draws on her or his own store of knowledge and experience to recommend a course of action. This often begins with the words:

- "What I would do is..."
- "Why don't you..."
- "Have you tried... ?"



4. PERSUADING WITH LOGIC, ARGUING, OR LECTURING.

The underlying assumption in these is that the person has not adequately reasoned it through and needs help doing so. Such responses may begin:

- "The facts are that"
- "Yes, but..."
- "Let's reason this through..."

5. MORALISING, PREACHING, OR TELLING SOMEONE WHAT THEY SHOULD DO.

An underlying moral code is invoked here in "should" language. The implicit communication is instruction in pro I per morals. ("Preaching" here is used in its more negative sense, of course.) Such communications might start:

- "You should'..."
- "You really ought to..."
- "It's your duty as a...to..."

6. DISAGREEING, JUDGING, CRITICISING, OR BLAMING.

The common element here is an implication that there is something wrong with the person or with what he or she has said.

Note that simple disagreement is included in this group. Examples:

- "It's your own fault..."
- "You're being too selfish..."
- "You're wrong..."

7. AGREEING, APPROVING, OR PRAISING.

Some people are surprised to find this included with the roadblocks. This kind of message gives a sanction or approval to what has been said.

This too, stops the communication process and may also imply an uneven relationship between speaker and listener.

True listening is different from approving and does not require approval. Examples:

- "I think you're absolutely right..."
- "That's what I would do..."
- "You're a good boy..."



8. SHAMING, RIDICULING OR LABELLING.

Here the disapproval is more evident, and is directed at the individual in hopes of 'correcting' a behavior or attitude. Examples:

- "That's really stupid..."
- "You should be ashamed of yourself..."
- "How could you do such a thing?"

9. INTERPRETING OR ANALYSING.

This is a very common and tempting one for counsellors to seek out the hidden meaning for the person and give your own interpretation. Examples:

- "Do you know what your real problem is . ?"
- "You don't really mean that..."
- "You're trying to make me look bad..."

10. REASSURING, SYMPATHISING, OR CONSOLING.

The intent here is usually to help the person feel better. What's wrong with that? Nothing, perhaps, but you are not listening.

It meets the criterion as a roadblock because it interferes with the spontaneous flow of communication. Examples:

- "Things aren't really that bad..."
- "Don't worry, you'll look back on this in a year and laugh."
- "Things are going to work out all right..."

11. QUESTIONING OR PROBING.

People also mistake asking questions for good listening. Here the intent is to probe further, find out more.

However, a hidden communication from the questioner is that he or she will be able to find a solution as soon as enough questions have been asked.

Questions can interfere with the spontaneous flow of communication, diverting it in directions of interest to the questioner but not, perhaps, to the speaker

- "What makes you feel that way?"
- "How are you going to do that?"
- "Why .. "



12. WITHDRAWING, DISTRACTING, HUMOURING, OR CHANGING THE SUBJECT.

Finally, this very direct roadblock is an attempt to take the person's mind off it. It directly diverts communication, and underneath, implies that what the person was saying is not important or should not be pursued.

- "Lets talk about that some other time..."
- "That reminds me of the, time..."
- "Hey, what's all the fuss about?"
- "Oh. don't be so gloomy. Look on the bright side..."
- "You think you've got problems Let me tell you..."
- "I hear its going to be a race day tomorrow."



What is counselling?

This is the first question that we all should ask when discussing counselling. We may differ on the specifics of what counselling is, but it is worthwhile developing what our overall concept of counselling entails.

Counselling can involve working with;

- individuals,
- with families
- with a variety of groups.

We will look at counselling that involves;

- personal dilemmas,
- basic conflicts and
- relationship struggles

to which there are no immediate answers or dependable right or wrong answers.

There is even much discussion as to the relative merits of individual and group counselling.



Aims of counselling

In summary then, the following are what we believe to be the broad aims of counselling:

- To develop a helping relationship
- To identify problems with the client
- To increase objectivity in regard to the client's situation
- Establish options available to the client
- Make decisions about the future or set goals with the client
- Help in the attainment of the goals with great emphasis on accessing the personal resource's of the client



THE VALUES AND BELIEFS

The following has been adapted from the CEIDA Core Training Program for drug and alcohol workers. The helping approach to counselling is client-centred and focussed on solving problems. It is based on a number of values and beliefs.

- Each person is an individual and unique.
- Each person is worthy of respect and value.
- People are responsible for, and capable of, making their own decisions.
- Although people are controlled to a certain extent by their environment and certain biological factors
 - they are able to direct their own lives more than they often realise.
- There are always reasons for a person's actions;
 - Life is a continuous process of striving to meet our personal needs, whether they be basic physiological needs or the more abstract need to achieve some form of self actualisation.
- People are capable of learning new behaviours and unlearning existing behaviours;
 - we are influenced by the consequences of our actions which reinforce our behaviour
 - we strive for reinforcements that are matched with our personal values and beliefs and that confirm our feelings of self worth.
- Many problems that people face are due to forces outside of themselves and problems in the system in which they are living;
 - it is possible for individuals to be empowered to make choices and personal changes from within the system.
- People from diverse cultural and social backgrounds have rights of access to health care;
 - It is a counsellor's responsibility to provide services that are appropriate and useful.

THE HELPING PROCESS

The core of the helping approach is the quality of communication between the client and counsellor;

- the key tool for helping a person to change is a warm, empathic relationship between the counsellor and the client.

The client and counsellor work together collaboratively to establish

- goals,
- objectives
- and suitable intervention strategies that will lead to behaviour change in the client.

This is sometimes described as a "therapeutic alliance".

As the client develops self awareness he/she finds choices and personal power.

- The worker needs to act in a way that reinforces the client's recognition that responsibility for living and decision making lies within themselves.
- This is the basis of behaviour change.
- It is health promoting to nurture a persons belief in their ability to control their own destiny.

This should never be undermined by a counsellor.

There is scope for a range of change strategies to be used,

- depending on the skills of the worker,
- the needs and wishes of the client and
- the ability and readiness to make changes.

Helping of this kind is short-term and focused on working with the client's thoughts, feelings and behaviours in a practical, problem solving manner.

- the significance of a client's personal history must be acknowledged
- it is generally most useful to focus on the choices and problems that the person has in the present.

A person can change their behaviour as a result of:

- understanding and accepting their feelings, thoughts and actions
- recognising the forces that are keeping them in their current position
- realising that they can make choices
- understanding and deciding to change particular aspects of their environment or system
- setting achievable goals
- selecting change strategies that are relevant to their needs and situation
- establishing a contingency plan to manage the barriers that they may encounter in the change process.

AIMS OF COUNSELLING

In summary then, the following are what we believe to be the broad aims of counselling:

- To develop a helping relationship
- To identify problems with the client
- To increase objectivity in regard to the client's situation
- Establish options available to the client
- Make decisions about the future or set goals with the client
- Help in the attainment of the goals with great emphasis on accessing the personal resource's of the client
- The counsellor plays an important role at all stages of the change process, including before the person has made a decision to change, and in the event of relapse.

CHARACTERISTICS OF EFFECTIVE COUNSELLORS

Obviously, there is no set description of what makes an effective counsellor. This description will vary according to the type of counsellor involved (for example, non professional, para professional or professional) and other circumstances.

However, within the broad helping approach outlined above and drawing on authors like Egan (1985), Ivey, Ivey and Sixnek-Downing (1987) and Okun (1982), we have compiled a list of characteristics that contribute to being an effective counsellor.



- Self awareness, a positive approach to their own life and an ability to care for their own needs.
- An ability to feel at home in the social emotional world - not being afraid of confronting deeply emotional situations.
- Respect and positive regard for the client.
- Being well informed and committed to maintaining a professional knowledge base.
- Warmth and a sense of caring which is conveyed to the client.
- An ability to, integrate the thoughts, feelings, and behaviours of the client in a meaningful way.
- Being competent in the basic skills of empathy, concreteness, immediacy and confrontation.
- Being culturally empathic - learning to become aware of differences and similarities in groups, without giving up your own identity.
- Maintenance of ethical behaviour at all times.

THE ETHICS OF WORKING WITH A CLIENT

Ethics deals with the difficult questions of what is right and with moral responsibility.

In the helping service there are many ethical problems. Despite the fact that we are aiming for an equal, informed and participatory relationship with the client,

- the worker has considerable power over the client
- the worker must take responsibility for that power.

As with descriptions of effective counsellors, there are no lists of ethical responsibilities written in stone. Various authors, clinical workers and professional organisations have come up with statements about ethical behaviour.

The following has been adapted from the CEIDA Core Training Program for drug and alcohol workers, with some influence from the authors.

A list of ethical responsibilities of workers

Minimise psychological risk to the client

Becoming a client in a helping relationship can expose a person to emotions they may feel unable to deal with.

- It is necessary to make sure that the person has adequate emotional supports available to them after emotionally distressing or confronting interviews.
- It is important to be aware of how well supported the person is and how fragile, and not to take issues further than a person is ready to go with them.

Avoid confusing the worker's needs with the client's needs

Workers may fall into the trap of confusing their own experience with those of their clients. In so doing, workers may;

- offer inappropriate solutions
- we should always test out the relevance of what we are saying.

The **worker's sense** of personal effectiveness and worth may become dependent on feeling indispensable to the client.

- This may mean that she/he has difficulty setting appropriate contracts or boundaries with clients, and then is unable to confront problem behaviours.
- The client-worker relationship may even become sexual. This is a serious abuse of trust and influence.

MAINTAIN CONFIDENTIALITY

Respect your client's rights and personal privacy. If you are not able to keep all that is said confidential, **(for example, in a court of law)** make sure that **this is clear early in the process of self-disclosure** by the client.

- Do not disclose information that is irrelevant to treatment.
- You have a legal obligation to maintain the basic right to privacy of clients.
- Remember when you are making a referral, client information can only be released with a client's consent.
- Be careful of casual conversations in the tea room. If you are receiving clinical supervision or making a case presentation, remember to protect the client's anonymity.

If you are under instruction to attend a court you must answer all questions truthfully. You should restrict your answers specifically to the questions asked.

- If written records are kept, make sure the client knows how secure these are and who has access to them.



RECOGNISE YOUR LIMITATIONS

Every worker is responsible for recognising his/her professional limitations.

- A worker should work under supervision and actively seek to develop skills through supervision and training.
- Only provide services and use techniques that your experience or training qualifies you to provide (this may not necessarily be a formal qualification).
- If it becomes clear that you are unable to help the client, then refer them on to a more suitable person or agency.

AVOID ASKING FOR IRRELEVANT DETAILS

Make sure that any intimate details that you are seeking have relevance to the purpose of the interview, and that you are aware of the feelings of the client at all times.

Treat the client as you would like to be treated yourself

Treat the person with;

- dignity
- respect
- kindness
- honesty
- and without discrimination.

Respect the client's thoughts and feelings.



RESPECT INDIVIDUAL AND CULTURAL DIFFERENCES

- Make sure that you are aware of cultural and individual differences amongst your clients.
- Show regard for the social codes and moral expectations of the community you are working in.
- Be conscious that people from cultures different from your own may have different codes of conduct and different beliefs.

You are responsible for the consequences of your actions - you have a "duty of care"

- Realise that your recommendations may alter the life of a client who relies on your knowledge and skill. Legally you have a "duty of care" to clients.

Take opportunities to develop your competency

Be prepared to;

- undertake regular self assessments relating to your personal and professional strengths, biases and limitations.
- Regularly upgrade and update your skills and knowledge of professional practice.

Abstain from the non-medical use of any mood changing chemicals whilst at work.

Regularly discuss your work with colleagues you respect and trust.

Actively seek out opportunities to debrief.

- It is important to develop an attitude of openness about your work.
- If you are becoming defensive about some aspect of your work it is a sign that supervision and support is needed.
- Being accountable for the way you work should be a regular and formalised aspect of your work practice.

THE INTERVIEW CONTEXT

Generally counselling takes place within the context of an interview which has a number of purposes:



- to gain information
- to give information
- to share information
- to clarify a situation
- to assess a need or a problem
- to make a request or give promises
- to make plans for future interviews/action

Keith Nichols (1989) describes counselling as:

Counselling is a technique concerned to help people help themselves by the development of a special relationship which leads a client into a greater depth of self-understanding, clarifies the identity of problems and conflicts and mobilises personal coping abilities. Psychological Care and Physical Illness The Charles Press, Philadelphia. (p.142).

He goes on to state that:

“ The counselling conversation is not an ordinary, everyday conversation. It has special features designed to remove certain aspects of everyday conversation and to emphasise others which may not normally be present. (p.143). ”

We said earlier in the introduction that we believe you already have counselling skills because these skills are the same skills you use everyday.

Read the above comments by Nichols again carefully.

COUNSELLING MISCONCEPTIONS

It is worthwhile considering what counselling is not.

There are many mistaken beliefs of counselling and Keith Nichols lists the following **incorrect thinking**:

- (a) Counselling is directly concerned with **making people less emotional**, or even stemming emotion.
- (b) Counselling involves **giving direct advice** to clients or attempting to solve their problems for them.
- (c) Counselling involves challenging a client's feelings and perceptions in order to **impose one's own values and perceptions** - these having the feel of being more realistic or accurate.
- (d) Counselling is an activity which may be instigated in order to **satisfy our need to make people feel and function better** (this is a 'felt' misconception rather than one which is constantly thought).

Counselling goals and strategies

Setting goals with the client and planning interventions are an integral part of the counselling process.

It is at this time that all the data provided by the client

- can be reviewed as well as the client and worker expectations of each other.

Your questioning ability is still very important here

- and will build on the base you have already developed in accurately assessing the client's situation.

The trust your clients have in you may enable them to

- take emotional risks previously not available to them.

The relationship you have developed thus far,

- will therefore also be under review at this time.

Unless you and your client can arrive at mutually agreeable goals, there is no sense in proceeding further because you will be working in opposed directions.

Goal setting has a number of purposes, among which are:

- it means the available data will be examined
- it serves to summarise the major points
- it enables the client to take an active role in therapy and therefore helps to build self esteem
- it helps to structure subsequent interviews/sessions
- it gives direction or focus to the counselling interaction.

PROBLEMS BECOME GOALS

Clients seldom come with neatly stated problems. They are usually expressed in;

- vague feelings of confusion
- dissatisfaction
- or distress.

Often complaints are focussed on another individual or institution.

Using the skills described above, counsellors convey understanding and this is often enough for the client to clarify their lives and feel understood.

But sometimes the client reveals that they may need to act differently, and then another strategy is needed.

As the counsellor listens he/she is gaining insight into the problem, helping the client to identify the problem and then helps the client to formulate a goal to overcome the problem.

GOALS MUST MEET THREE CRITERIA:

1. they are desired by and tailored to the client;
2. the counsellor is willing to help the client work towards the goals;
3. attainment of the goal is observable and assessable.

Goals should be described in behavioural terms. An example would be:

- Problem: Severe loneliness
- Goal: **To make two new friends in the next fortnight.**

PROBLEM SOLVING, DECISION MAKING AND PLANNING

It is important to remember that the counsellor is teaching the client how to solve their own problems.

The counsellor will give the client structure to solve the problems, but the decision on how and when, must be made by the client.

Taking risks is part of the process. Sometimes clients are seeking help because they have not thought of, or are too frightened to try other behaviours.



The problem solving steps appear simple, but putting the theory into action may be difficult for the client.

It is important that the counsellor and the client to agree to the actions that each will take to overcome the problem and state when each of the actions will be completed. This is called **contracting**.

THE RATIONAL PROBLEM SOLVING PROCESS

The general steps are:

- **Establish a relationship and get the client involved.** The client must believe that they have the power to make decisions that will influence their lives.
- **State and clarify the problem,** then translate the problem into a goal statement.
- **Brainstorm and explore alternatives.** Be imaginative and brave and even silly. List all alternatives no matter how silly or unrealistic.
- **Explore the implications and consequences of the alternatives and delete the alternatives** that definitely do not apply.
- **Decide upon most appropriate action from the alternatives.** There may be one or two alternatives that will be most appropriate.
- **Gather relevant information regarding the alternatives.** This may be a sub-goal that must be completed before the primary goal can be achieved.
- **Re-examine the goals, alternatives, risks and consequences.**
- **Decide upon one of the alternatives and formulate an implementation plan.** The plan should include a timetable for sequential tasks, a list of resources available and who is responsible for each task. This should be considered a contract.
- **Implement the plan, with periodic re-evaluations.**
- **Generalise the process to new life problems.**

The rational problem solving process is an ongoing process that may involve the identification of sub-goals that may need to be achieved to enable primary goal achievement.

The counsellor should contract with the client to complete certain tasks for the client as a form of mutual bargaining. For example, part of the plan may involve



the counsellor supplying the client with information regarding support groups. This develops a "shared responsibility" and increases the likelihood of the client succeeding.

ACTION REVIEW

A joint evaluation of the success of the action plan should occur on an ongoing basis. If the set goals have not been achieved then questions like these should be asked:

- were the goals realistic and manageable?
- did the goals accurately represent what the client wanted to achieve?
- did all parties of the contract fulfil their obligations?
- was the client genuinely prevented from achieving the goal?
- did both parties clearly understand what was expected of them when establishing the contract?

TERMINATION/ EXIT

Termination would appear to be the end stage of the counselling process, but in effect it begins from the first encounter with your client.

It may be;

- the termination of the current interview having established a time frame at the beginning of the session, for which the counsellor takes responsibility, or
- the contracting of an agreed number of sessions to deal with client problems over a longer term.

The termination can be planned or unplanned.

- *Unplanned termination* could occur for a variety of reasons which could include:
 - The client might not appear because of personal problems or an incompatibility with the worker.
 - The worker, because of heavy work load may not have been able to see the client before discharge from the agency.
- *Planned termination* occurs within the context of the counselling contract.



Whether short or long term, termination can vary in a number of ways:

REFERRAL

- If the service the client requests falls outside the scope of your agency then termination will take place almost instantly.
- Referral skills are an important part of client interaction.

TRANSFER

This usually mean the client is transferred to another worker in the agency because the original worker is leaving or going on holidays.

In this instance there are three people involved, and if the process of termination is not handled successfully, then all three may experience uncomfortable feelings.

- (a) The Client - may feel deserted, resentful and see the worker as uncaring.
- (b) The Worker - may feel the client has been betrayed and the contract violated.
- (c) New Worker - may worry about being as effective as the previous worker.

END STAGE OF COUNSELLING

In short term interaction this;

- may take place in the second last session

Whereas in long term counseling;

- a month or more may be required in preparation for termination.

Termination involves six major tasks.

These tasks are not only relevant for long term contracts, but should also be considered for each interview. The tasks are:

1. working out the conflict for both worker and client between the acknowledgment of improvement and goal achievement and the movement away from help
2. working out the fear of loss of the relationship and of the support of a concerned person
3. examining the experience and recognising the progress made
4. using the experience as a learning model to be transferred to other problems
5. examining what is involved in stabilising the gains made
6. clarifying the worker continuing position.



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