



2

Skills and Approaches

◆ Introduction

This unit is about interpersonal communication skills and their use within a structure, or framework, designed to help clients in counselling. Skills are the abilities helpers need to have, in order to work effectively with people. They are also central to the theoretical approaches to counselling described in subsequent units of this book. Different approaches to counselling place differing emphasis on the use of individual skills – but all, including the three main schools we shall outline in this unit, highlight such basic skills as listening as part of their repertoire.

Counselling skills, which are essentially good interpersonal or communication skills, can be divided into several components, verbal and non-verbal.

In addition to the verbal and non-verbal skills, however, there are other aspects of communication that have special significance when applied to counselling. These are skills that relate to the actual organisation of sessions with clients and include, among other things, opening and closing interviews, pacing and timing, establishing confidentiality, making contracts, setting targets and referring clients when necessary. Some of these skills will be addressed in this unit. The subjects of confidentiality, making contracts and referring clients will be considered in more detail in Unit 9.

The structure of counselling

Counselling is a process that requires a coherent framework or structure. This framework is necessary as a guide for both counsellor and client; although it is not always rigidly followed, it serves as a map or reference point in the practice of counselling. Egan (1994) offers a structural model of counselling that divides the process into three main components, as follows:

Stage one	Review of the present situation
Stage two	Development of a new or preferred scenario
Stage three	Moving into action

(Egan, 1994: 23)

Within each of these stages, Egan describes a number of skills that are commonly used. These are the skills we shall consider throughout this unit. Before doing so, however, it is useful to look more closely at Egan's stages, in order to identify the processes that occur in each. Stage one of the model refers to the initial phase of counselling, when clients are encouraged to explore their problems so that they may develop a deeper understanding of them. Stage two refers to the process of helping clients to identify what it is they want and need, in order to deal more effectively with problems. Stage three is the phase of action, during which clients

devise ways of actually dealing with problems. This stage may encompass a range of practical activities geared towards achieving results.

Egan divides his three stages into a series of sub-sections, all of which are discussed in his book *The Skilled Helper* (1994). However, another model of the stages of counselling may usefully look at what happens before clients even meet counsellors. The following example illustrates such a model:

Stage one	Pre-contemplation: the client thinks about getting help
Stage two	Establishment of contact: the client either contacts a counsellor or is referred to one
Stage three	Imagining the relationship: the client forms a picture of the counsellor and of the relationship that will be formed
Stage four	Client and counsellor meet: a range of pressing issues is discussed where emotions surface and catharsis may occur
Stage five	Clarity and focus: problem situations become clearer to the client, who experiences a diminution of tension and a feeling of being understood
Stage six	Other issues: related problems from the past may surface and need to be addressed
Stage seven	Management and change: ways of addressing problems are discussed and considered
Stage eight	Apprehension about change: fears are expressed about the effect of change; these are discussed between client and counsellor
Stage nine	Achievement: the client moves into action and achieves some changes
Stage ten	Ending: the relationship between counsellor and client comes to an end; the client is more autonomous and is able to cope alone

It is possible to add yet another stage to those already listed, because many clients remember the counselling process long after it is over. This memory then serves as a guide or template for future reference so that similar problems, when they occur, may seem less daunting and are approached more confidently by clients. The relationship a client forms with a counsellor is also significant in this respect and even if further meetings never take place, the client is aware that he or she is capable of sustaining similar bonds.

KEY TERM

Structural model: Regardless of the theoretical approach, counselling needs a framework in order to provide structure for the process. This framework begins with a contract between counsellor and client, but is more extensive than this and includes consideration of the various stages of counselling and the skills and processes which are relevant to them.

Although not all client experiences are identical in counselling, it is important to recognise that certain stages of development are likely to occur.

Most clients experience a beginning phase, where they seek to make sense of their problems, a middle phase, during which they consider what to do, and a later stage, where they start to act.

On the other hand, some clients come into counselling only briefly, and leave once they have been given the opportunity to explore their problems in the presence of someone who really listens. Such clients frequently identify ways of coping with problems early on and, when they have made this kind of identification, feel able to formulate and implement courses of action fairly quickly.

However, the following case study is an example of one client who progressed through a number of different stages in the process of counselling.

CASE STUDY

Bethan

Bethan, who suffered from anxiety and panic attacks, was referred to counselling by her GP. She was in her mid-30s, and worked as a manager in a factory outlet. This was a responsible job, which demanded a high level of commitment. Bethan, who described herself as a 'perfectionist', became increasingly anxious about meeting customers and dealing with junior staff.

Bethan asked her GP about the possibility of counselling, so she had obviously contemplated this course of action for some time. However, before her first appointment she was tempted to cancel it, because her imagined view of the counselling relationship had gradually become a negative one. She believed the counsellor may be 'bossy' and tell her what to do, and this idea increased her anxiety considerably. Bethan had experienced problems with her mother in early life, and she later realised that there might be a connection between this fact and her concerns about control by a counsellor.

When she actually met the counsellor, however, Bethan talked at length about her vague feelings of anxiety and the panic attacks she had been having recently. While she talked, Bethan also expressed a great deal of emotion and afterwards felt relieved that she had been able to unburden herself in this way. In later sessions, she was concerned to identify the causes of her anxiety and feelings of panic. She was also able to make important connections between some aspects of her childhood experience and her current situation as a manager at work. Bethan's family had been poor, and she was often sent out to collect money from neighbours who had bought items from her mother's catalogue. These neighbours were frequently offensive or verbally abusive towards her, and when she returned home without the money, her mother also became angry and rejected any explanations she gave.

At work, customers were sometimes hostile, too, especially when they owed money to the firm and were unable to pay it. Any confrontations with customers, or even the thought of such confrontations, were the basis of intense anxiety and sometimes panic for Bethan.

Once she had established these connections between past and present, however, she felt more in control of her feelings generally. With the help of the counsellor, Bethan was able to devise ways of adjusting her thinking in relation to customers,

CASE STUDY Cont...

and though she was fearful of changing her approach, she did, in fact, manage to do so. Bethan withdrew from counselling once she felt sufficiently confident to deal with her problems.

Comment: Many of the stages highlighted in the model described earlier are apparent in this case study. Bethan did, in fact, experience a pre-contemplation phase, and her fantasy about the nature of counselling almost prevented her from attending the first session. She experienced both emotional relief and greater clarity, as a result of talking through her problems. Afterwards, she was able to identify important links between past and present, and these served to increase understanding, diminish tension and offer some possibilities for management and change. Bethan's view of her work with customers was changed as a result of counselling, and she felt more in control of her responses generally. Both Bethan and the counsellor had worked through a contract of six sessions and, when these were over, Bethan withdrew from counselling, sufficiently confident that she could manage her problems alone.

Theoretical approaches in counselling

Later on in this book, we shall consider some of the theoretical approaches to counselling that are especially helpful for clients who, like Bethan, experience emotional problems when communicating with other people. At this stage, however, it is useful to look at the three main approaches, from which all the others have evolved. These are as follows:

- psychodynamic approach
- behavioural/cognitive behavioural approach
- humanistic/person-centred approach.

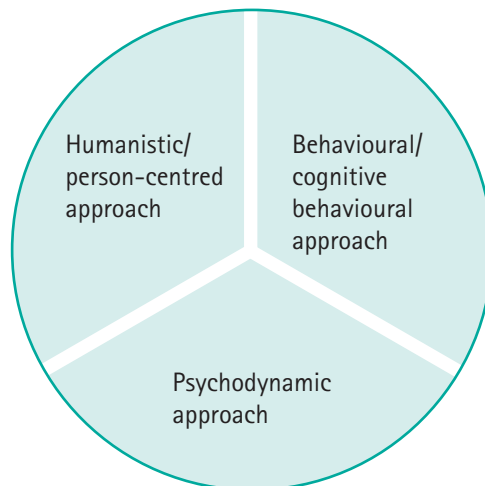


Figure 2.1 Three main approaches to counselling

KEY TERM

Theoretical approach: Each model of helping is informed by a set of theories about human development and personality. These theories underpin the skills and techniques used by practitioners of the model, and they also determine the kind of training needed to qualify in that approach.

The psychodynamic approach

The psychodynamic approach to counselling stems from the work of Sigmund Freud (1856–1939). Freud's theories will be discussed in much more detail in Unit 3. In the meantime, it is important to highlight the fact that almost all contemporary approaches to therapy owe at least something to Freud's pioneering work. Ideas which are central to psychodynamic theory include those of unconscious motivation, psychosexual stages of development, innate sexual and aggressive drives, links between childhood and present behaviour, and the nature of defence mechanisms and their use.

All contemporary theoretical approaches acknowledge the influence of the past on the present, and all are aware of the various ways in which people seek to defend themselves against unpleasant experience. In addition, all contemporary approaches are concerned to help clients identify the often hidden (or unconscious) factors that can influence behaviour. Relationship difficulties are also highlighted in diverse current theories, and links between childhood and present experience are explored when, and if, clients request such a focus. The degree to which these factors are considered important varies within each school, as we shall see in the following units.

The behavioural /cognitive behavioural approach

This approach to counselling is based on the work of a group of behavioural psychologists who were interested in the nature of human learning. It is concerned with the observation of human behaviour and the way in which behaviour is perpetuated throughout life by the process of 'reinforcement'. Important behavioural psychologists include Pavlov (1849–1946), Watson (1878–1958) and Skinner (1904–1990). The behavioural approach views human personality as a collection of learned behaviours. This means, in effect, that when we are rewarded for certain types of behaviour, we tend to repeat them. When we are not rewarded, however, the behaviour tends to diminish. Maladaptive behaviour can be perpetuated through reinforcement, so a focus of behaviour therapy (or behaviour modification, as it is sometimes called) is identification of the ways in which problem behaviour is maintained. When this identification is made, techniques can be used to change the problematic stimulus–response pattern.

There is some similarity between the psychodynamic approach and the behavioural, since both emphasise the importance of conditioning in early life. However, behaviourism, unlike the psychodynamic approach, is concerned with observable behaviour. Techniques used in behaviour modification are also quite different, and some of these have been adapted for use within other approaches too. Behaviour therapy has, like psychodynamic theory, been influential in the way its skills and techniques have been taken up by other theoretical schools.

We noted in Unit 1 that cognitive behaviour therapy is an empirically validated approach to counselling (Yalom, 2004). This means that the approach has been extensively researched and shown to be effective in dealing with a range of personal problems. The cognitive behavioural approach is, as its title implies, concerned with a person's thinking and the way in which it affects his or her behaviour. Thus, it extends and enhances the purely behavioural approach, which was almost exclusively concerned with learned behaviours and the observation of behaviour. Within the health service, in particular, the cognitive behavioural approach is now seen as an effective form of talking therapy. This is largely due to the fact that cognitive behavioural therapy (CBT) has been shown to help a wide range of psychological problems, including anxiety disorders and depression, as well as other health problems outlined by Cooper (2008).

In Unit 8 we shall look in some detail at both the behavioural and the cognitive behavioural approaches to counselling.

The humanistic approach

In many ways, the humanistic approach is diametrically opposed (in terms of ideology) to both the psychodynamic and behavioural traditions. This is because the humanistic view emphasises the innate potential every person is believed to possess. It also highlights what is known as the drive towards self-actualisation (Maslow, 1970; Rogers, 1991). Personality is seen as unique to the individual, and problems are set in the context of each person's unique experience. Important names in the humanistic tradition include Carl Rogers (1902–1987), Abraham Maslow (1908–1970) and Fritz Perls (1893–1970). The influences of these theorists will be discussed in greater detail in subsequent units.

Gerald Egan, whose structural model we have referred to in this unit, was also influenced by the philosophy of humanism and, more specifically, by the work of Rogers. Some of Rogers' ideas have been incorporated into Egan's systematic approach, which is described in *The Skilled Helper* (1994). Rogers and Maslow believed that human behaviour is determined by conscious, as opposed to unconscious processes, a view which is vastly different from the Freudian position. The behavioural approach is also different, since it focuses on learned behaviours that operate in a fairly mechanistic way. In addition, this approach indicates that human behaviour is best understood when it is viewed objectively, from a purely external point of view.

This belief is at odds with the philosophy of humanism, where the central focus for understanding human behaviour is on subjective and individual experience. The humanistic movement in therapy has exerted significant influence in other areas, including education and the helping professions.

EXERCISE

Theoretical differences

Working individually, consider the three main theories that have been outlined. What, in your view, are their strengths and weaknesses in their assessments of human behaviour and potential? Discuss your ideas with other members of the training group, and indicate ways in which all of these theories may contribute towards our understanding of clients.

Counselling skills

Having considered the three main branches of counselling theory, we can now look at the skills and counselling abilities common to all. Counselling skills can be divided into the two principal components of verbal and non-verbal communication. In this first section on skills, we shall discuss the significance of non-verbal aspects of communication in counselling, with special reference to the substantial influence that non-verbal behaviour exerts in the therapeutic environment.

Listening

Active listening is a term commonly used in relation to counselling. Egan (1994) lists several factors that are necessary for complete listening, and these include the observation of clients' non-verbal behaviour, as well as understanding verbal content and meaning. It goes without saying that the 'way' something is said is just as important as the actual words spoken. This last point is especially relevant in the counselling context, for clients often have difficulty in finding exactly the right words to express the way they feel. In these circumstances, accompanying non-verbal cues sometimes speak much more eloquently than words. Listening and attending are, therefore, skills that always go together in counselling. This is because it is not possible for counsellors to give clients their full attention without actively listening to them.

Attending to clients incorporates many of the non-verbal skills listed at the beginning of this unit. It is not just client non-verbal behaviour that we need to consider therefore. The counsellor also communicates to the client, and much of this communication is conveyed without words. Active listening is probably the most effective form of communication a counsellor uses, but it is also frequently underestimated by many people. Listening is commonly regarded as a passive rather than an active skill, and you will probably be surprised to discover just how much effort is required to develop it. An outline of some of the distracting factors that impede active listening is shown below.

Obvious external factors	Examples include noise, interruption and physical discomfort.
Response rehearsal	This happens when we become preoccupied with what we would like to say in reply.
Fact finding	This refers to the practice of searching for details and facts, instead of listening to the overall message the client wishes to convey.
Being judgmental	Some listeners are concerned to make mental judgments about the speaker's behaviour.
Problem solving	You may find that when you first practise listening skills, you are tempted to solve the client's problem in your own head. This is something which precludes real listening.
Imposing a personal view	This happens when the listener fails to hear the central feeling a client is seeking to express.

CASE STUDY

Christine

A middle-aged woman, called Christine, wanted to talk about some of the problems she had experienced just before her mother's death. At first she talked to her sister and later to a minister of religion, who was also trained in counselling skills. In the following exchange with her sister, she broaches the subject of her mother's apparent rejection of her.

CHRISTINE: I know I seem to go over this again and again, but I simply can't come to terms with the fact that she told me not to kiss her when she was dying. It is something I can never forget.

SISTER: Well you know she was never a tactile person. She was not one for showing physical affection.

The next exchange took place between Christine and a minister of the church she had attended.

CHRISTINE: I think about it again and again. Just at the end she turned away from me and rejected the affection I wanted to show her.

PRIEST: Causing you real distress and sorrow . . .

CHRISTINE: Yes.

Comment: In the first example, the response given ignored the central feeling of distress the client was trying to convey. In addition to ignoring the feelings expressed, the listener also imposed her own view or interpretation of events and, in doing so, seemed to discount what her sister was saying. The second example, however, shows how the client's feeling were immediately picked up and acknowledged, much to her relief.

CASE STUDY Cont...

It should be added that the first example highlights the fact that relatives seldom make good counsellors. This is because they are also often emotionally involved in the problem, and they may not have any training either. Acknowledgement of strong feelings requires active listening, and relatives, who may also be distressed themselves, are seldom in a position to extend this skill when it is needed.

Other factors that inhibit listening

There are many other factors that work against active listening, including over-identification with the client or the client's problems. Once again, this highlights the importance of self-awareness for counsellors, since it is only through awareness of our own areas of vulnerability and prejudice that we can hope to avoid this kind of over-identification (which often includes sympathy). The essential differences between sympathy and empathy will be highlighted in Unit 5, but it should be noted here that sympathy is not appropriate in therapeutic counselling. This is because it is an attitude that tends to be superficial, requiring very little effort to demonstrate. It is also fairly easy to simulate and is often extended in an unthinking or perfunctory way when people are distressed.

Listening is by far the most important skill in counselling. It is never easy and requires enormous discipline, self-control and an attitude of heightened receptivity. Active listening assures clients they are heard and that what they say matters a great deal. When we don't listen to people we fail to make any real emotional connection with them.

Many clients who seek counselling have never really been listened to. Their parents may have failed them in this respect, and later on at school, or in the work situation, they may not have been heard either. It is sometimes the case that people hide a painful secret for many years which, as Weinberg (1996: 175) says, 'may seem commonplace to us' but is monumental to the owner. Such people are given the courage to reappraise the problem, providing someone gives time, attention and the skill of active listening to help them do so.

EXERCISE**Appropriate responses**

Working individually, look at the responses (A to D) to each of the following five statements. Can you identify responses that seem appropriate and those which do not? Afterwards, discuss your findings with other members of your training group.

- 1 My father was often away from home when I was a child, so I never really got to know him.
 - A That must have been very hard for you.
 - B It happened to a lot of people at that time.

EXERCISE Cont...

- C** He was almost a stranger to you.
D It wasn't your fault though.
- 2** A year ago my husband had an affair with another woman.
A When did it begin?
B It reminds me of something that happened to my friend.
C You must have been devastated.
D Would you like to talk about it some more?
- 3** My sister had to go into a hospice in the end because we couldn't look after her.
A That must have been awful for you.
B She was too sick to be cared for at home.
C She will have been cared for really well in the hospice.
D Most relatives are relieved when that happens.
- 4** When I had the accident with the car, everyone assumed it was my fault.
A Nobody listened to you.
B Were you insured?
C You poor thing.
D How will you manage without the car in the meantime?
- 5** I'm trying to balance my studies with a full-time job. The kids are at an awkward stage, and they don't help much in the house. My husband is exhausted when he gets home.
A It feels as if everything is down to you.
B Could you do a rota so that everyone has to chip in?
C Why not give up the studies until later?
D I think you are trying to do too much.

EXERCISE**Blocks to listening**

Working individually, look at the following list of factors that could affect counsellors, and consider their possible effects on their ability to listen. Factors may include:

- ◆ tiredness and stress
- ◆ personal problems
- ◆ minor illness or pain
- ◆ similar experiences to those described by the client
- ◆ total dissimilarity of experience to that described by the client
- ◆ cultural, religious or social differences.

Non-verbal communication as an aid to listening

Egan (1994: 91) describes what he refers to as ‘microskills’, which helpers can use when working with clients. These skills are summarised by Egan in the acronym SOLER. This acronym should help you to remember those aspects of non-verbal behaviour which encourage active listening, and it is used in the following way:

- S** Sit facing the client **Squarely**. This assures the client that she or he has your attention.
- O** Be **Open** in your posture. Do not close yourself off by rigidly crossing arms and legs.
- L** **Lean** slightly towards the client in an attitude of interest.
- E** **Establish Eye** contact with the client, but avoid staring.
- R** **Relax** and don't fidget. Try to adopt a natural posture in relation to the client.

(Egan, 1994: 91–2)

It is obviously difficult to be totally relaxed and unselfconscious, especially at the beginning of skills training. In addition, a position you consider to be relaxed and comfortable may not be exactly the same as that described above. Some people feel more comfortable when sitting slightly to the client's side. This kind of seating arrangement has the advantage of conveying strong subliminal messages of support to the client. In other words, it is one way of saying ‘I am on your side’. However, it may be more difficult to maintain eye contact in this position.

The important thing to remember is that your attention should remain with the client, and whatever seating arrangement facilitates this is the right one to use. Obvious barriers such as desks and tables should not intrude between client and counsellor, and the overall atmosphere of the setting in which counselling takes place should be comfortable, uninterrupted, and private.

EXERCISE

Social listening

One way of developing your listening ability is to practise in social situations. Concentrate on what people are saying, paying special attention to accompanying gestures and tone of voice, facial expression and any periods of silence in the speaker's delivery.

Note also the speaker's effect on those listening. Do people appear interested or do they seem bored, for example; and, if so, why might this be. How do you listen when others speak to you? How do other people seem to listen when you speak to them?

CASE STUDY

Really listening

Helena lived with her partner in the country and often socialised with a group of friends from work. Members of the group would take turns to cook meals and invite the others round. One friend (Emma), who lived alone, started to call on Helena unexpectedly, and often stayed late into the evening to talk. Because Helena was busy in the evenings, she only 'half' listened to what Emma was saying, but she was aware that her friend talked a lot, often without seeming to pause for breath.

Emma's husband had left her for another woman; she was now alone and regretful that she had not left her husband first, since the relationship had been dysfunctional for years. Though Helena did not give her full attention to what her friend was saying, she was aware that Emma was angry, depressed and desperate for support.

Finally, one evening when Emma called, Helena (who was not a trained counsellor) decided to set her evening's work aside and really listen to her friend. This attention and listening had an instant effect on Emma, who began to speak in a more focused and thoughtful way. She described her feelings again, this time making links between her current situation and memories of the trauma she had experienced aged six when her father left home.

Helena, in turn, became more interested in Emma's personal story and felt closer to her as a result. She suggested that Emma seek help for her depression and counselling support, via her GP practice. The two friends remained in contact and Emma was able to get the support she needed.

Comment: This case study illustrates the importance of active listening. When Helena decided to listen with interest to her friend, Emma sensed this and felt calmer as a result. She was able to recount and clarify her story in a way that opened up the possibility of seeking the help she needed. Even though Helena was not a counsellor, she was aware at an instinctive level that people who talk a great deal are often desperate for someone to listen with real interest.

The importance of active listening in counselling is stressed throughout the remaining units of this book.

Gestures and touch

You will probably feel quite self-conscious when you first start to practise counselling skills. When video practice is used as an aid to training, students are often disconcerted to see the extent to which they use nervous gestures or movements while listening to each other. Although it is not very pleasant to see this at first, it is nevertheless helpful in the long term, since it serves to identify faulty communication styles that can be remedied.

Excessive use of gestures can create uneasiness between client and counsellor, so counsellors need to minimise these as much as possible. Clients may be anxious and restless initially, but when counsellors 'model' attitudes of calm and stillness, clients often become more relaxed as a result.

The issue of touch is problematic in relation to therapeutic counselling, and in most instances touch is considered inappropriate for a variety of reasons. There are, for example, clients who have experienced physical or sexual abuse in the past and they may, as a consequence, be fearful of this kind of contact.

Student counsellors who already work with clients or patients in other settings, like nursing for example, may use touch routinely in their work. However, in these contexts, touch is used impersonally and is unlikely to be misconstrued by the people they help. In contrast, clients in therapeutic counselling may misinterpret any touching that takes place, precisely because it is not, strictly speaking, an essential or integral component of that relationship. This is not to say that some tactile expressions of support are never extended by counsellors. Individual counsellors vary a great deal in the way they use touch and in the ease with which they do so.

Cultural differences are important here, too, since what might feel comfortable for one group of people may be less so for another. All these differences highlight the earlier point that tactile communication needs to be carefully considered before it is used, and when any element of doubt exists it is best avoided altogether.

In discussing non-erotic touch, Cooper (2008: 147–8) makes the point that though research into physical contact is at an early stage, evidence so far suggests that it can be perceived as ‘both helpful and unhelpful by clients’. But these client perceptions depend on the context in which touch is used, as well as the way in which it is used. It should be added the British Association of Counselling and Psychotherapy (2013), makes it clear in its *Ethical Framework* that any kind of sexual activity in counselling (and this would include sexual touch) constitutes exploitation of clients and is prohibited.

Silence

In order to listen effectively it is, of course, necessary to be silent. Just being silent is not enough, though, since clients need to know that the counsellor is interested and paying attention to them when they speak. This means that you need to show by your demeanour that you are, in fact, ‘with’ the clients in everything they say. Silence is another aspect of communication you may feel self-conscious about at first and, when you are uncomfortable in this way, there is always a temptation to fill in the spaces, either through asking questions or finishing the clients’ sentences for them. However, you should remember that clients often need periods of silence in order to collect their thoughts, or as a way of experiencing a very strong feeling or emotion. If they are not allowed to do this, they will almost certainly regard any intervention as intrusive and insensitive. Clients communicate a great deal through silence, both to themselves and to counsellors. As well as this, clients frequently refer to silence afterwards and, in doing so, effectively clarify aspects of their problems that may have been obscured in the past.

EXERCISE**Feelings about silence**

Working in groups of three (triads), discuss your attitudes to silence. Start by looking at the following statements, then say how you feel about each.

- 1 Prolonged silence makes me feel uncomfortable.
- 2 When there is a lull in conversation, I am tempted to say something to fill in the gaps.
- 3 I often feel tempted to finish other people's sentences.
- 4 Sometimes when I am silent and on my own I feel relaxed and can think more clearly.
- 5 Silence is an essential aid to self-listening, and to listening to others.

The counsellor's appearance

Counsellors, like their clients, reveal much more about themselves than they think. Personal values, and even mood, are often discernible in a person's dress and appearance, and someone who appears scruffy and unkempt is unlikely to retain the confidence of clients. On the other hand, an excessively glamorous or suave appearance might inhibit some clients, especially those who experience problems in relation to body image or personal looks.

However, no style of clothing or dress has the same meaning for everyone, which suggests that counsellors should probably dress in whatever way is most comfortable for them personally. There are, moreover, certain areas of counselling in which casual dress seems most appropriate. Counsellors who work with underprivileged groups of people, or with those who have problems in relation to substance abuse, often feel most at ease with their clients when dressed informally.

Probably the only hard-and-fast rule pertaining to counsellor dress and appearance is respect for clients. Counsellors have to be true to themselves, but they also need to dress in ways that inspire some confidence in their ability and competence.

EXERCISE**Designing a room**

Working individually, draw a plan of the type of room which, in your view, would be suitable as a counselling base. Pay attention to such aspects as the arrangement of furniture, position of a clock, lighting and window position, and colours.

Afterwards, compare your plan with those drawn by other members of the training group, and discuss why you included or excluded certain items or furnishings in the room. Would it be appropriate to display family photographs, for example? If not, why?

Verbal communication

Reflection

The word 'reflection' refers to the skill of communicating back to clients that their words and feelings have been heard. Carl Rogers (1991) emphasised this particular skill initially, although counsellors and therapists of almost every theoretical school now place a high value on its use. Reporting back to clients what they have said is one way of indicating that we are listening carefully to them. In a sense, the skill of reflection is like holding a mirror in front of clients so that they can see themselves more clearly. Reflection, if it is to be effective, should be done unobtrusively so that the client is hardly aware that it is happening.

The concept of empathy is closely linked to reflection, because effective reflective responses are those which stay within the client's 'internal frame of reference' (Rogers, 1991: 29). To stay within clients' internal frame of reference means listening to and understanding the problem or problems from their point of view or experience. The following is an example:

LIZ: My mother told me that I was adopted when I was 13 years old. After that I went wild for a while . . . running around with a bad crowd . . . I didn't know who I was any more . . . my world fell apart.

COUNSELLOR: You were lost and confused.

LIZ: Yes . . . and it took me ages to get it all on an even keel again. Actually, I haven't . . . got it on an even keel, I mean. I feel dislocated . . . I still feel lost in some ways.

COUNSELLOR: There is still a sense of things not being right for you . . . of missed connections.

LIZ: Parts of the story are missing . . . large parts. I want to meet my natural parents, yet I'm terrified too . . . terrified that they might not want to know me.

COUNSELLOR: The fear of the unknown . . . and of possible rejection . . . these are the things which cause you the most anxiety.

LIZ: Yes, and this fear keeps me from doing anything.

The counsellor's responses to this client were framed in a way that kept the focus of attention on the emotional content of what the client was saying. This meant that the client felt free to express her deepest fears and anxieties, since she was aware that the counsellor respected and validated these. In her responses, the counsellor also focused on 'feeling' words including 'confused', 'fear', 'rejection' and 'anxiety'.

Clients are sometimes afraid to acknowledge strong feelings, in case the listener becomes distressed on hearing them, or they themselves become overwhelmed by them. When strong or negative feelings are validated in counselling, clients often experience great relief. Such relief is frequently the first step towards clarification and management of the problem.

Paraphrasing

The word ‘paraphrasing’ refers to the rewording of the content of what clients say. Reflection and paraphrasing are very similar; the difference between them being that the former is generally used to describe a rewording of the emotional content, while the latter is mainly concerned with the factual. However, it is certainly not always easy (or necessary) to separate these two activities. Some distinction is necessary though, because the two words are often used interchangeably in counselling literature, and this can occasionally prove confusing for students. When responding to clients, it is obviously best to do so in a way that does not simply repeat verbatim what has just been said. It is helpful to practise the skill of paraphrasing by concentrating on the content first, and later on incorporating the emotional content as well. Two examples are given below.

The first example refers to an exchange between a student and teacher:

STUDENT: I didn’t get the work done because my mother fell ill last week. Then she was taken into hospital for tests and I had to look after the two younger ones. I don’t feel so well myself either, especially after all the stress and the extra work.

TEACHER: Other things happened at home and you were too busy to write the assignment; as well as that, you’ve been ill yourself.

In this situation, the teacher picked up the factual content of what the student said. There is no obvious acknowledgement of the emotional content, however. To reflect back both factual and emotional content, the teacher might have worded her response in the following way:

TEACHER: Things have been hectic and stressful at home for you, and there was no way you could think about writing an assignment. And feeling ill, of course, made it worse for you.

Here, the teacher picks up the stress and anxiety the student expresses, and reflects this back in her response. It is likely that such a response will assure the student that her explanation for not doing the work is respected and understood. On the other hand, it should be remembered that the first response might well have had the same effect, depending on the teacher’s tone of voice and general demeanour when she delivered it.

The following example highlights a conversation that takes place between a nurse and patient.

PATIENT: I’ve never been in hospital before. What happens next? When will I know about going home? There was a doctor here a short while ago and he took my case notes away.

NURSE: You’ve not had this experience before and you want to know all the details.

Here, the nurse concentrates on the factual aspects of the patient’s communication. In the next example, she reflects back both content and feeling.

NURSE: You're obviously anxious about everything that's happening, and that's understandable. I'll talk to you about all the details in just a moment.

This last response acknowledges the patient's fears and her general anxiety about being in hospital.

EXERCISE

Paraphrasing

Read the following passages and paraphrase them, concentrating on the factual content only.

- 1 Since the car accident, I've been nervous driving. I keep thinking someone will drive into the back of me again . . . I'm on the look out all the time, and wondering what will happen next.
- 2 Yesterday, we went to London for a conference. I didn't want to go . . . What's the point anyway if I'm going to be made redundant? The others were really enjoying themselves, but I couldn't get into the mood of it.
- 3 When my illness was diagnosed I didn't believe it. I felt the specialist had made a mistake, and I even argued with him about it.
- 4 My two children are quite different. The younger one never gave a problem, but the elder one was trouble from the very beginning. I have tried not to compare them, but I've got to the stage where I just have to admit that Harry is different.
- 5 I don't know how to tell my parents that I am gay . . . I just don't know how they will react. They were both quite old when I was born, and they don't talk very openly about intimate issues anyway.

When you have completed the first part of this exercise, read the passages again and reword them, this time reflecting both the factual content and feeling content.

Summarising

The skill of summarising is used when a helper wishes to respond to a series of statements or, in the case of counselling, to a whole session. As with reflecting and paraphrasing, accurate summarising requires empathy and the ability to stay within the client's internal frame of reference. Clients often talk at random, and they are frequently side-tracked into other related (and sometimes unrelated) issues. This can make it difficult to monitor everything they say, and formulating an accurate summary also requires active listening and an ability to draw all the random threads together into a more coherent framework. Egan (1994: 181) refers to summarising as a 'bridging response' that can be used to provide links between counselling sessions and the stages of the three-stage model he describes. The following is an example of summarising at the end of a counselling session.

A client called Alice talked about her experiences:

CLIENT:

The area I live in was flooded about two years ago and we lost almost everything. The insurance did cover a lot of things, but there are some things you can't replace. Then, just about that time, I found out about my husband's affair, something that nearly everyone else seemed to know about. It was devastating and I don't think I'll ever recover from it. Everything seems to happen at once because my youngest child developed eczema at about that time, although I suspect myself that it was linked to all the stress going on in the family. I kept going through it all, but then six months ago I became very depressed . . . I couldn't stop thinking about all that had happened and it just came flooding back to me.

The counsellor gave the following summary of what Alice had said:

COUNSELLOR

You had all those stressful experiences two years back . . . being flooded, losing important possessions, your husband's affair and your child's illness. It was terrible for you, but you coped. But now you feel the depression linked to it all.

In this summary, the counsellor identified the factual elements of the story. She also highlighted the stressful feelings associated with it, and she used the word 'terrible' to describe the client's experiences. This confirmed for the client that what she had said was understood and validated by the counsellor. Later on, the counsellor also drew attention to the fact that the client had used the word 'flooding' when describing her delayed reaction to the events of the past, which had, in fact, started with a flood.

Through the skill of summarising, the counsellor identified important themes in the client's story. She also clarified the client's experiences and thoughts, and she used the summary as a way of checking her own understanding of what had been said. The client was therefore given an opportunity to add any other details that may have been missed, or to emphasise any aspects of the story the counsellor may have failed to highlight.

Accurate summarising should:

- show understanding of what the client has said
- reflect the client's internal frame of reference
- show accurate selection of important issues and themes
- avoid critical or judgmental statements
- be accurately timed: clients should not be interrupted
- be tentative: clients need to feel free to add to or correct what has been said
- reflect the order of events, so that clients can look again at the story as it unfolds.

EXERCISE**Summarising**

Working in pairs, take turns to talk about a recent experience you have had. If you are just starting skills training, try to select experiences that were not too problematic or distressing for either of you. While one person talks for about three minutes, the other should listen, concentrating on the factual elements of the story, the order of events and any feelings expressed. Afterwards, summarise what has been said. When you have both completed the exercise, discuss any difficulties you may have experienced in relation to it.

Asking questions

One of the difficulties you may find in listening to others is that your curiosity is aroused, and you are tempted to ask questions in order to get the detail clear in your own head. Most of us probably ask too many questions in our communications with other people, and active listening is often diminished as a result. Questions can be especially problematic in counselling because they tend to be prompted by an external rather than an internal frame of reference. In other words, counsellors sometimes ask questions in order to get the facts straight for themselves, rather than from a desire to understand the client's subjective experience of things. Consider the following example:

HUW: My daughter and I have frequent arguments. They seem to become more frequent as she gets older. This gives me the feeling that we are somehow losing touch.

COUNSELLOR: What age is she?

HUW: 15 . . . almost 16.

COUNSELLOR: And how often do you argue?

This example may seem like an extreme case of stark questioning, but it does serve to highlight several important points. In the first place, the questions do nothing to help the client examine his relationship with his daughter, even though this is clearly a major concern of his. In the second place, it is difficult to see how such questions could possibly aid the counsellor in her understanding of the client, or the problem he is trying to describe. These questions, therefore, work against the client's best interests, and they also place a barrier in the relationship between client and counsellor.

How should the counsellor have responded? The following is one way of responding to the client's first statement:

COUNSELLOR: There are more differences now, and greater distance between you.

CLIENT: Yes . . . I feel very saddened by it.

In this second example the counsellor responded, not with a question but with a reflection of the client's experience and feeling. This response encouraged him

to talk in depth about his relationship with his daughter. However, questions do have their place in counselling, though they should be kept to a minimum. When tempted to ask a question, it is useful to consider why you need to do so. Is it to satisfy your own curiosity, or will it facilitate the client in some way? When questions have to be asked they should always be as open as possible; it is certainly best to avoid questions beginning with 'why', as they tend to sound interrogative, and clients frequently respond to them in defensive or resistant ways. Also clients usually don't really know why things are the way they are, and it is often a desire to find out that prompts them to seek counselling in the first place.

Open questions

Open questions encourage clients to explore their problems in greater depth. In contrast to 'closed' questions, they require much more than a simple 'yes' or 'no' answer. They also encourage the expression of feelings and help clients to explore issues that concern them in much more specific ways. The following example should illustrate the points just made:

ETHNE: My sister was sent to a really good school. We lost touch for a long time, and the school I went to was local and had a poor record. My parents always gave the impression that I was sent there because I had no real ability.

COUNSELLOR: The separation from your sister . . . the second rate school . . . how did you feel about all this?

ETHNE: Well, for a long time I really resented her . . . my sister I mean. Later on, I realised, of course, that it wasn't her fault. When we were in our late teens we started to become closer.

COUNSELLOR: So the resentment was less in your teens . . . what was it at that stage which helped you?

ETHNE: We had similar problems then . . . with my parents I mean. We both realised that we had more in common than we thought. Also I was able to talk to her about my feelings of being stupid. She really helped me then and was very supportive. Now I don't have that old resentment towards her.

In addition to closed questions, there are others which are problematic in the counselling context, some of which are set out below.

Multiple questions

Here, several questions are asked at once and the client doesn't know which to reply to. This is especially confusing when people are emotionally upset. For example:

CLIENT: I think I might be pregnant and I'm really scared.

HELPER: Have you spoken to your parents? Maybe you don't want to? What about your doctor?

Leading questions

These are questions which lead the client in a certain direction, usually in the direction of the counsellor's viewpoint. Value judgments are also usually implicit in leading questions, and this is never helpful for clients, who often find themselves under pressure to agree with what has been said. For example:

CLIENT: I feel tired all the time. Sometimes I just want to stay in the house and never go out.

HELPER: Doesn't staying in the house tend to make people feel even more apathetic and tired?

Rhetorical questions

These are questions which do not require any answer. They tend to express the questioner's viewpoint, and if they are used in counselling, clients may feel obliged to accept what the counsellor has said. For example:

COUNSELLOR: How is it that things always seem to happen at once?

CLIENT: Well yes, I suppose they do.

Greeting clients

Many clients find it difficult to get started unless they are asked at least one opening question. It is important to establish contact with clients as soon as possible, and one way of doing this is by asking a brief question. The following are some examples:

- Please sit down. How would you like to start?
- Is there anything, in particular, you would like to begin with?
- My name is (name). Can you tell me about the issues that concern you at the moment?
- How do you see your situation at present?
- Dr (name) referred you to me for . . . is this how you see the situation?
- How have things been with you since you last saw the doctor?

Once contact has been established and the client starts to talk, the counsellor can then use a range of continuation skills to encourage further exploration. For example:

- Yes, I see
- And after that . . .
- You say you were afraid . . .
- Please go on . . .
- Then . . .
- Tell me more about . . .

- So you feel . . .
- And that felt . . .

You will probably find that once you lose your initial nervousness, your own range of responses will develop naturally. In the meantime, it is a good idea to practise opening questions, along with follow-up responses similar to the continuation phrases given above.

Probing questions

Probing questions are meant to encourage clients to enlarge or expand on their initial response. The following are examples:

- Can you say more about that?
- And what happened then?
- Could you describe that?

Focusing questions

Focusing questions encourage clients to look more closely at specific aspects of a problem. Clients are often vague about their problems, and focusing questions are effective in encouraging them to define issues more clearly. For example:

CLIENT: Everybody bullies me . . . I am always bullied.

COUNSELLOR: Could we look at some of the ways you are bullied?

Timing of questions

We have already seen that too many questions can be threatening for clients and may also have the adverse effect of inhibiting communication generally. Timing of questions is also important in counselling. Clients should never be interrupted, no matter how much they seem to talk initially. It is worth remembering that many clients have waited a long time to be heard, and they may have a great deal of information they want to convey. In view of this, counsellors need to keep questions in abeyance until the time is right to ask them. Clients do pause to pick up responses from counsellors, and a counsellor who is truly listening will be in tune with unspoken invitations to speak.

Another important point to remember is that clients should not be questioned when they are emotionally overwhelmed, or when they are clearly too upset to answer. Use of excessively probing questions can also cause a great deal of anxiety, especially when these are poorly timed. Asking too many, or badly timed, questions of clients is one way of avoiding real contact with them. Active listening, on the other hand, is a sure way of establishing real contact and understanding.

EXERCISE**Encouraging clients to be more specific**

Working individually, look at the following list of client statements. Spend about 20 minutes formulating appropriate questions in response to these, concentrating on the skill of focusing. When you have finished, compare your list with those completed by other members of the group.

- ◆ I have had a terrible time with both my partners.
- ◆ No matter what I do I can never get it right.
- ◆ People are always picking on me.
- ◆ Everything is so stressful at work.
- ◆ I get panic attacks all the time.
- ◆ Nobody ever listens to me at home.
- ◆ I feel much better about life now.
- ◆ The illness was what caused me to feel useless.
- ◆ My children are so badly behaved.
- ◆ I feel totally lacking in confidence.

Challenging skills

At the beginning of this unit we referred briefly to Egan's three-stage model of counselling, and to the skills that are integral to it. So far we have considered the basic skills of listening, paraphrasing and reflecting, summarising, asking questions, using silence and helping clients to focus on more specific aspects of their stories. These skills are used in the first stage of the model and, indeed, throughout the whole counselling process. However, the second stage of the model requires the use of other skills that will help clients to develop new perspectives about themselves and the problems they experience. During this stage of counselling, which Egan refers to as the 'preferred scenario', clients are encouraged to identify what they need to do in order to change the situation that is causing difficulties for them (Egan, 1994: 23). The skills used in this phase include the following:

- challenging
- immediacy
- counsellor self-disclosure
- identifying patterns and themes
- giving information to clients.

Used in the counselling context, the word 'challenge' refers to the skill of encouraging clients to confront their own behaviour, attitudes or beliefs. It should always be done with sensitivity and should certainly never be rushed. Immediacy, counsellor self-disclosure, information giving and the identification of patterns and themes are all forms of challenge in counselling.

Immediacy

The term ‘immediacy’ is one Egan (1994: 23) uses to describe the process of discussing what is actually taking place right now in the counselling situation. The following is an example:

CLIENT: I have been to several helpers now, and I don’t feel any more hopeful than before.

COUNSELLOR: Perhaps that’s something we should talk about now
... is it that you don’t have confidence that I can help you either?

In the example just given, immediacy was used by the counsellor in order to draw attention to the client’s feelings about him. This is challenging for the client, because it serves to focus attention on his belief that he is impossible to help.

Counsellor self-disclosure

There are specialised areas of counselling in which counsellor self-disclosure is sometimes used. These include counselling for substance abuse or addiction, and in these contexts self-disclosure is very beneficial for clients, since it serves to encourage them to persevere in overcoming problems. However, self-disclosure is by no means always appropriate. It can worry clients if it is done frequently, and it can have the very unfortunate effect of making the client feel responsible for the counsellor. Writing about counsellor self-disclosure, Yalom stresses that therapists should not reveal themselves ‘indiscriminately’ but only reveal what is of value to the client (Yalom, 2004: 87). On the other hand, self-disclosure is very effective as a form of challenge, as long as it is correctly timed and carried out with the client’s best interest firmly in focus. Another point to remember is that it is important to show interest in clients without in fact *being* interesting. In the next example, a client called Gillian was worried that she would never get over her panic attacks:

GILLIAN: Sometimes I feel that I might as well just stay in the house and at least feel safe there . . .

COUNSELLOR: Yes, I know that feeling . . . but when I pushed myself to get out of the house, things started improving from there.

Through self-disclosure the counselor, in this example, challenged the client’s temptation to give up on her problem and just stay in the house.

Giving information to clients

Information giving can also prove challenging for clients, especially when their expectations are clearly unrealistic in some way. In the following example, a client called David wanted to leave his present relationship, in order to establish a new life with his new girlfriend:

DAVID: I want to leave everything behind . . . I know I can do it, and I can just about afford it.

COUNSELLOR: Taking into consideration maintenance for the two children?

DAVID: My wife is financially OK . . . that's one thing; she has never quibbled about money . . .

COUNSELLOR: On the other hand, there is probably a certain amount you will need to provide from a legal point of view . . .

DAVID: Yes, I suppose you're right.

In this example, the counsellor directed the client's attention to the financial details he wanted to minimise. She did this by challenging him with the information that there were certain requirements which, in all likelihood, he would need to observe.

Identifying patterns and themes

Sometimes there are recurrent themes or patterns discernible in the problems clients recount. Once a relationship of trust has been established between counsellor and client, it is possible to identify and highlight these patterns so that clients are challenged to consider them more seriously. A client called Rene talked at length about her problems at work:

RENE: I do seem to get on the wrong side of people . . . the rent people, the Social Services. Why me? Would you believe it . . . but I was even singled out in my last job, and I'm sure that it was because of my personality . . . the fact that I say what I mean.

COUNSELLOR: I know you've mentioned this several times . . . that you say what you mean. Maybe we should look at that, to see how much it might be contributing to the problems you describe.

In this example, the counsellor focused attention on the client's insistence that she only said what she felt. This identification of a pattern, or theme, enabled the client to look more honestly at the way she communicated with other people, and the problems this seemed to generate. If at all possible, it is always best to encourage clients to confront themselves and, in this case, this is exactly what happened. Since the client had already identified her problem in relation to others, the counsellor's task was simplified as a result.

Clients also tend to respond best when they are challenged to identify their own strengths and coping resources. For example:

COUNSELLOR: You've said how shy you are, and you lack confidence that people will like you . . . On the other hand, you've been chosen twice to represent your colleagues at conferences.

EXERCISE

Self-challenge

Working individually, consider some of the areas of your life that could benefit from challenge. Are there any patterns of behaviour, for example, which cause some problems for you? In what ways, if any, do you contribute to these problems? The following examples may help to identify some personal problem areas for you:

- ◆ keeping others waiting
- ◆ refusing to accept compliments
- ◆ agreeing to do things you don't want to do
- ◆ going into action without first thinking about it
- ◆ being defensive when others disagree with you
- ◆ not listening when you don't agree with what is being said
- ◆ procrastinating about work which should be done
- ◆ looking to others to make decisions for you.

When you have completed the individual exercise, share your ideas with a partner and discuss any difficulties you experienced in challenging yourself.

The action phase

In the third stage of the model Egan (1994) describes, clients are encouraged to act, aided by the new understanding and knowledge they have acquired in the previous two stages. Along with the counsellor, the client explores a variety of ways of achieving goals. A plan of action is discussed and formulated, and throughout this process the counsellor supports the client and helps him to monitor and evaluate any changes proposed. All the skills of stage one and two are used here, along with a new set of skills, including the following:

- goal setting
- choosing programmes
- creative thinking
- giving encouragement
- evaluating.

Goal setting and choosing programmes

Change is difficult for most people, and clients in counselling tend to find it especially difficult. This is because many of them have endured unsatisfactory work, relationship or other problem situations, over long periods of time. No matter how unsatisfactory their lives have been, however, they are at least familiar with the current situation, and any prospect of change is daunting since change always represents a leap into the unknown.

Setting realistic goals in the third stage of counselling is one way of helping clients to plan the changes they need to make. Sometimes clients know, as a result of the work they have done in stage one and stage two, the action they need to take. More often than not, however, they need support and encouragement in order to set and achieve goals. Clients also tend to respond much more positively to goals and programmes they have chosen for themselves, so it is worth remembering that the counsellor's role is a helping one, which does not include offering solutions to problems. On the other hand, counsellors need to help clients to consider a range of options and a number of different ways of achieving goals. Clients may also need to be encouraged to look at their own resources or those within their environment. Realistic goals are dependent on these internal and external resources; when there is a clear discrepancy between goals and resources, adjustments need to be made. The following questions can usefully be asked in relation to any goals that are formulated:

- Are they clear?
- Are they specific?
- How long will they take to achieve?
- How realistic are they?
- Are they measurable?
- Is the client comfortable with them?

Clients can be encouraged to write down their goals in clear and specific terms. This can be done using the following headings:

- What is it I want?
- How can I achieve this?
- Why should I do this?

Creative thinking

Creative thinking may be difficult for clients, and this is especially true when they are emotionally upset, or under great stress. This is why it is important that they should be given sufficient time to talk about and explore their problems before moving into action. When clients are ready to act, however, there are strategies for encouraging creative thinking that often help them to look at new ways of tackling their problems. Some examples are set out as follows.

Idea storming

This is a strategy first devised in 1942 by an advertising executive called Alex Osborn. The exercise was originally called 'Brainstorming', but I have changed this title to 'Idea storming' because I found that some students objected to the first description. The exercise of idea storming is meant to generate as many ideas as possible. Quantity is encouraged and all options are considered.

Initially, ideas generated, no matter how bizarre, are included and criticism is discouraged. The exercise can be used to help individual clients to think more creatively and develop strategies for tackling problems. Afterwards, the client should be supported in appraising the list so that real possibilities are highlighted and totally unrealistic ideas abandoned. The following is a list of ideas drawn up by a student who wanted to look at ways of improving communication with her parents:

- tell them I want to talk
- ask for a time
- take assertiveness lessons
- talk to other students about how they communicate with parents
- decide on a date to start talking
- write them a letter
- leave a message on the answering machine
- bang the table at dinner time
- jump up and down to attract their attention
- speak to my mother first
- ask my sister to speak to them first
- leave home and phone them
- send them an email
- text them.

The student eventually selected three ideas, which she considered to be realistic and workable, from her original list. These were:

- tell them I want to talk
- ask for a time
- take assertiveness lessons to improve my communication skills generally.

It should be added here that not everyone agrees with the effectiveness of idea storming as an aid to creativity. Writing in *The New Yorker* under the heading of ‘The Brainstorming Myth’ (2012), journalist and author Jonah Lehrer argues that the exercise produces less original ideas than would be generated by people working alone. In addition, he quotes research to support his contention. It is important to remember, though, that Lehrer was referring to the exercise carried out as a group activity. In my experience, idea storming works well with individual clients, especially when carried out in the presence of a supportive helper.

Visualisation and imagery

One of the most obvious ways to formulate an idea is to visualise it. It is through the practice of visualisation and imagery that many athletes achieve high performance in sport. Clients can also be encouraged to use this method to help them look at ways that will lead to success in whatever they choose to do. A client whose ambition was to feel more confident

socially was, for example, encouraged to visualise a number of settings in which he wished to feel more at ease. Then the counsellor asked him to imagine how he would think, feel and act in each of these situations. He was also encouraged to visualise himself handling each situation exactly how he would like to.

Sometimes clients achieve better results in this exercise when they have been given some time and help to relax beforehand. In Unit 8 we shall consider various relaxation techniques, which clients can be taught to use.

Giving encouragement

Clients need encouragement when they are deciding on change and setting goals. This is essential if they are to sustain their efforts and reach their chosen goals. The idea of giving up is often attractive to clients, especially when impediments or barriers are encountered. Counsellors need to direct attention to any personal resources and achievement that clients have. Attitudes of defeat or perfectionism can be discussed, and clients can also be encouraged to accept any mistakes they may make without seeing themselves as failures.

Encouragement is not just appropriate in the last stage of counselling, however. On the contrary, giving encouragement to clients is important throughout every stage of counselling. Clients need to feel valued, and to have their efforts acknowledged. Encouragement also expresses trust and confidence in the client's ability, judgment and capacity for self-development.

Evaluation

An ongoing system of evaluation is necessary if clients are to achieve the results they want. Occasionally, the goals set originally prove to be unrealistic, unworkable or just too ambitious; when this is the case, changes need to be made. The appropriateness of any goal or action should be monitored and reviewed through discussion in counselling and, when this is done, clients tend to feel more confident about their progress overall.

Ending sessions

It is important for counsellors to develop the skill of ending individual sessions. Ending sessions is often more difficult than it sounds, especially when clients talk at great length and it seems impossible to stop them without appearing intrusive or insensitive to their needs. One way of dealing with this issue is to address it at the beginning of counselling, so that clients are aware of time boundaries from the outset. Another useful idea is to state the time ten minutes before the session is due to end. This can be done in the following way:

We have just ten minutes left. Maybe we could look at what you've said so far, and highlight any points you would like to talk about further in your next session. Then we can make arrangements for another appointment next week.

In order to end sessions well, closing sentences should be clear. It is important to avoid introducing new subjects at this stage, and if the client introduces a different topic, schedule this for discussion in the next session. A summary of what the client has said in the present session is also helpful and serves as both a natural ending and a review of topics to be discussed at a later date. It is also worth remembering that although counselling sessions usually last 50 minutes, there are times when the client's conversation comes to an end before this. In these instances, there is nothing to be gained by drawing the session out to a full 50 minutes. In Unit 9 we shall discuss endings again, but in the context of ending counselling generally.

EXERCISE

Setting goals

Working in groups of three to four, discuss any goals that individual members of the group have set themselves in the past. What were the factors that helped you to achieve your goals? Identify any factors, either personal or environmental, which hindered you in any way.

SUMMARY

In this unit, we looked at a range of interpersonal or communication skills, both verbal and non-verbal, and identified the ways in which they are used in a structural framework of counselling. Egan's three-stage model of counselling was described, and this was recommended as a paradigm for structuring the counselling process. A case study was included at the beginning of the unit, which illustrated the various stages of counselling. Other case studies were included to highlight counselling skills and their use with clients. In addition, student exercises, meant to encourage student counsellor self-awareness, were incorporated throughout the unit. The three main theoretical approaches – psychodynamic, cognitive behavioural and humanistic – were outlined, and these were linked to the more specific theoretical models, which will be described in later units, with the counselling skills appropriate to them.

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- Wosket, V. (2007) *Egan's Skilled Helper Model: Developments and Applications in Counselling*. London: Routledge.

Resources

Websites

- www.basic-counselling-skills.com
Information geared to the needs of counselling students, health care workers and volunteers.
- www.bacp.co.uk
The British Association for Counselling and Psychotherapy.
- www.counsellortraining.com
General information about training and courses.
- www.communicationskills.com
General information about communication skills and courses.
- www.nonverbalcommunication.com
General information about non-verbal communication, including resources and research.