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BASIC COUNSELLING SKILLS

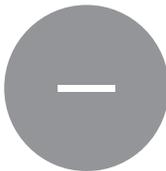


A HELPER'S MANUAL

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INTRODUCTION



WHO ARE COUNSELLORS AND HELPERS?

1

CHAPTER GOALS

By studying this chapter you should:

- Understand the concerns for which helpers use counselling skills.
- Know who counsellors are.
- Know who helpers are.

Below are concerns that people have.

- 'Nurse, I'm worried that I am not getting better quicker.'
- 'I'm finding it difficult to adjust to this country; it's very different from where I come from.'
- 'I would like to get on better with my wife before she leaves me.'
- 'I w-w-wish that I c-could get over my st-st-stut-tering.'
- 'I'm always concerned about how other people feel about me.'
- 'I want to be able to make friends more easily.'
- 'I want help to learn to control my temper more.'
- 'We're having trouble in our sex life.'
- 'I've been made redundant and don't know what I want to do next.'
- 'I feel depressed much of the time.'
- 'We're short of money and row all the time about it.'
- 'I'm being bullied.'
- 'I can't concentrate properly because of what is going on at home.'
- 'I get very anxious about exams.'
- 'I want to handle people who have trouble with my being of a different race, better.'
- 'I would like to get more in touch with my strengths and be more positive.'
- 'My husband died six months ago and I still can't get over it.'

There are at least six categories of people who might offer help with such concerns. First, there are professional counsellors and psychotherapists. Such counselling and therapy professionals, who have undergone training

on appropriately accredited courses, include clinical psychologists, counselling psychologists, psychotherapists, counsellors and some psychiatrists and social workers. Second, there are paraprofessional or quasi-counsellors, who may have considerable training in counselling, yet are not accredited as counselling professionals. Third, there are those who use counselling and helping skills as part of their work. Here the primary focus of the work may be teaching, managing, supervising, or providing religious, social work, medical, financial, legal and trade union services. These jobs require people to use counselling skills some of the time if they are to be maximally effective in them. Fourth, there are voluntary counsellors and helpers. Volunteers usually receive training in counselling skills. They may work in settings like youth counselling services and in numerous voluntary agencies that provide invaluable services, such as Samaritans. Fifth, there are people who are part of peer helping or support networks of varying degrees of formality. Such peer support networks frequently cover areas of diversity such as culture, race, sexual orientation, and support for women and for men. Sixth, there are informal helpers. All of us have the opportunity to assist others, be it in the role of marital partner, parent, friend, relative or work colleague.

In addition to counsellors and helpers, there are now coaches who focus on the needs of the less disturbed. For example, in 2002 the Association for Coaching and in 2005 the British Psychological Society's interest group in coaching psychology were established. More recently, in June 2010 the British Association for Counselling and Psychotherapy launched a coaching division. A distinction can be made between coaching as an approach to training less-disturbed populations in skills, and coaching involving instruction (speaking, demonstration and rehearsing) in assisting helpees and clients to develop a specific skill or skills. Nevertheless, counselling and coaching overlap, with counsellors and helpers needing coaching skills and coaches requiring counselling skills in their repertoires.

In the above paragraphs, as is still often the case in everyday parlance, I sometimes used the terms counsellors and helpers as though they are interchangeable. However, this blurring is likely to become increasingly difficult to maintain as the counselling and psychotherapy profession becomes more established and regulated. I now clarify some differences between counsellors and helpers.

WHO ARE COUNSELLORS?

Here I group as counsellors all those who are professionally trained and accredited to conduct counselling and psychotherapy. Therapy is derived

from the Greek work *therapeia*, meaning healing. Attempts to differentiate between counselling and psychotherapy are never wholly successful. Because counselling and psychotherapy represent diverse rather than uniform knowledge and activities, it is more helpful to think of counselling approaches and psychological or 'talking' therapies.

Possible ways of attempting to distinguish counselling from psychotherapy include: that psychotherapy deals more with mental disorders than counselling; that psychotherapy is longer-term and deeper; and that psychotherapy is predominantly associated with medical settings. However, matters are by no means this clear-cut. Many counsellors work in medical settings, have helpees with recognized mental disorders, and do longer-term work that may or may not be of a deep psychodynamic nature.

There is a huge overlap between counselling and psychotherapy. As an illustration of this overlap, the Psychotherapy and Counselling Federation of Australia promulgates 'A definition of counselling and psychotherapy' as a single statement. Both counselling and psychotherapy are psychological processes that use the same theoretical models. Each stresses the need to value the helpee as a person, to listen carefully and sympathetically to what they have to say, and to foster the capacity for self-help and personal responsibility. For the purposes of this book, the terms counselling and psychotherapy are used interchangeably. Box 1.1 profiles three examples of counselling and psychotherapy professionals.

BOX 1.1 EXAMPLES OF PROFESSIONAL COUNSELLORS AND PSYCHOTHERAPISTS

Amelia, 45, is an accredited counsellor in private practice who specializes in helpees with relationship problems, be they couples, individual partners, families or children. Since she has built trust in her ability with a number of local general practitioners, they refer helpees to her.

Oliver, 34, is a counselling psychologist at a large multinational company. Much of his time is spent working with employees whose performance is suffering because of emotional difficulties. People who are referred to Oliver include those who are under-performing when working on their own and those who are having difficulty relating to fellow staff and/or helpees.

Ava, 29, is an accredited student counsellor in a university setting. Though most of her helpees are students, she also sees some academic and non-academic staff. In addition Ava leads training groups in such areas as study skills, assertion skills, and managing conflict skills.

What constitutes professional training as a counsellor? Though subject to change, the following gives the reader some idea of what is required. Courses recognized by the British Association for Counselling and Psychotherapy (BACP) must deliver a minimum of 400 hours of staff/student contact time, with, in addition, students undertaking a minimum of 100 hours supervised counselling practice. Such courses are likely to have a minimum duration of at least one year full-time study or two, three or four years' part-time study. For those wishing to train as psychotherapists, training offered by organizational members of the United Kingdom Council for Psychotherapy (UKCP) is not normally shorter than four years' part-time duration. Such training involves supervised clinical work and usually personal therapy in the model being taught. In Australia, the Psychotherapy and Counselling Federation of Australia (PACFA) requires Postgraduate Equivalent courses run by its member associations, over a minimum of two years, to consist of 200 hours of person-to-person training and 50 hours of supervision relating to 200 hours of helpee contact.

Regarding professional qualifications, two further points are worthy of mention. First, a number of people, such as some social workers and nurses, combine professional qualifications in their primary role with professional qualifications in counselling and psychotherapy. Second, completion of an approved course of counselling or psychotherapy training can no longer be equated with accreditation, since increasingly, professional counsellors and psychotherapists are required to undertake mandatory continuing professional development (CPD) requirements by their professional associations.

WHO ARE HELPERS?

Sometimes, as in the case of Gerard Egan's textbook *The Skilled Helper*, the term helper is used as a generic term to cover all those engaged in using counselling and helping skills, be they counselling and psychotherapy professionals or otherwise. Here, I use the term helper in a more restricted sense to include paraprofessional or quasi-counsellors, those who use counselling skills as part of other primary roles, those engaged in voluntary counselling and helping, and those who participate in peer helping or support networks.

Paraprofessional counsellors are trained in counselling skills, but at a level that falls short of professional counselling or psychotherapy accreditation. For example, some nurses have attended a number of counselling courses and may be skilled at dealing with the problems of specific categories of patients. People with such backgrounds might be called counsellors in their work settings, for example nurse counsellors. However, if the term counsellor in a given context is limited only to those with recognized

professional qualifications and accreditation in the area, paraprofessional counsellors become categorized as helpers, despite the quality of their counselling skills.

Box 1.2 provides some examples of helpers who might not be considered paraprofessional counsellors, yet are using counselling skills as part of their work, in voluntary settings, or on a peer support basis. The examples in Box 1.2 are only illustrative of the vast range of people who use counselling skills when performing helping roles.

BOX 1.2 EXAMPLES OF HELPERS USING COUNSELLING SKILLS

Emily, 54, works as a nurse in a large hospital. Emily uses counselling skills to assist patients to handle both their physical and emotional problems better. She also helps some patients talk about some of the problems they will face on going home.

Jack, 38, is a social worker in a poor urban setting. He uses counselling skills to help people talk about their problems, their finances, and also how they can get more out of their lives.

Pooja, 46, is a secondary school teacher who has taken some counselling skills courses. She uses counselling skills to help pupils deal better with their learning difficulties, personal problems and educational/occupational choice decisions.

Olivia, 28, is a speech therapist who uses counselling skills both to assist helpees to talk about their difficulties in speaking properly and then to support them as she trains them to speak better.

Harry, 22, meets regularly with Jacob, 21, as part of a gay persons' support group. Harry and Jacob engage in co-helping in which, whenever they meet, they share the time between them so that each has a turn to be in the helpee and helper roles.

Rajiv, 34, is a community and youth worker in a city where, in the last 50 years or so, a large number of migrants have come from south Asia. His job includes helping recent migrants adjust to a new culture, assisting parents and children to relate better, and helping young people to find meaningful activities and stay out of trouble. Rajiv also helps people to cope better with racist incidents.

Isla, 61, works at a pregnancy advice centre and uses counselling skills to help both women who want to increase their chances of having a healthy baby and also those who wish to terminate a pregnancy.

Let's take a further look at some ways in which helpers can be distinguished from professional counsellors and psychotherapists. So far two main distinguishing areas have been identified. Helpers perform different *roles* to those of counsellors and psychotherapists. Counsellors have as their primary role conducting counselling, whether this be individual, couple, group or family counselling. Helpers often either have their primary role in another area or are using helping skills in voluntary and peer support capacities. Related to different roles, helpers differ from counsellors in their *training*. Counsellors are primarily trained to counsel, whereas helpers may be primarily trained to be social workers, nurses, probation officers, priests, welfare workers, managers and a host of other occupations. Furthermore, voluntary workers usually have primary work roles in non-counselling occupations, for which they have likely received the bulk of their training.

The *goals* of helping can both overlap with, yet differ from, those of counselling. The primary purpose of counselling and psychotherapy is to aid helpees to address psychological issues in their lives, for example becoming less depressed or anxious, and to work through decisions and crises that have a distinct psychological dimension to them. Sometimes such psychological issues are central to helping. On other occasions, helpers use counselling skills to assist people to deal with goals where the overt psychological dimensions appear secondary, if not irrelevant, to the recipients of the service, for instance, receiving pregnancy advice or probation and parole support.

The *settings* or contexts for helping can differ from those for counselling. Most often counselling takes place in offices, be they private or institutional, set aside specifically for that activity. The décor of such offices is designed to support the purpose of counselling, for instance, functional easy chairs with a coffee table between them. Often, counselling services are located in specially designated areas, such as student counselling services. Helpers may sometimes use counselling skills in areas designed for counselling, for instance, in some voluntary agencies. However, frequently helpers use counselling skills in locations that represent their primary work role. Such locations include personnel offices, classrooms, tutorial rooms, hospital wards, outplacement clinics, churches, banks, law offices and community centres. Furthermore, while counsellors rarely go outside formal locations, helpers such as priests, nurses, social workers and members of peer support networks may use counselling skills in people's home settings.

A further distinction is that often the *relationship* in which helpers use counselling skills often differs from the more formal counselling relationship, which is likely to have clear boundaries structured around the respective tasks of counsellor and helpee. Sometimes helping relationships may have similarly clear helper-helpee boundaries, though the prime agenda may or may not be psychological counselling. Frequently, however, helping relationships take place in the context of other relationships, such as teacher-student,

priest–parishioner, line manager–worker, social worker–client, and nurse– or doctor–patient. Whereas dual relationships, in which counsellors perform more than one role in relation to helpees, are frowned upon in counselling, they may be built into the fabric of many helping relationships. Furthermore, as mentioned above, sometimes helping relationships include home visits.

HELPERS AND HELPEES

For the purposes of this book, the term **helper** is used to refer to all those people who use counselling skills as paraprofessional or quasi-counsellors, as part of non-counselling primary work roles, as volunteers in counselling and helping agencies, or in peer support networks. Though some such helpers might nevertheless be called counsellors, the term counsellor in this book is reserved for professionally trained and accredited counsellors and psychotherapists.

The term **helpee** is used as a shorthand way to describe the numerous people with whom helpers interact when they use counselling skills. Some such people may already be referred to as clients. However, just as helpers may not have their primary role as counsellors, helpees too may have other primary roles such as pupils, students, customers, patients, local residents, young people, old people and peers.

WHAT ARE BASIC COUNSELLING SKILLS?

2

CHAPTER GOALS

By studying this chapter you should:

- Understand what communication and action skills are.
- Be introduced to what mind skills are.
- Understand about feelings and physical reactions.

This chapter introduces the idea of basic or fundamental counselling skills. What is a counselling skill? One application of the word skills pertains to *areas* of skill, for instance, listening skills or disclosing skills. Another application refers to *level of competence*, for instance, how strong your skills are in a particular area. Competence in a skill is best viewed not as an either/or matter in which you either possess or do not possess a skill. Rather, within a skills area, it is preferable to think of possessing different levels of strength. In all skills areas you are likely to possess a mixture of levels of strength. For instance, in the skills area of listening, you may be stronger at understanding helpes, but less strong at showing your understanding. Similarly, in just about all areas of their functioning, helpes possess a mixture of skills of differing levels of strength.

A third application of the word skill relates to the *knowledge and sequence of choices* entailed in implementing a given skill. The essential element of any skill is the ability to make and implement sequences of choices to achieve objectives. For instance, if you are to be good at listening deeply and accurately to helpes, you have to make and implement effective choices in this skills area. The object of counselling skills training and supervision is to help trainee helpers, in the skills areas targeted by their training programmes, move more in the direction of making choices that reflect strength. For example, in the skills area of active listening the objective would be to enable you to make stronger choices in the process not only of understanding clients but also in showing that understanding to them.

When thinking of any area of helper or helpee communication, there are two main considerations: first, what are the components of skilled external behaviour and, second, what interferes with or enhances enacting that behaviour? Thus, a counselling skill like active listening consists both

of skilled interpersonal communication and skilled intrapersonal mental processing. One approach to understanding this is to acknowledge that outer behaviour originates in the mind and that, as a consequence, both thinking and behaviour are fundamentally mental processes. However, here I distinguish between two main categories of helper and helpee skills. First, there are communication and action skills, or skills that entail external behaviour. Second, there are mind skills, or skills that entail internal behaviour. You may wonder why I do not talk about feelings skills and physical reactions skills. The reason for this is that feelings and physical reactions are essentially part of your instinctual or animal nature and are not skills in themselves. However, as helpers and helpees you can influence how you feel and physically react by how you communicate/act and think.

COMMUNICATION AND ACTION SKILLS

Communication and action skills involve observable behaviours. They are what you do and how you do it rather than what and how you feel and think. For instance, it is one thing for you to feel concern for helpees, and another to act on this feeling. How do you communicate to helpees and act to show sympathy and compassion for them? You need to do so with your words, voice and body language. Communication and action skills vary by area of application, for instance, listening skills, questioning skills and challenging skills. Box 2.1 presents the five main ways in which helpers and helpees can send communication and action skills messages.

BOX 2.1 FIVE MAIN WAYS OF SENDING COMMUNICATION/ ACTION SKILLS MESSAGES

Verbal messages Messages sent with words.

Vocal messages Messages sent through your voice: for example, through volume, articulation, pitch, emphasis and speech rate.

Body messages Messages sent from your body: for instance, through gaze, eye contact, facial expression, posture, gestures, physical proximity, and clothes and grooming.

Touch messages A special category of body messages; messages sent with touch through the parts of the body that you use, what parts of another's body you touch, how gentle or firm you are, and whether or not you have permission.

Taking action messages Messages sent when not face-to-face, for example, sending letters, e-mails or invoices.

MIND SKILLS

In the last 60 years or so, there has been a major trend in counselling and psychotherapy towards trying to change helpees' self-defeating thoughts and mental processes as a way of assisting them to feel and act better. These approaches are known as the cognitive therapies. The same insights can be applied to your thoughts and mental processes as you both learn and use counselling skills.

You can learn counselling skills and assist helpees much more effectively if you harness your mind's potential. How can you control your thoughts so that you can beneficially influence how you communicate? First, you can understand that you have a mind with a capacity for meta-cognitive thinking – thinking about thinking – that you can develop. Second, you can become much more efficient in thinking about your thinking if you view your mental processes in terms of skills that you can train yourself to exercise and control. Third, in daily life as well as in counselling skills training, you can assiduously practise using your mind skills to influence your communication.

Counselling skills involve mental processing both to guide external behaviour and to ensure thinking that supports rather than undermines skilled external communication. Let's take the skill of active listening. To some extent it is easy to describe the central elements of the external communication involved. On paper, these external communication skills may appear straightforward. However, most counselling skills trainees and many experienced counsellors and helpers struggle to listen well. The question then arises: 'If the external communication skills of listening well are so relatively easy to outline, why don't trainees and experienced helpers just do them?' The simple answer is that your mind can both enhance and get in the way of your external communication. Thus, counselling skills consist of both mind and communication skills.

Box 2.2 provides descriptions of three central mental processes or mind skills. These skills are derived from the work of leading cognitive therapists, such as Aaron Beck and Albert Ellis. These mind skills are relevant to clients and you alike. The contents of Chapters 18, 19 and 20 of this book, focusing on strategies for changing clients' thinking in these mind skills areas, also apply to changing your thinking.

BOX 2.2 THREE CENTRAL MIND SKILLS

Creating self-talk Instead of talking to yourself negatively before, during and after specific situations, you can acknowledge that you have choices and make coping self-statements that assist you to stay calm and cool, establish your goals, coach yourself

in what to do, and affirm your strengths, skills and support factors. In addition, you can use self-talk to create visual images that support verbal self-statements.

Creating rules Your unrealistic rules make irrational demands on you, others and the environment: for instance, 'I must always be happy', 'Others must look after me' and 'My environment should not contain any suffering'. Instead you can develop realistic or preferential rules, for instance, 'I prefer to be happy much of the time, but it is unrealistic to expect this all the time.'

Creating perceptions You can learn to test the reality of your perceptions rather than jump to conclusions. You can distinguish between fact and inference and make your inferences as accurate as possible.

In reality, mind skills tend to overlap. For instance, all of the skills involve self-talk. However, here self-talk refers to self-statements relevant to coping with specific situations. Interrelationships between skills can also be viewed on the dimension of depth. Arguably, helpers or helpees who believe in the rule 'I must always be happy' are more prone to perceiving events as negative than those who do not share this rule.

FEELINGS AND PHYSICAL REACTIONS

To a large extent, you are what you feel. Important feelings include happiness, interest, surprise, fear, sadness, anger and disgust or contempt. Dictionary definitions of feelings tend to use words like 'physical sensation', 'emotions' and 'awareness'. All three of these words illustrate a dimension of feelings. Feelings as *physical sensations* or as *physical reactions* represent your underlying animal nature. People are animals first, persons second. As such you need to learn to value and live with your underlying animal nature. The word *emotions* implies movement. Feelings are processes. You are subject to a continuous flow of biological experiencing. *Awareness* implies that you can be conscious of your feelings. However, at varying levels and in different ways, you may also be out of touch with them.

Physical reactions both represent and accompany feelings and, in a sense, are indistinguishable. For example, bodily changes associated with anxiety can include galvanic skin response (detectable electrical changes taking place in the skin), raised blood pressure, a pounding heart and a rapid pulse, shallow and rapid breathing, muscular tension, drying of the mouth, stomach problems such as ulcers, speech difficulties such as stammering, sleep difficulties, and sexual problems such as complete or partial loss of desire. Other physical reactions include a slowing-down of body movements when depressed and dilated eye pupils in moments of anger or sexual attraction.

Sometimes you react to your physical reactions. For example, in anxiety and panic attacks, you may first feel tense and anxious and then become even more tense and anxious because of this initial feeling.

Feelings and physical reactions are central to the helping process. You require the capacity to experience and understand both your own and helpees' feelings. However, just because feelings represent your animal nature, this does not mean that you and your helpees cannot act on them. In helping, there are three somewhat overlapping areas where feelings and accompanying physical reactions are important: experiencing feelings, expressing feelings and managing feelings. In each of these three areas, you can work with helpees' communications/actions and thoughts and mental processes to influence how they feel and physically react.

BASIC COUNSELLING SKILLS

Let's get down to basics. The word basic, when used in conjunction with counselling skills, implies a repertoire of counselling skills on which you can base your helping practice. Such skills are fundamental or primary rather than advanced. The quality of the helper–helpee relationship is essential to successful helping encounters. Consequently, many basic skills are those that will enhance how well you and helpees connect. Such skills include understanding the helpees' internal frames of reference or points of view and reflecting their feelings. Other basic skills entail assisting helpees to understand their problems and situations more clearly; for example, you can ask key questions about feelings, physical reactions, thoughts, communications and actions. Still other basic skills can focus on simple and straightforward ways of assisting helpees to change how they think, feel, communicate and act. All helpers require basic counselling skills for relating to helpees and for assisting them to understand their concerns. The extent and ways in which you extend your repertoire of basic counselling skills to include skills for assisting helpee change are likely to be a matter of what each of you finds useful.