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Exploration Skills

Although you may feel anxious—and impatient—to get going and help someone already, you will want to explore thoroughly what the situation is all about before you attempt some intervention. Nothing can be more dangerous than jumping in to try to fix things when you only know a fraction of what is going on. Perhaps the problem that you are seeing is symptomatic of other difficulties beyond your awareness. There could be some undiagnosed physical malady. Maybe the complaint that has been brought to your attention isn't the most pressing problem at all. It could be a test. It could be a smokescreen. It could be a distraction, or even a cry for attention. There is often no way to tell until you conduct a thorough assessment and exploration.

If you were feeling pain in your abdominal region and consulted a physician for help, you would hardly want her to conduct a cursory exam and then assume it's the stomach flu that she has seen a lot of lately. It might very well be that, but it could also be a lot of other things, from indigestion or a muscle strain to appendicitis or cancer. You'd want her to get some background on you, to get to know you first. You would want her to conduct a complete examination and order all reasonable tests. You might feel more comfortable with some intrusive procedure if you were certain that she had made an accurate diagnosis and knew what she was doing.

This same process holds true with the helping process as well. During the exploration phase, you are collecting all relevant information you can in the quickest period of time. This will help you with your diagnosis and treatment planning. Far more than that, however, you are using exploration skills

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to help the person do the work. You want to act as a mirror as best you can, to reflect back clearly and without distortion what you hear, see, observe, sense, and feel. If you have done your job well, then the individual (or family) can put together the pieces of the puzzle based on some new understanding of their lives.

Internal Attitudes

Helping begins with what you do inside your own head and heart. There are certain attitudes you want to adopt when you are working that are in marked contrast to those when you are operating in your “civilian” life. Whereas you might feel judgmental and critical of people when you are walking around in your world, such attitudes are not constructive during your helping role. Furthermore, despite your best efforts to hide these critical judgments, others can also be exquisitely sensitive to your inner states. They can tell when they are being judged harshly. They can feel your disdain. One of the disadvantages of a true empathic connection is that others often know what you are thinking, just like you can at times read their minds. It is for this reason that you don’t want to pretend certain internal attitudes; you want to really feel them.

In addition to putting yourself in a place where you suspend criticism and prejudices, you also want to adopt an internal state such that you are feeling clear headed and poised. I encourage beginning helpers to begin each session with a cleansing breath, just like in yoga or meditation, in which you close your eyes for a moment, take a deep breath, and gently push aside all distractions so you can give your full attention to this other person you want to help. Any time you feel intruding thoughts, distracting ideas, or critical judgments, you just gently push them aside.

You might try this right now. Close your eyes for a minute. Take a deep breath from the center of your abdomen, cleansing your body and clearing your mind as you exhale. When you open your eyes, center your concentration and focus your energy on a single point. This is exactly what you would do before you begin a helping conversation to remain centered.

You want to make yourself into a perfect receptacle, that is, to tune yourself to the point where you can hear, see, and feel things that ordinarily are beyond awareness. You want to be in an ideal state of mind to take in whatever is put out by the other person. This is what will allow you to pick up on things that are beneath the surface.

Your internal attitudes should not only include monitoring the parts of you that lean toward being critical and judgmental, but also communicating

positive messages of warmth, caring, respect, and genuineness. All helping is predicated on trust: If the client does not see you as accessible and understanding, then he or she is unlikely to open up.

Attending Behaviors

If on the inside you are concentrating with all your energy on remaining clear, then on the outside you want to do everything in your power to communicate total interest. These attending behaviors involve several distinct aspects that are summarized in Table 5.1.

Table 5.1 Attending Checklist

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- Face the person fully.
 - Communicate intense interest.
 - Give undivided attention.
 - Maintain natural eye contact.
 - Be sensitive to cultural preferences.
 - Make your face expressive.
 - Nod your head. A lot.
 - Present yourself authentically.
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1. *Body position.* Remove any obstacles (like a desk) between you and the other person. Adjust the space between you so it is a comfortable distance. Face the person fully. Lean forward, but not to the point where you intrude in the other person's space. Communicate with your whole being that you are riveted by what the other person has to say. Give your complete and undivided attention. You will be surprised how much this alone can be healing for others because it's so rare that any of us is accustomed to being really listened to.
2. *Eye contact.* Keep things natural, but use your eyes to make deep contact. If there is more than one person present, then use your eyes to draw each person in. Be sensitive to individual and cultural differences because some people feel invaded rather than soothed by intense scrutiny.
3. *Facial expressions.* The person is watching you carefully to see how you are responding to what is being said. Are you understanding what is going on? Because most people are not used to being listened to very well, you are being scrutinized, skeptically, to see if you are really paying attention, and if so, whether you hear what is really being expressed. You can use your facial

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expressions not only to show that you are listening intently, but also to resonate with what the person is feeling and expressing. You can use words to say that you understand, or you can use your face to communicate the same thing.

4. *Nonverbal gestures.* One other way to let the person know that you are tracking the conversation is to use other attending behaviors, such as nodding your head and gesturing with your hands. The key with all these attending behaviors is to use everything in your power to communicate your total and complete concentration on the interaction. Prove that you are listening by showing your interest with your behavior.

Practice Makes Perfect

Contrary to what you might think, attending and other helping behaviors are not at all natural. If they were, then everyone would demonstrate the kind of focused devotion that is unique to helping relationships. In truth, people get used to having the divided interest of others. Take a single day in your life and keep close track of how other people respond to you. Notice the number of multiple tasks that they carry on at the same time they are supposedly listening to you. Watch people's faces when they listen to you, even those who love you the most, and notice how their attention wanders and their interests shift. Monitor how often people speak to you at the same time they are doing other things—waving at someone else, opening mail, shifting papers, grooming themselves, answering the phone, or otherwise showing that although they might be interested in what you have to say, it's not so important that they are willing to put everything else on hold.

In addition to any time you spend in class practicing attending behaviors, you will want to find as many opportunities as you can to apply these skills to your life. After all, these behaviors, which are so useful in professional encounters, are just as powerful when employed with those you care about the most. Next time you are engaged in conversation with a friend, family member, or coworker, make a commitment to put aside all other distractions so you can give the person your full attention. Use your eyes, facial expressions, and nonverbal gestures to communicate you are tracking what is said. Try to make it habitual when you train yourself to practice proper attending behaviors.

Presenting Yourself

So far, we have been dealing with rather concrete behaviors that are crucial in helping relationships. Although I don't wish to diminish in any way the

importance of attending and other specific behavior during the exploration phase of helping, the way you present yourself to others involves something more than how you act.

At the same time that you are studying your clients and trying to figure out what is going on, what they really want from you, and what you should do to be most helpful, they are checking you out as well. They are trying to decide how much to tell you. They are wondering if they are doing the right thing by consulting you; maybe it would be better to just handle things on their own.

You will wish to give considerable attention to the ways you present yourself to others. As stated by one popular advertising slogan, "Image is everything!" You will want to follow that advice, at least to the extent that you look the part of a confident expert.

Dress yourself as you would for a performance in a play, thinking through how you want to be perceived by others. You will want to look professional, but also relaxed. If you are working mostly with kids, you'd dress down a bit. If, on the other hand, you are working with people in the business world, you would similarly dress appropriately for that population.

In addition to your wardrobe, you will also wish to present yourself in a manner consistent with what your clients expect looks like an expert. To meet this image, which varies considerably among different cultures, regions, professions, and age groups, you will want to do some research among your peers. Although in later stages, once you have developed a solid relationship, images and appearances mean much less, initially this presentation is very important.

Listening

Now that you look and act the part, or at least pretend to know what you are doing, you will need to do considerably more than attend to what the person is saying. The single most important skill in helping someone is listening (see Table 5.2 for a checklist of points to remember). I'll stay that again: *Listening is the most crucial helping skill.*

I am not talking here about the kind of listening you usually do, in which you half-heartedly pay attention, nor am I referring to merely attending to what is being said. Real listening, *deep* listening, involves such complete concentration that you can't do anything else at the same time. You are focusing not just on the words that are being said aloud, but also on what is going on beneath the surface. Taking into account the context of the situation, the background and culture of your client, the nonverbal cues that are presented,

Table 5.2 Listening Checklist

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- Clear your mind.
 - Empathize: Crawl inside the other's skin.
 - Concentrate completely.
 - Watch carefully for nonverbal cues.
 - Don't just listen, but really hear.
 - Ask yourself what the person is really saying.
 - Identify underlying feelings, as well as surface content.
 - Use your heart, as well as your head, to divine meaning.
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and any other information at your disposal, what are you sensing is really being expressed at this moment?

Someone says to you, for example, "So, to tell you the truth, I don't really care that much about her one way or the other." He is talking about the relationship with his girlfriend that just ended.

What did you hear this person just say?

You can't answer that question, of course, because you don't have access to enough information. You don't have any visual cues to tell you what he really meant by this situation. You couldn't hear the tone of voice. You don't know the history of the situation. But if you were sitting in the room with this person, if you had spent time with him before, if you could see him and hear his voice, then you would be asking yourself these questions: What is the guy really saying at this moment? What does he mean by this? He is saying he doesn't care that the relationship ended, even prefacing that statement with the claim that this is the truth (as if he knows that sounds improbable), but I sense that he does care quite a lot. Furthermore, he seems so wounded by this break-up he is reluctant to even talk about it now.

Of course, while all this processing is going on, the man has already moved on to something else. Obviously, then, you don't have a lot of time to decode the underlying meaning to statements, or else you'll never get the chance to formulate a response, much less say it aloud. Nevertheless, while you are in your "helping stance," you are listening with what has become called your "third ear." You are not only hearing the words that were said, but you are listening with your inner being, attending not only to the surface statement, but also its underlying meanings.

Time to Practice

Even with limited cues, you can still deduce something about the possible message that is being communicated—if you listen carefully.

Monica is 7 years old and has been playing quietly with her brother, that is, until he ripped a toy out of her hands and bolted out of the room. Monica runs up to you in a panic, her lip quivering, tears pooling in her eyes. You ask her what's wrong, and she mumbles, half to herself: "Nothing."

Now, what do you sense she is really communicating by that remark? Does she actually mean to say that nothing is wrong?

If you surmised that she is feeling hurt and angry, you are probably in the vicinity of what is going on. If you further deduce that she is also embarrassed by her situation and feels reluctant to talk about it, then you have probably also hit the mark. I use words like "probably" because you can't really know what is happening; you can only form hypotheses that will have to be tested when you choose to respond. For now, however, in the second or two you have before you say something appropriate, you first ask yourself, "What is Monica saying to me right now?"

Whatever answer you get will suggest a particular response or intervention. If you hear that nothing is really going on, then you might respond in one way. If you hear anger as the primary message, you will say something else. If you hear hurt or sadness, then you might react differently again. In each case, you are listening not only with your two ears, but with your intuition, your "felt sense" about what she is saying.

Knowing what you now understand about surface and deep communications, walk around attending to the underlying meanings behind what people say to you and others every day. Sensitize yourself, as much as you can, to listen with your third ear. When you are in the mood, ask yourself what a person is really communicating with a particular gesture, expression, or message. Become aware, as much as you can, of the hidden, disguised, and unrecognized portions of what is said in everyday conversations.

Eliciting Information

Your main task during exploration is to find out what is going on with the person you are helping. At the very least, you want to know what the person sees as the main problem. You also wish to learn a host of other things that would be helpful in formulating a diagnosis and treatment plan.

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Although it might appear as if asking questions would be the most logical, direct way to find out the information you need, there are also other, more subtle ways to get a person to provide you with valuable data. As I mentioned before, side effects of asking too many questions are that you appear as an interrogator, as well as make the person dependent on you to keep things going. Note in the following conversation how stilted and one-sided the interaction seems:

Helper: “What can I help you with today?”

Client: [Shrugs] “I’m not really sure.”

Helper: “You’re not sure?”

Client: “No.”

Helper: “Is this the first time you’ve asked for help about this problem?”

Client: “Uh-huh.”

Helper: “So you don’t know where to start?”

Client: “Right.”

Helper: “When did you first become aware that you were having difficulty?”

There is nothing actually wrong with the agenda the helper is following. She is trying to uncover what the client is struggling with, a not-unreasonable place to begin. The client, who appears reticent, or at least shy, is not being the most cooperative participant in this process. Yet a pattern is already being established in which the helper is the one who is asking the questions, which are eliciting one-word answers. This type of close-ended question doesn’t work very effectively to find out much information. Moreover, it leads to a type of relationship that may not be what you want to create.

In the next section, we will cover ways to ask questions when you can’t get data in other ways. It is usually preferable to use probes and other leading skills that don’t rely on a direct interrogative style.

Note in the following excerpt how the helper attempts to gather information in ways other than asking questions:

Helper: “I understand you’ve been having difficulty with something.”

Client: [Shrugs] “I’m not really sure.”

Helper: “It’s difficult to put things into words.” [The helper reflects back what she thinks the client is really saying.]

Client: “Yeah. You could say that.”

Helper: [Waits patiently, maintaining interest and attending behaviors, but communicating clearly that whatever happens next is up to the client.]

Client: [Sighs] “I suppose I should start at the beginning.”

Helper: “That might be helpful.” [Hangs back, even after the initial tease. Continues waiting while the client formulates his thoughts.]

Client: “Well, it’s just . . . I don’t know . . .”

Helper: “Go on.” [Offers a supportive prompt]

Make no mistake: The helper is dying to ask about a hundred questions. She is feeling impatient inside, but checks those feelings as much as she can. She knows she has to go at the client’s pace, and he is obviously having a hard time. She can always revert to asking questions at a later time; for now, she is trying to be as encouraging as she can, to let the client set the pace. If this laborious, awkward conversation continues much longer, then she will probably have to switch gears and try something else.

Asking Questions

As should be clear from the preceding section, asking questions is a mixed blessing. It does get you the information you want in the most direct fashion, but often at a price. One guideline: Ask questions when you can’t think of another way to get the information you need.

When you do rely on questions to elicit background, try to mix them up with other skills that will be covered later. Otherwise, you will set up a predictable pattern whereby you maintain complete control of and responsibility for the interview.

In many cases, much of the information you need will already be available on intake forms and other questionnaires that may have been completed. If so, you can easily refer to that data to probe more deeply, as in, “I noticed on this form you filled out that you have four siblings, three sisters and one brother. Tell me more about your relationships with various family members.”

Even this wasn’t framed as a direct question, but as a request. When you do ask it in a question form, make sure you do so in a way that is open ended rather than close ended. Compare, for example, the two different ways the question may be framed:

Closed: “Are you close to your siblings?”

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This could get you the information you need, but just as likely (especially with a reluctant client), you could hear a one-word response of yes or no.

Open: “What are your relationships like with your siblings?”

In this case, it is still possible to give an evasive response, but it would be a lot harder to do so.

There is one clear, definitive piece of advice on this subject. In fact, if there is one single thing you could do to improve your competence as helper, besides becoming a better listener, it would be to learn open-ended questioning. Even most professional interviewers on television and in law enforcement don't seem to understand this basic concept. If you don't believe me, pay attention to the next talk-show host and listen to the rapid-fire questions, one after another: “Do you like living in Hollywood?” “Are you going to remain there now that you will be shooting your next film in England?” “Would you say that this next film will be the capstone of your career?” The only reason why you don't notice that the interviewer is so poorly skilled is because his or her subject is so eager to promote a film. You will not be so fortunate.

When you ask questions, you should not only plan them in such a way that they open communication, but also so that they elicit the most information possible. Well-formed questions will get you lots of stuff that you never intended to explore in the first place. For example, you could ask, “Where would you like to go from here?” In this instance, you intended to find out when and if the person would like to talk again another time. Instead, the client interpreted it another way, and began telling you about future goals. In other words, how the person interprets your question can be as invaluable as the actual answer.

The best questions are those that elicit responses that are especially revealing. Some favorites are similar to the following:

- What would a typical day in your life be like? Describe what you do from the moment you wake up to the moment you fall asleep.
- What have you done in your life that you are most proud of? What about most ashamed of?
- When was the last time that you felt really in control in your life? How was that different from now?
- Who are you closest to in the world?
- What are a few things that nobody in the world knows about you that would be especially helpful for me to know?
- How is this present problem you are having familiar to you? How have you experienced something similar in the past?
- What is an area that you feel especially resistant to getting into?
- When you leave here today, what is the one thing that will haunt you the most?

This is just a meager sampling of possible areas of exploration. With questions, you are trying to supplement the exploration you have undertaken by other means. You don't wish to appear as an interrogator, but you do need to gather more detailed information to proceed further.

As with all the other skills presented, you must find opportunities to apply what you are learning in your personal life. Because we are talking about upgrading and changing your whole communication style, I will remind you again that most of these skills can be used in every facet of your relationships, not just with those you are trying to help. Try to catch yourself asking close-ended questions ("Did you have a good time?" or "Do you want to go to a movie or a play?") and instead rephrase them in an open-ended way ("What happened last night?" or "What would you like to do this evening?"). These skills take lots of practice because you must break long-standing habits that often get in the way.

Assessing Strengths and Resources

Ordinarily, when you might think of assessment and diagnosis, you would associate this process with identifying problems, uncovering maladaptive behaviors, and classifying symptoms of mental disorder. Even clients hold this assumption when they come in expecting to talk about what is most going wrong in their lives.

Although it is certainly critical during the exploration phase of helping to assess problem areas and formulate tentative diagnoses that might suggest certain treatment strategies, it is also extremely important to help people articulate what is going right in their lives, as well as what might be wrong. This includes identifying the internal resources, evidence of resilience, and social supports that will be most useful during the helping process.

This task of taking inventory of strengths, as well as weaknesses, is more challenging than you might imagine. Many people believe that when they seek the services of a helper, it is to complain about everything that is not working; they are often surprised when they are pressed to look for exceptions. Yet this movement, called "positive psychology," encourages people to focus on the resources and strengths at their disposal. Note how this unfolds in the following dialogue with someone who has been experiencing chronic and debilitating symptoms associated with multiple sclerosis, a serious, progressive neurological disorder:

Client: "So I feel this numbness on the left side of my face, right here [points to cheek and chin]. I can't feel anything. I can't even tell if I'm smiling or frowning."

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Helper: “That’s another thing that you can’t control, making you feel even more helpless and powerless.” [Reflecting client’s feelings]

Client: “Yeah, but it’s more than that. The doctor told me I might have to have another operation for a bladder infection. And then there’s . . .”

Helper: “I know there are so many difficult challenges you are facing, so many symptoms that are uncomfortable and painful and frustrating. [Validating experience] You’ve talked at length today about all the things that have been going wrong lately—with your body and your life. I’m wondering, though, what has been going well?” [Focusing on the positive]

Client: “What do you mean?”

Helper: “Among all the difficulties you are dealing with lately, what is something that seems to be going reasonably well for you?”

What the helper is asking the client to do is somewhat difficult. Resistance and confusion is to be expected. The client is used to talking about what is wrong, and the helper is trying to balance this by talking about other aspects of life that may not be a problem right now or may even be going quite well. For instance, in this case, even with the physical problems, the client is enjoying closer intimacy with her family. Although it is difficult for her to take time off work, she has also been enjoying having discretionary time to read novels and watch movies.

When doing an assessment and exploration of client issues, it is important to examine positive as well as negative aspects of the client’s life and experience. This investigation can often be empowering in and of itself because it helps the person look at problems in a larger, more complete context. This kind of investigation also plants greater hope and positive expectations for the future.

In a later chapter examining action-oriented skills, one common intervention is the use of homework and accountability to check on client progress. Yet again, there should be an emphasis on things that are going well in addition to those that are not. One application of the positive psychology movement that is useful in this regard simply asks clients to note (or better yet, to write down) three good things that happened that day and what they believed led to this result. Even for people who are depressed, such a positive focus helps them to find greater balance between perceived misfortunes and blessings.

Formulating Diagnoses

Even if the nature of your job does not involve the use of the *DSM* (the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association, which is used as the standard reference source), you will still need to think diagnostically before you attempt any intervention. After all, how can you possibly do anything to be helpful if you don't have a clear notion (or even a general idea) about what you want to do?

Imagine, for example, that someone consults you because he or she is feeling depressed. How will you proceed with this case?

I hope your immediate response is, Well, that depends on what's going on. What kind of depression are we dealing with here? What does it mean in this person's life, at this particular time?

Depression, and all other forms of emotional disturbance, are tricky entities about which we still don't understand as much as we would like. What we do know thus far is that "depression" or "anxiety" are not single conditions that suggest consistent interventions. Someone who describes himself as anxious could actually be diagnosed with situational stress that results from a single crisis in his life. He may also be showing signs of generalized anxiety that have been relatively stable, chronic symptoms. Or perhaps he is experiencing panic attacks or a phobic disorder, or even post-traumatic stress. Each type of anxiety would involve a different treatment strategy.

Likewise with the case of our depressed person: During your exploration efforts, you must make an accurate diagnosis of what kind of depression is being experienced. Is this characteristic of "dysthymia," a sort of chronic, low-grade depressed mood? In this instance, you would plan a relatively long-term relationship to get at underlying thinking patterns and lifestyle issues.

Perhaps we are dealing instead with something more severe, such as bipolar disorder (also known as manic-depression) or "endogenous" depression, both of which are caused by biochemical imbalances. In both cases, the depression is not so much elicited by stressors in the environment as they are by one's hormonal, endocrine, and neurological systems. In each case, there are biologically based symptoms of sleep disruption, change in eating patterns, and so on. Both of these kinds of depression are usually treated by some form of medication with counseling.

When the kind of depression (or any problem) is clearly the result of some particular adjustment to a developmental transition (leaving home, getting married, birth of a child) or life crisis (divorce, financial problem, grief issue), then some form of counseling is especially helpful. If you can make the determination that some adjustment reaction is going on, that the condition is

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acute, and that you can rule out any organic problem or underlying personality disorder, then the prognosis for counseling is excellent.

I mentioned the issue of personality in passing, but it is actually quite an important variable. In addition to whatever psychological symptoms a person is presenting, there are two other important areas that you will wish to check out. Both of them are covered in any standardized psychiatric or psychological assessment. Whether you will have access to standardized psychological tests or the results of a formal intake interview that includes a *DSM* diagnosis, you will still need to explore areas related to organic and personality functioning.

Counseling deals mostly with psychological health, although physical functioning also plays a major role. Be sure to find out about a person's medical history, whether he or she is experiencing any physical complaints in addition to psychological ones, or whether stated problems could even be caused by underlying, undiagnosed illnesses such as tumors, neurological disease, or other maladies. This is one reason why it is important to consult regularly with medically trained personnel who can rule out such organic factors.

Another sticky issue has to do with a client's underlying personality style, which may exacerbate problems or get in the way of attempts to be helpful. In its most extreme form, some people are inclined to act in certain ways that are self-destructive, are harmful to others, or involve a characteristic style of interaction that may be described as manipulative. You probably know some people like this and know how challenging they are to be around. Imagine, therefore, how difficult it can be to try to help folks like them when it involves getting them to be revealing and honest.

Whether the dysfunctional personality style qualifies as a full-fledged disorder or not (usually meeting certain criteria), you will want take into account characteristic interaction patterns that can undermine your treatment efforts. A brief summary of the personality styles that are most commonly diagnosed include the following:

- *Borderline personality*. Someone who exhibits self-destructive behavior and shows a pattern of unstable relationships.
- *Narcissistic personality*. Someone who is extremely self-centered with an exaggerated sense of self-importance.
- *Sociopathic personality*. Someone who is exploitive in relationships with no remorse.
- *Schizoid personality*. Someone who is odd, eccentric, and detached from relationships.
- *Paranoid personality*. Someone who is extremely suspicious and fearful that others are planning harm.

Putting this all together, your diagnostic efforts should be focused on assessing a client's characteristic functioning, relevant background data, medical history, presenting symptoms, social-cultural factors, and personality style. Following a model suggested by the *DSM*, you would also want to check the person's highest level of functioning in the past year and compare that with current levels.

Assessing Risk

One exception to asking close-ended questions is when you are assessing whether someone is at risk to hurt themselves or someone else. If you suspect that someone you are seeing is a suicidal risk or a danger to act out in some way (physical abuse, sexual abuse, violence, etc.), then you *must* determine whether some immediate intervention is indicated.

With respect to suicidal risk, you would need to ask the following questions, in some cases, framed in a close-ended way to get definitive responses:

- *Are you thinking of harming yourself in some way?* Contrary to popular belief, you don't put this idea in someone's head. You must get a clear answer to this question or assume the worst.
- *Is there someone else in your family, or someone else you've been close to, who has ever tried to kill himself or herself?* Is there a precedent for showing the client that suicide is a legitimate escape to a problem? You want to find out if this behavior has been modeled before.
- *Do you have a plan for how you might kill yourself?* The risk of suicide is much greater if someone has a specific idea of what they would do ("Yes, I have access to a gun that I know is in a box in the attic.") versus someone who hasn't thought it through ("I don't know exactly. Maybe take some pills or something.").
- *Do you have the background that is most associated with suicidal acts?* Those who are most likely to act on their impulses are those who have what is called an "agitated" depression, meaning that they are very disturbed but also have the energy to carry through on their despair and hopelessness. They tend to be older adults (older than 60). They live alone. They are divorced, separated, or widowed. They are unemployed.
- *Is there excessive use of alcohol or drugs?* As you would imagine, mind-altering substances impair judgment, dull inhibitions, and lead to self-destructive behavior.
- *Have you taken steps to close your affairs?* Is there evidence that the person has already begun the process of self-destruction? Common examples are those when people have started to put their affairs in order (drafted a will, cleaned the house, written a note, planned their funeral).

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- *Have you attempted suicide previously?* Those who are at greatest risk have made attempts before. Find out whether these actions were genuine suicidal acts or gestures to secure attention.

Keep in mind that predicting suicidal or homicidal behavior is a very risky proposition in and of itself. Even the most experienced clinicians, with access to the most complete records and assessment instruments, still can't forecast whether someone might act impulsively. So although the previous guidelines are good general indicators, you must not be too confident that you can tell what might happen. When in doubt, seek consultation with a supervisor. Better yet, any time there is a suicidal risk, get supervision or at least a consultation with someone else.

Responding to Content

Finally we are at the point where you actually need to do some counseling. That's not to say that the assessment process can't be therapeutic in and of itself, because many people do find it helpful to review their lives in a systematic way. It puts things in perspective. It gets them thinking analytically about recurrent patterns. In fact, quite a few times, you will find that a single exploratory interview will be enough to spark significant changes, especially if you don't underestimate the power of what can be done from a single session.

The most frequent skill used by helpers, in conjunction with the next one related to responding to feelings, is called *paraphrasing*. In its simplest form, you take what you have heard (remember, you have been listening *very* carefully to surface and deep meanings) and respond with a reflection on the essential content that has been expressed.

Generally, when first learning this skill, you might try "parroting" first, although you would almost never do this in a real session. It is kind of like "training wheels" for those learning to ride a bike, in that it provides you with an intermediate step before you try things on your own.

In parroting, you repeat verbatim exactly what you heard the other person say. While this might sound silly, it is actually a technique sometimes used in marriage counseling with partners who don't listen to one another. Each partner is instructed to repeat, to the other person's satisfaction, exactly what was just said before he or she is allowed to respond. That way each can be certain he or she was heard, a problem that often gets in the way of communication. Parroting looks and sounds something like this:

Client: "I just can't seem to get on top of things."

Helper: "You can't get on top of things."

Client: “That’s what I just said.”

Helper: “That what you just said.”

Client: “If you don’t stop repeating what I said, I’m going to hit you.”

Helper: “If you don’t stop . . .” [Slap]

Well, you get the idea. Obviously, you wouldn’t actually use parroting unless you panicked and couldn’t think of anything else to say (usually people are so preoccupied with what they’re saying, they don’t notice you anyway). It does, however, train you to practice listening to what is being said and then prove you heard by repeating it back.

In theory, when you use rephrasing, you are acting like a kind of mirror, reflecting back both the content and the feeling (the next skill to be covered) of what you heard. This leads people to clarify their thoughts and feelings, as well as gets them talking more about what is going on in their life, their minds (in the case of content), and their hearts (in the case of feelings).

When paraphrasing, you are concentrating on the essence of what a person just said, at least as far as the content, and then reflecting that back.

A client says to you, for example, “I can’t seem to get motivated much any more. My parents are getting old and they can’t help out much. My health isn’t what it used to be either.”

How might you rephrase that statement? (Do it in your head.)

Hopefully, your response sounded something like this: “You’re having problems with your health and getting going on things that are important to you. You aren’t getting much help from others you depend on either.”

Notice in this paraphrase that the focus remained on the content of what was expressed, rather than the feeling. There are reasons for this choice. Perhaps it is too early in the session to get into threatening material. Maybe things are happening so quickly that you don’t have time to reflect feelings that are deeper, or you could be stalling for time until you can think of something more profound to say. In any event, you are keeping the exploration going. You have proven that you understood what was said. And you have encouraged the client to look more deeply.

The steps involved in paraphrasing involve asking yourself the following questions internally:

1. What did I just hear?
2. What is the essence of the content just expressed?
3. How can I rephrase this in a way that is both concise and captures the spirit of what was said?

A few cautions when using paraphrases, as well as other skills. If you wait until a pause, you might never get a chance to say anything at all. At times, you will have to insert your comments, even interrupt, to keep the conversation focused when someone is rambling:

Client: “It’s just so hard on all of us, what with little money and all. And things are just getting worse. The other day I was in town and I was talking to Simon. You know Simon? He’s the guy who . . .”

Helper: “So things have been getting worse for you day by day. You have less money and yet more things you have to do.”

Client: “Well, yeah, that’s true. I was thinking maybe I should get another part-time job, but if I do that they’ll be nobody around to take care of things around home. There’s just so many chores to do. I’ve got to repaint the barn. Then there’s all them animals to take care of. I wonder if . . .”

Helper: “You were saying that maybe another job might bring in more money, but then you were considering the disadvantages, too. When it comes right down to it, you’ve got more choices then you thought at first, even if each one might not be ideal.”

Client: “I guess you’re right. That’s what I did say, didn’t I?”

There are some limits to this sort of skill, in that it stays pretty much on a content level, keeping people in their heads. That’s why there are other things you can do to in addition that can take people to a deeper level. Nevertheless, rephrasing is the “bread and butter” of what helpers do. It’s relatively harmless. It buys you time until you can do or say something else. It lets the person know you are tracking the conversation accurately, and it furthers the exploration process.

Responding to Feelings

Reflecting someone’s feelings is one of the easiest skills to learn and yet is probably the most difficult to master. Like paraphrasing, you can learn the mechanics in just a few minutes, even though you will probably need a lifetime to develop the sensitivity, intuition, and deftness needed to really help people to explore on the deepest level.

What you are trying to do with this skill is move people beyond the content of their statements to look more closely at the underlying feelings that

are being expressed. There are many good reasons why you might want to do this. For one, people might be denying or unaware of how they are feeling. Second, emotional arousal and resolution is one of the keys to promoting lasting change. In a sense, what you are doing is alternating both reflections of content and feeling to help people clarify (a) what they are saying, (b) what they might be experiencing beneath the surface, and (c) what feelings are most present, and therefore, most influential.

In the following interaction, notice how the helper very quickly moves the client from a rather superficial conversation to something much deeper:

Client: “I was telling you before about all these medical problems I’ve been having lately. First, it’s this dizziness. Then I can’t seem to eat anything lately . . .”

Helper: “It must be so frightening not to know what’s going to happen next.”

Client: “It’s just such an annoyance, too. I mean, I can’t seem to plan anything. I don’t know when I’ll feel up to it. The other day I was just so sick.”

Helper: [Nods head, encouraging the client to continue.]

Client: “I’ve got this pain that comes and goes, you know. I just never know . . .”

Helper: “It feels like you’ve lost control over your own body. And if you can’t count on that, what can you count on?”

Client: “Yeah. I wonder if it’s even worth it to keep trying.”

Helper: “Sometimes you just want to give up.”

Client: “Well, what’s the point? What would you do if you were in my shoes?”

Helper: “You feel so lost, as if things are utterly hopeless and you have no way out.”

Notice even in this last response, the helper resists the urge to answer a direct question, which instead she treats as a statement attached to an underlying feeling. In each of her interventions, she tries to hone in on what feeling seems most present in the client’s communication. Then she responds by reflecting back what she heard expressed.

This may look pretty easy, but it is actually quite difficult to break old habits. Beginners, in particular, like to ask lots of questions. Imagine, for example,

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someone less skilled responding with, “So, where do you feel the pain?” or “Have you had this problem long?” Another common error is to stay with content of the communication rather than going after the deeper feeling: “So, you’ve been having a lot of medical problems lately, more than usual.”

There’s nothing disastrous, or even inappropriate, about this last response; it just reinforces a superficial talk about symptoms rather than getting to what the person is feeling. Because human beings are both thinking and feeling beings, it’s important to balance discussion of both sides.

When you decide to focus on the affective dimension of a person’s experience, you will want to proceed as follows:

1. Attend carefully to the nonverbal and verbal cues that accompany the content of the communication.
2. Acknowledge nonverbally and verbally that you are tracking what is being said.
3. Decode the underlying meaning of the verbalization.
4. Ask yourself what feelings strike you as most present for the person in this moment.
5. Use empathy (crawling inside the other person’s skin) to imagine what you would feel in this situation.
6. Formulate a response that reflects back what you have heard and sensed.
7. Continue the exploration along the same lines until you have gone to the point at which it’s time to try something else.

Putting these steps into action, picture someone who is talking to you about some irritating event that just occurred. While on his way to see you, he had a close call in traffic in which someone cut him off. He seems unable to let go of the incident:

Client: “I can’t believe this guy didn’t even look over at me. He didn’t even see me! I could have been killed! What a damn idiot! I don’t know what gets into people like that. They shouldn’t even be allowed to drive.”

You realize at this point that you need to say something, or the guy is about to go off on a rant about something you or he can’t fix anyway. Unless you say something now, you could lose the whole session while he raves and complains about the poor state of the world. It’s not that this wouldn’t feel good for him to let off steam, it’s just that your time to be helpful is so limited that

you have to keep him on track, or at least on the path that you believe is most useful.

You have no doubt that there is a lot of feeling going on for him right now, but he seems more comfortable focusing on the other guy rather than his own feelings. So, first step: What do you sense he is feeling? Forget about the content of the story, and stay with the affect.

He definitely sounds angry, but he also seems frightened. Even terrified. He just had a near-death experience, and even though he's acting like it was only a minor annoyance, you can tell that something about this episode has really gotten to him. His hands are shaking, and the intensity of his expression is way out of proportion to what actually happened.

You decide to stick with his anger first, and so you reflect that back to him: "You're infuriated that people like this guy can almost literally run right over you, as if you don't exist."

"It's the same old crap," he spits out with surprising vehemence, "that I have to face every day I go to work. People taking advantage of me. People don't care. They . . ."

Bingo. You're onto something.

Was this, therefore, the "correct" choice of feeling to focus on? There's really no way to tell for certain. One of the frustrating, confusing, annoying, overwhelming, exciting (pick one) aspects of this field is that there are so many choices you can make about what to do or say, and there's no way to know if any one of them was the best one. Of course, you can tell if what you did continues the deep-level exploration or not. At this point, though, you aren't sure whether to focus on the anger, or the fear that was stirred up, or some other area. Eventually, if you keep listening actively and if you continue to probe, to reflect back what you hear, see, sense, and feel, he will explore the areas that he most needs to at that time (see Table 5.3 for a summary of exploration skill options). Your job is to be patient, to act as a mirror of his experience, and to create an atmosphere that makes it safe for him to say out loud what he thinks and feels.

Try It Out

The best way to learn reflective listening is in small, successive steps. Find someone you can work with, either a classmate, a friend, or family member. Ask him or her to talk to you for a few minutes about anything—it doesn't have to be a big deal.

While the person is speaking to you, practice all your attending behaviors. Take a deep, cleansing breath so you can push aside all distractions, and give the person your full attention.

Table 5.3 Exploration Skills

Skill	Client Statement	Helper Response
Paraphrase	"I'm just not doing well."	"You're having a hard time."
Reflection of feeling	"It's just so tough being on my own."	"You're feeling really isolated and confused, beginning to question whether you made the right choice."
Open-ended question	"No matter what I do, I'm stuck."	"What do you imagine is the worst that can happen next?"
Summary	"I don't know. Maybe I'll give up."	"So you have some real concerns about your resilience, whether you can bounce back after so many setbacks. You also have talked about the doubt and confusion you feel."

During this conversation, you are only allowed to do three things:

1. Nod your head a lot and show the person you are listening.
2. Paraphrase at times to reflect back the content of the communication.
3. Make an effort to reflect the feelings you hear as well.

It would be best to start with a simple structure. Use the "stem" sentence, "You feel . . .," and then fill in the blank with a feeling word. The conversation should go something like this:

Friend: "I've just got so much work to do and just no time to do it all."

You: "You feel, uh, tired."

Friend: "Well, no, I'm not so much tired as I am nervous about how I'm doing in school."

Isn't this beautiful? You can be flat-out wrong, miss the mark, and it still leads to more exploration. That's why this is such a powerful skill!

You: "You're feeling scared."

Friend: "I just don't know if I'm cut out for this sort of thing."

That was pretty superficial, but again, it doesn't matter much. You are showing you are listening just as carefully as you can. You definitely get points for trying, as your clients will forgive you for being wrong or missing the point as long as they sense you're trying.

You: "You're feeling some doubt about whether you made the right choice."

Friend: "Well, how is a person supposed to know if what they're doing is the right thing or not?"

This time, you broke from the simple structure a little, reflecting back not only the feeling you heard, but also the reason attached to it. Now you face a trap of sorts: It seems like you've just been asked a question. But you're going to still ignore the question and go after the feeling behind it. You'll also try to summarize or paraphrase what you've heard so far:

You: "You're really questioning whether you've made the right choice to do what you want. You're wondering if it might be too late to change your mind, and you're feeling scared that you might be committed to a course that really isn't right for you."

That wasn't too hard, was it? Actually it was. Go out and try these basic reflective skills with several different partners. If possible, record the brief conversations so you can review your performance afterward. Trust me: Your first efforts will not go nearly as well as you hoped. You will feel awkward and artificial. You will feel terrified of saying the wrong thing. You may panic and not know what to say. That's fine, though. What is so great about this style of helping is that you put the ball in the other person's court to solve his or her own problem. Your job is not to fix things, but to create the kind of relationship and interactions that are conducive for a person to solve his or her own problems.

Facing Silence

People "speak" in many different ways, often with words, but also with their nonverbal behavior, facial expressions, and body language. Silences can mean many different things, depending on the situation. Some silences are productive and useful, in that people are thinking about stuff, personalizing

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previous points that were made, and reflecting on where and how they want to go next. Other times, silences can signal confusion or resistance. Your first step will be to make sense of the silence and decide whether it requires some sort of intervention (clarification, probe, structure) or whether it is best to let things sit for a while.

Beginning helpers often feel the need to fill every silence with another question, and they tend to talk too much out of nervousness. Although it is true that silences can sometimes last far too long, you do not want to get in the habit of rescuing people every time the conversation lapses. Instead, you want the client to feel responsible for what happens. It is thus a critical relationship skill to refrain from talking at times, to let silences ferment, and to communicate that it is not your job to keep things going.

Depending on what the silence means, you might do one thing or another, attempting to address the underlying communication: resentment, anger, confusion, enlightenment, or whatever. Generally speaking, the best course of action to take when you face silence is to wait it out (unless you are reasonably certain that something else is going on that requires more forceful intervention). Not only will this give you time to plan your next move, but it lets the other person know that he or she is the one that must move things forward. For this strategy to work, however, you must not only keep your mouth shut, but also appear as if you are relaxed, unconcerned, and willing to be endlessly patient. This is not an easy task when you are actually churning inside, on the edge of panic, screaming inside your head: "Say something, damn it! Why are you just sitting there?"

Resist the impulse to do something. Take a deep breath. Study the situation. Wait to see what unfolds.

There is a point, obviously, when it's clear that the other person intends to outwait you. There may be a game going on, a competition for control, or as was mentioned earlier, perhaps the person just doesn't understand what you expect or what you want.

Next, you can try reflecting what is going on, or what you believe is going on: "You don't seem to have much to say."

Because you might still face more silence after that remark, especially with someone who is being resistant, you'd better be ready with your next response. Don't worry, though: During the passing minutes, you have plenty of time to rehearse what to say next. I've lived through 45 consecutive minutes of complete silence (except for a few grunts) from some especially surly adolescents.

Next, you can try leading things in another direction: "Let's move on to another topic because this one seems done." If that doesn't work, there is always something else you can try. There is no single, foolproof strategy to

use with silence, except to remember that it can be useful, as well as excruciatingly endless. You will find it helpful to increase your tolerance for silence, withholding the urge to fill every space with noise.

Establishing Goals

You've been listening and exploring for a while. You have reflected the content and feelings you've heard. You probed areas that seemed especially important. You asked relevant questions to gather needed information. You've worked on building a solid alliance. You have assessed the risk potential. You have some preliminary diagnostic impressions.

Unless all the preceding activity has taken place in a single meeting, then you have also had time to do some homework. You've consulted some books and colleagues about what you've learned. They have probably gotten you thinking about other areas to explore further, as well as other possibilities of what might be happening with your client.

Now it is time to move the person to some sort of goal definition. Given that these problems are present and that you know something about their origins and effects, what does the person want to do about them? You can be unhappy in a relationship and decide on a number of different courses of action: You want to make things the way they were, you want out, you want to resolve the present struggles but not get into other areas, you want to use the current issue as a means to make the relationships stronger, or maybe even you decide not to do anything at all at this time. In any case, you need to help the person clarify what it is that is desired most. Keep in mind that there is usually more than one goal that is possible.

When helping people set goals for themselves, there are a few things to consider:

1. *Make the goals specific.* Unless you can specify what the person will do, when he or she will do it, how often, and in what circumstances, it's difficult to tell whether it was accomplished. For someone who says that he wants more control over his life, you might help him declare more specifically that he intends to exercise more control over his eating patterns. In particular, he agrees to restrict himself to a calorie intake of 1,500 per day, six out of seven days.
2. *Make the goals realistic.* There is nothing more discouraging than setting a goal that can't be attained. You want to build successful experiences for people, as much as possible. Help establish successive, baby steps toward the ultimate objective. If someone has not exercised a single day in the previous months, it is a setup for failure to construct the goal of working out for an

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hour every day. It's far better to start in smaller, bite-size pieces, perhaps walking for a minimum of 20 minutes, three times per week. If the person goes beyond what was agreed, all the better, but at least there is a greater likelihood that it will be accomplished.

3. *Make sure the goals declared are actually relevant to the major issue.* In your zeal to help the person come up with something concrete (like a diet or exercise program), you may miss the salient point of the struggle. Ideally, the goal should reflect some sort of action taken that is connected to what was discussed. For instance, a child has not been completing her homework on a regular basis because of feelings that her efforts are wasted and that she'll never get into college or even find a decent job. It would probably not be appropriate to urge this child to commit herself to turning in homework assignments when the real issue has to do with motivation. Perhaps in this case, the goal might be related to finding evidence to support or refute her erroneous assumption that the future is hopeless. This might not be as specific as a commitment to turn in homework assignments two out of five days, but it does address more closely the deeper problems that need to be explored.
4. *Negotiate the goals as a team.* One mistake beginners often make is being too directive and prescriptive: "Maybe what you could do after the session is go home and talk to your parents about what you have decided." That might very well be an excellent idea, but people tend not to be as committed to following through on assignments given to them by others, rather than those they come up with on their own (with a little help from you). I don't know how many times I've heard clients return to the next session with an apologetic grin and say, "Gee, I'm sorry. I forgot to do the homework you gave me." I am then quick to correct this misperception: "Excuse me. But I didn't give you that homework. *You* decided that was what you wanted to do. But I guess you changed your mind, huh?" I love being able to throw that back at them, that their failure to follow through is a choice they made, not a way to get back at me because they are feeling pushed.

It may take you a bit longer to negotiate goals with a client, but in the long run, it's worth it so it's clear that the choice to meet the goals or not is up to the person. At the same time, you are also teaching the client how to do this for himself or herself in the future. One of the general goals of counseling is to help people to learn the process so they can internalize the procedures in such a way that they don't need to come running back every time they have another problem in the future.

The negotiated goal-setting dialogue would involve the use of all the skills we've covered so far:

Helper: “So far, we’ve covered a lot of ground talking about your reluctance to be assertive with others, especially authority figures. We’ve also talked about how you learned to be this way from watching your parents in action. How would you summarize what we’ve done?” [Open-ended question asking the client to continue summarizing]

Client: “That’s about it, I guess. Plus I thought it was interesting the way being so unwilling to stand up for myself has held me back from so many opportunities.”

Helper: “There are actually a few other things you mentioned as well—problems at work, uncertainty about the future, concerns about your mother’s failing health—but let’s concentrate first on that issue of being assertive.” [More summarizing; focusing]

Client: “Sounds good.”

Helper: “Okay, so what would you like to do before I see you next?”

The helper realizes that what clients do between sessions to act on what they’ve learned is probably more important than the talks themselves, which are designed primarily to promote constructive changes. Using another open-ended question, she gets the client thinking about how to convert a general discussion into some specific action that can be taken.

Client: “I don’t know.”

This is such a typical response! Most people don’t, in fact, know what to do or how to do it; if they did, they wouldn’t have solicited help in the first place. Be prepared for this less-than-encouraging answer:

Helper: “I was just thinking about some ways you could apply what we’ve been talking about to your life.”

Client: [Blank look]

Helper: “We need to come up with something you can do this week that would help you feel like you were making progress toward being more assertive in your life.”

Notice the use of the pronoun, “we,” making clear that *we* are working on this together: *You* are not alone. Slowly, the helper is introducing the idea that it will be expected for the client to do something constructive.

Client: “I guess I could . . . I’m not really sure . . .”

Helper: “You’re finding this hard to do. It’s like you want to do a good job with this, but you don’t want to disappoint me.”

Client: [Looks away, then down at the floor, shuffling feet, obviously uncomfortable]

This is a good use of reflecting feelings, taking the time to hear and respond to the client’s fear of failure. It’s entirely possible, if there was time (which there often isn’t), to detour for a little while and explore these feelings further. Because time is limited, the helper pushes further:

Helper: “I know this is hard the first time we do this. What I’m hoping we can do is work together to come up with something you could do, something that would help you to feel that you are really changing your old patterns.”

Client: [Looks up hesitantly] “You mean, like, maybe I should go up to mother and tell her I don’t appreciate her meddling so much in my life?”

This strikes you as a ridiculously improbable idea. It would never work. This client has never stood up to his mother before, and you know it isn’t a norm in this family to speak out like that. You want to lead the client to settling on a goal that is much more realistic and attainable:

Helper: “Yeah, something like that. I was wondering, though, if you could think of something that might be a little easier to tackle the first time.”

Client: [Laughs]

Helper: “You know, maybe something to do with your best friend you were talking about.”

The helper does have a general idea of where she wants to lead her client and the kind of goal she wants him to come up with. But rather than taking the easy route of just prescribing the homework, she’s guiding him to come up with it himself. Granted, this does take longer. But you are training the client to think in new ways. You are teaching new skills for how to (a) define a problem, (b) establish incremental goals, and then (c) follow through on commitments. You will make this a normal part of your work with people,

so they regularly come to expect that all future sessions will end with an invitation to summarize what was discussed, then to translate this conversation into some sort of action that can be completed before the next meeting. This also suggests the way you would begin all subsequent sessions—by asking the person to report on how things went. If the goal was reached, you can reinforce that behavior and move on to the next issue or the next incremental step toward the ultimate objective. If, however, the goal wasn't reached, then you can explore further what happened, and what that means.

There are several reasons why people don't complete their goals:

1. The goals weren't their goals in the first place, but they agreed with them to please you.
2. They are acting out toward you, punishing you in some way, by sabotaging themselves.
3. They decided that the goals weren't so important after all.
4. They faced unanticipated roadblocks that they couldn't overcome.
5. They became fearful of the consequences of acting and felt unwilling to accept the responsibility for this.
6. They were actively sabotaged by others in their lives who were threatened by the changes that were anticipated.

You would be amazed how often this last reason occurs. Friends and family members may very well declare passionately that they want your client to get better, but secretly they have their own agendas. If your client does change and become more assertive, for example, then it means others will have to make corresponding adjustments as well. Because this is hard work, it's often easier to undermine the person who is trying to break loose.

One warning: People will return with lots of excuses and reasons why they couldn't complete their goals. Don't take it personally, and don't accept the excuses. Most often, people will try to blame others or things outside of themselves for things not going the way they prefer. "It was the weather," or "I didn't have time," or "You wouldn't believe what happened" are common excuses. All you can do when confronted by such defensiveness is shrug, try to get the person to accept some responsibility for the failure, and then retrench and start again. At times, you will just have to let things go and conclude (based on consistent failure to complete declared goals) that the person isn't yet ready to move toward action. It may be time to continue with more exploration until the time is ripe. Meanwhile, you will need to stifle your own impatience and need for action: People change at their own pace, not yours!

Making the Transition to Action

Setting goals acts as a bridge between the exploration process described in this chapter and the action phase presented in the next one. It is one thing to help people understand their problems and gain insight into their origins, and it's another to motivate them to do something about the issues they are now aware of.

You will likely lose a few people at this point. Some individuals don't mind talking about things, but when it comes to taking decisive action, they would rather keep things the way they are. Even if life isn't ideal, at least it's reasonably predictable. The unknown is terrifying.

In some cases, you will have to recognize that this is as far as your client is ready to go. Accept this. Deal with your own need for action. Take steps to make it easy for the person to continue sessions at a future time.

"I notice that you seem reluctant to take action right now," you might begin. "That's fine," you reassure the person further. "You certainly have plenty to think about. We have covered a lot of ground rather quickly. You need time to digest all this, to make some decisions. You seem to realize that if you do initiate some action, it will set in motion a number of other consequences, a few of which you aren't sure if you want to deal with."

You may notice relief on the person's face at this point. In one sense, you are letting him or her off the hook, but in another, you are respecting his or her pace rather than imposing your own. "I just want you to know," you continue, "that whenever you're ready to take things further, I'm ready and available to help you do so." Now you have left the door open for future collaborations.

Assuming the client is ready to talk about goals and putting into practice what was understood and articulated, the next step is to prepare the person for the next stage. Lots of reassurance and support is important at this critical juncture. You may even wish to offer some feedback at this point, sharing your impressions about what you see and sense is going on. This is a good time for a summary as well, something along the lines as the following:

We seem to be at a point where you will have to decide what you want to do. You've said several times that you are quite unhappy with the way things are in your life, but I also sense that you aren't sure you know what you want to do about that yet. Perhaps it might be useful for us to sort out which specific things you are prepared to change right now versus those you are still thinking about. Where would you like to start?

Thus begins the transition toward action. Although not all the people you try to help even need to move toward resolution of specific problems, it still

helps to think in terms of where you can help people act on what they have learned. One of the criticisms about counseling, or any educational process, is that results don't often generalize from one situation to others. That means it's your job to help people apply what they are realizing and learning to as many contexts as possible.

For Review

- Thorough exploration must be completed before undertaking any action strategy.
- Internal attitudes and attending behaviors are used to stay focused and communicate interest and compassion.
- The most important helping skill involves listening actively and reflecting back what was heard.
- If you must ask direct questions, structure them so they are open ended and elicit maximum information.
- When responding to people, find a balance between attention to content and feelings.
- Whenever possible, goals should be specific, realistic, mutually negotiated, and relevant to the client's main concerns.

For Reflection and Practice

1. Record yourself practicing basic helping skills. Pay close attention to the things you do best, as well as weaknesses. Use the checklists in this chapter to compare your performance with what is most desirable. Review the tape with your instructor or an experienced helper who can provide you with feedback and suggestions for improvement.
2. Next time you are in a social situation with friends or family, introduce the idea of asking one another open-ended questions that are designed to promote greater intimacy. Take turns asking one another questions, or allow one person to take the "hot seat" until the point at which he or she is "stumped" by a question or refuses to answer.
3. Watch or listen to media interviewers on television and radio, paying particular attention to their exploration and questioning skills. Note what they do that cuts off communication as well as their methods that seem to elicit the most revealing information.
4. Get together with partners from class and practice the exploration skills in this chapter, giving each other feedback on what you liked best and least.
5. Set goals for yourself following the structure presented in the chapter. Once you feel comfortable with the process, practice goal setting with a willing partner who would like to make some changes.

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6. Go to the library and view demonstration videos of counseling and therapy sessions in action. Some of the most prominent practitioners have been recorded for teaching purposes. Get some recommendations from your instructor (and others) as to which are the best samples for beginners to watch.
7. Ask experienced helpers to conduct an exploration interview with you as the client. Debrief them afterward about what they did and why.

For Further Reading

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- Hood, A. B., & Johnson, R. W. (2007). *Assessment in counseling: A guide to the use of psychological assessment procedures* (4th ed.). Alexandria, VA: American Counseling Association.
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- Peterson, C. (2006). *A primer of positive psychology*. New York: Oxford University Press.
- Snyder, C. R., & Lopez, S. J. (2006). *Positive psychology: The scientific and practical explorations of human strengths*. Thousand Oaks, CA: Sage.