

# The Top Ten Basic Counseling Skills

-- Kevin J. Drab, M.Ed., M.A., LPC, CAC Diplomate

Research is increasingly finding that the type of therapy used is not as important to outcomes as are specific counselor behaviors such as (1) Enthusiasm, (2) Confidence, (3) Belief in the patient's ability to change.

Although there is nothing which will ensure change, it would appear that clients are more likely to achieve their goals when a good and positive relationship exists between them and their therapist. In essence the counselor's interactions with the client are a powerful tool in the helping relationship.

## 1. Listening

- a. **Attending** - orienting oneself physically to the patient (pt) to indicate one is aware of the patient, and, in fact, that the client has your full, undivided attention and that you care. Methods include eye contact; nods; not moving around, being distracted, eye contact, encouraging verbalizations; mirroring body postures and language; leaning forward, etc. Researchers estimate that about 80 percent of communication takes place non-verbally.
- b. **Listening/observing** - capturing and understanding the *verbal* and *nonverbal* information communicated by that pt.

Two primary sources of information:

- **CONTENT** - what is specifically said. Listen carefully for, not only what a person says, but also the words, expressions and patterns the person is using, which may give you a deeper insight. Counselors should develop their ability to remember what was said, as well as to clarify what was said or finding out what was not said.
- **PROCESS** - all nonverbal phenomena, including how content is conveyed, themes, body language, interactions, etc. Smiling

## 2. Empathy

The ability to perceive another's experience and then to communicate that perception back to the individual to clarify and amplify their own experiencing and meaning. **It is not identifying with the pt or sharing similar experiences-- not "I know how you feel"!**

Primary skills associated with the communication of empathy include:

- a. nonverbal and verbal attending
  - b. paraphrasing content of client communications
  - c. reflecting patient feelings and implicit messages
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- a. **ATTENDING** – involves our behaviors which reflect our paying full attention, in an accepting and supportive way, to the client.
  - b. **PARAPHRASING** - Selective focusing on the cognitive part of the message – with the client's key words and ideas being communicated back to the patient in a rephrased, and shortened form. There are four steps in effective [paraphrasing:
    - I. Listen and recall. The entire client message to ensure you recalled it in its entirety and do not omit any significant parts.
    - II. Identify the content part of the message by deciding what event, situation, idea, or person the client is talking about.

- III. Rephrase, in as concise a manner as possible, the key words and ideas the client has used to communicate their concerns in a fresh or different perspective.
- IV. Perception check is usually in the form of a brief question, e., “It sounds like...,” “Let me see if I understand this,” which allows the client to agree or disagree with the accuracy of your paraphrasing.

c. REFLECTING PT'S FEELINGS- Affective reflection in an open-ended, respectful manner of what the client is communicating verbally and nonverbally, both directly through words and nonverbal behaviors as well as reasonable inferences about what the client might be experiencing emotionally. It is important for the helper to think carefully about which words he/she chooses to communicate these feelings back to the client. The skill lies in choosing words which use different words that convey the same or similar. For example, if a poorly skilled helper reflected to the client that he/she was “very angry and depressed,” when the client had only said they were irritated by a certain event, and had felt very sad over the death of a family pet, the result could be counterproductive to the process of change.

### **3. Genuineness**

Ability of counselor to be freely themselves. Includes congruence between outer words/behaviors and inner feelings; nondefensiveness; non-role-playing; and being unpretentious. For example, if the helper claims that they are comfortable helping a client explore a drug or sexual issue, but their behavior (verbally and nonverbally) shows signs of discomfort with the topic this will become an obstacle to progress and often lead to client confusion about and mistrust of the helper.

### **4. Unconditional positive regard**

An expression of caring and nurturance as well as acceptance.

- Includes conveying warmth through:
- Also conveying acceptance by responding to the pt's messages (verbal and nonverbal) with nonjudgmental or noncritical verbal & nonverbal reactions.
- Respect - ability to communicate to the pt the counselor's sincere belief that every person possesses the inherent strength and capacity to make it in life, and that each person has the right to choose his own alternatives and make his own decisions.

### **5. Concreteness**

Keeping communications specific -- focused on facts and feelings of relevant concerns, while avoiding tangents, generalizations, abstract discussions, or talking about counselor rather than the client.

Includes the following functions:

- a. Assisting client to identify and work on a specific problem from the various ones presented.
- b. Reminding the client of the task and redescribing intent and structure of the session.
- c. Using questions and suggestions to help the client clarify facts, terms, feelings, and goals.
- d. Use a here-and-now focus to emphasize process and content occurring in current session, which may of help to elucidate the problem being worked on or improving the problem-solving process.

**6. Open Questions** -- A questioning process to assist the client in clarifying or exploring thoughts or feelings. Counselor is not requesting specific information and not purposefully limiting the nature of the response to only a yes or no, or very brief answer.

- a. Goal is to facilitate exploration – not needed if the client is already doing this.

- b. Have an intention or therapeutic purpose for every question you ask.
- c. Avoid asking too many questions, or assuming an interrogatory role.
- d. Best approach is to follow a response to an open-ended question with a paraphrase or reflection which encourages the client to share more and avoids repetitive patterns of question/answer/question/answer, etc.

## **8. Counselor Self-Disclosure**

The counselor shares personal feelings, experiences, or reactions to the client. Should include relevant content intended to help them. As a rule, it is better to not self-disclose unless there is a pressing clinical need which cannot be met in any other way. Remember empathy is not sharing similar experiences but conveying in a caring and understanding manner what the client is feeling and thinking

## **9. Interpretation**

Any statement to the client which goes beyond what they have said or are aware of. In interpretation the counselor is providing new meaning, reason, or explanation for behaviors, thoughts, or feelings so that pt can see problems in a new way. Interpretations can help the client make connections between seemingly isolated statements of events, can point out themes or patterns, or can offer a new framework for understanding. An interpretation may be used to help a pt focus on a specific aspect of their problem, or provide a goal.

- Keep interpretations short, concrete (see concreteness), and deliver them tentatively and with empathy.
- Use interpretations sparingly and do not assume a pt's rejection of your insight means they are resistant or that you are right.

## **10. Information Giving and Removing Obstacles to Change**

Supplying data, opinions, facts, resources or answers to questions. Explore with client possible problems which may delay or prevent their change process. In collaboration with the client identify possible solutions and alternatives.