Counseling: A Vital Skill for SLPs

Pennsylvania Speech-Language-Hearing Association
Saturday, April 33

Robert E. Owens, Ph.D.
"Dr. Bob"
Professor
College of St. Rose, Albany, NY

Should we care? What does ASHA say?

In our Scope of Practice:

"The overall objective of SLP services is to optimize individuals’ ability to communicate and swallow, thereby improving quality of life... SLPs are committed to the provision of culturally and linguistically appropriate services."

Among the examples of clinical services provided by an SLP:

"10. Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing"

www.asha.org/policy/SP2007-00283

Preferred Practice Patterns: #6, Counseling

Counseling is
"provided to individuals, families/caregivers, other relevant persons"

Counseling includes
"information and support"
"development of problem-solving strategies that enhance (re)habilitation"

Consistent with the WHD framework, SLPs:
- Develop goals, capitalizing on strengths
- Increase autonomy, self-direction, and responsibility
- Modify contextual factors to reduce barriers and enhance facilitators

www.asha.org/policy/PP2004-00191

Counseling is about change

Not just behaviors but thoughts and feelings, too

Change: Addressing Feelings

In and of themselves, feelings are neither bad or good. They just are.

Feelings are real. We can’t tell a client that he/she shouldn’t feel a certain way.

The goal is not to make the client feel better, but to separate feelings from non-productive behaviors that the SLP is trying to change.

Potential Feelings
GRIEF Vulnerability
Anger Inadequacy
CONFUSION Guilt
Our Roles as Clinician-Counselors

Digging deeper, we need to be:
• Action oriented
• Relationship oriented
• Collaborative

And practice:
• Genuineness
• Empathy
• Unconditional positive regard
• Assertiveness
• Active listening

Counseling is...

The establishment of an effective interpersonal relationship within which client change and growth are fostered.

Counseling is...

A collaborative effort in which an attempt is made to create conditions that enable change to occur.

Counseling is...

Done to help those seeking assistance to become
• more autonomous,
• more self-directing, and
• more responsible by fostering learning and providing the tools that individuals may need to make change.

Our Roles as Clinician-Counselors

Broadly speaking, our roles include:
✓ Educating
✓ Supporting
✓ Problem solving
✓ Active listening
✓ Enhancing self-esteem

Can you think of other roles?

Let’s begin with

The Danger of the Single Story

* https://www.ted.com/talks/chinamanda_adichie_the_danger_of_a_single_story?language=en&ftid=333647

Chinamanda Ngozi Adichie
Using Counseling Skills to Change Feelings and Thoughts

A very brief and Hopefully painless Romp through Counseling theories

You got potential, kiddo!

Although myriad counseling theories offer unique contributions to understanding human behavior and unique implications for counseling practice,...

Clinician-counselors facilitate healing and change through genuine and honest dialogue with clients.

There is no substitute for YOU!

Person-Centered Approach

Carl Rogers described 3 attributes of the clinician:
- Congruence (genuineness, realness)
- Unconditional positive regard
- Empathy

Implications for us:
- Our role is to establish a trusting, accepting clinical atmosphere
- Our listening skills are important tools that facilitate client empowerment
- Our empathy and positive regard, without judgment, open the door for increased client responsibility
- Feelings are explored using active listening

Active Listening

Asking Clarifying Questions:
- To help you understand what has been said
- To get more information
- To elicit another point of view

Empowering: Smile, say name, lean in, have pleasing expression, thank person, solicit
- To get the other person to express her/his ideas by conveying interest in hearing her/his point of view

Restating: "What I hear you saying is X"
- To show that you understand what's going on
- To check your interpretation

Active Listening

Giving Voice: Drawing out the timid; validating
- To validate the speaker's feelings as you perceive them
- To indicate an understanding of those feelings
- To allow the other person to hear his/her feelings expressed by someone else which may, in turn, clarify the client's state of mind

Acknowledging:
- To show appreciation of the other person and her/his efforts
- To recognize the value of the other person and her/his feelings

Summarizing:
- To pull together important ideas, facts and feelings
- To establish common ground for future interaction

Gestalt Approach

Experiential, relationship oriented
- Focuses on the whole person in the "here and now" and the importance of fully living in the present by calling attention to the client in the present moment
- "Unfinished business" can create imbalance in life
- A high degree of concentration and self-awareness is needed to reduce fragmentation
Gestalt Approach
Implications for us:
- Clients are asked to carefully monitor their physiological behavior (How are you feeling? What are you doing right now?)
- The emphasis is on client responsibility - locus of control
- Issues of avoidance can be addressed

Addressing Thoughts
• There are a number of counseling theories with similar principles:
  • Faulty thinking leads to emotional and behavioral problems
  • Therapy focuses on doing, developing new patterns of thinking; therapy is educational
  • Language is important and can be modified to facilitate change

Cognitive–Behavioral Approach
A twist on traditional behavioral treatment:
• Behavior is communication
• Antecedent of behavior (triggers) should be addressed, rather than consequences
• Goal: Play-Doh is one of the many exercises that can be used in therapy and in everyday life

Rational Emotive Behavior Therapy
• Irrational thoughts and behaviors
• Blame lies at the core
• Self-distracting thoughts and actions get in the way of progress ("worry, shoulds, oughts")
• Emotional lability can result (which may be reinforced by the environment)
• A negative or schema of self can develop (I stam, so therefore I am...

Post-Modern Approaches
Reality is constructed through human interaction
- The clinician is an active facilitator, collaborator
- Positive, solution orientated therapy
- Client stories often focus on "the problem", creating a negative model of self
- Problems can be externalized, deconstructed
- Separating the problem from the person generates hope

Implications for us:
- Collaborative interactions
- Identify maps and narrative letters
- Eventually, an alternate story is constructed (Re-story)

Don’t forget the positives
- Recent counseling theories have focused on positive aspects of the human condition
- Research tells us that happiness, laughter, satisfaction have positive effects on health
- Health care is focusing more on wellness, moving away from a disease-oriented perspective
- Creativity has a place in expressing the positive
- As counselor-clinicians, we can achieve incredible satisfaction & happiness from our work
Positive Psychology
Strengths-based intervention – Assumption:
People want lives with meaning and purpose
Therapy creates a positive and organized sense of self
Clients collaborate to help the clients and everyday communication partners realize an optimistic vision of the future
Ideas for clients:
Make a gratitude visit
Three good things in life
You at your best
Create self-advocacy/transition videos
What are you grateful for?
What is good in your life?

Family Systems Approach(es)
Considerations
1) Families are an interactional unit; change in one person affects all members
2) Individuals are best understood by assessing the interactions within the family
3) Symptoms are an expression of dysfunction within a family. Problematic behaviors...
   Serve a purpose for the family
   Are a function of a family’s inability to operate productively
   Are patterns handed down across generations
Goals
To change the individual within the context of the system
To open communication
To lessen anxiety and relieve symptoms
To increase the individual’s level of differentiation
Enhance self-esteem and encourage growth

Family Systems
Eliciting cooperation and change
- Respond to family members’ expertise
- Acknowledge members’ emotions
- Respect members’ concerns
- Allow family imperfection
- Appreciate interactive uniqueness
- Create idiosyncratic assignments

Families that cope well when a child has a disability:
- Feel empowered
- Demonstrate high self-esteem, esp. the mother
- Share the burden
- Make philosophical sense of a situation
- Communicate directly and clearly
- Share intimacy
- Balance change and maintenance of stability

Addressing Grief and Lost
Existentialism is a philosophy that places emphasis on individual existence, freedom, and choice.
Any disability, including a communication disorder, can raise fundamental questions of human existence: Why am I the way that I am? What is the purpose of my life? How am I to live my life? These deeper issues sometimes surface in intervention and may have a bearing on their long-term rehabilitation.
Existential counseling is person-centered, with a main goal of helping people make meaning out of their lives and experiences.

Phases of Grief and Loss
Not a linear process with an end point (Kubler-Ross 1969):
- Denial
- Anger
- Bargaining
- Depression
- Acceptance
Clients and caregivers may feel a loss of:
- Dreams
- Former roles
- Freedom
- Personal space, health, etc.
Regardless of the loss, human have unique individualized ways of responding
Addressing Grief and Loss

There is no right/wrong way to grieve, and there are cultural influences that affect people after a loss.

Ways of responding to another’s grief:
Listen, facilitate the person’s story, do not judge, encourage the griever to care for themselves, do something tangible, secure support

Ways of helping oneself after loss:
Meditate, keep a journal, read about grief/loss, exercise, stay in touch with others, join a support group, take part in grief counseling

Cultural competence is

- the ability to interact effectively with people of different cultures in a way that acknowledges and respects these cultures
- the difference between a lack of cultural understanding and the offering of clinical services that bridge differences and have a strong positive effect
- being and interacting without judgment while acknowledging, respecting, and building upon diversity

Core SLP skills include

- Being comfortable with issues of race, ethnicity, class, gender, religion, and sexual orientation
- Creating a climate of acceptance and comfort
- Building relationships of trust based on mutual respect
- Learning to ask and not assume
- Being open to new experiences

United States Pop: 2050

<table>
<thead>
<tr>
<th>Group</th>
<th>Millions</th>
<th>% of Pop</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat Am &amp; Alas</td>
<td>5.5</td>
<td>1.3</td>
<td>172</td>
</tr>
<tr>
<td>Nat Haw &amp; Pac Is</td>
<td>1.2</td>
<td>0.3</td>
<td>200</td>
</tr>
<tr>
<td>Asian</td>
<td>34</td>
<td>7.7</td>
<td>201</td>
</tr>
<tr>
<td>Black</td>
<td>57</td>
<td>3.8</td>
<td>143</td>
</tr>
<tr>
<td>2 or more races</td>
<td>16.2</td>
<td>3.6</td>
<td>293</td>
</tr>
<tr>
<td>White Latino</td>
<td>121.5</td>
<td>27.7</td>
<td>265</td>
</tr>
<tr>
<td>White (non-Latino)</td>
<td>203.3</td>
<td>46.4**</td>
<td>101</td>
</tr>
<tr>
<td>TOTAL</td>
<td>439</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What do you notice?

Languages in U.S.

18% in U.S. (59 million) speak other than English

<table>
<thead>
<tr>
<th>Language</th>
<th>Speakers</th>
<th>Language</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>28.1 M</td>
<td>Italian</td>
<td>1.0</td>
</tr>
<tr>
<td>Chinese</td>
<td>2.0</td>
<td>Korean</td>
<td>.9</td>
</tr>
<tr>
<td>French</td>
<td>1.6</td>
<td>Russian</td>
<td>.7</td>
</tr>
<tr>
<td>German</td>
<td>1.4</td>
<td>Polish</td>
<td>.7</td>
</tr>
<tr>
<td>Tagalog</td>
<td>1.2</td>
<td>Arabic</td>
<td>.6</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1.0</td>
<td>Creole French</td>
<td>.5</td>
</tr>
</tbody>
</table>

Cultural Continuums

- Extended family: Nuclear family
- Interdependence: Individuality
- Nurturance of youth: Independence of youth
- Time is given: Time is measured
- Respect for age, ritual, tradition: Emphasis on youth, future, technology
- Ownership is broad: Ownership is individual
- Differentiated rights & responsibilities: Equal rights & responsibilities
- Harmony: Control
Culture Influences Every Aspect of Communication

- How we meet and greet
- Touch, silence, eye gaze, distance, humor
- Ways to stop and start a conversation and shift topics
- Appropriate topics
- How to reveal feelings
- If and how to ask and answer questions
- How we learn and teach language

Developing Dialogues

- Understanding of Diversity
  - Acknowledge range and validity of diverse perspectives
  - Establish "equal voice" interactions
  - Communicate "positive intent" of others' perspectives

- Creating a "SPACE"
  - Stay with tension of differing perspectives
  - Create opportunities for equalizing power
  - Collaboratively craft a response that accesses strengths of diverse perspectives

Successful cross-cultural dialogues require...

- Respect
- Reciprocity
- Responsiveness
<table>
<thead>
<tr>
<th>Skill</th>
<th>Behavior</th>
<th>Do</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending, acknowledging</td>
<td>Provide verbal or nonverbal awareness of the other person.</td>
<td>Face the speaker and maintain eye contact, nod, etc.</td>
<td>Looking around the room or fidgeting.</td>
</tr>
<tr>
<td>Restating</td>
<td>Respond to the person’s basic verbal message.</td>
<td>Repeat the phrase you would like clarified.</td>
<td>Changing the subject.</td>
</tr>
<tr>
<td>Reflecting</td>
<td>Reflect perceptions of content that are heard or perceived through cues.</td>
<td>Listen for what is not said. Respond with phrases such as, “So you feel that...”</td>
<td>Discounting or downplaying the speaker’s feelings.</td>
</tr>
<tr>
<td>Interpreting</td>
<td>Offer a tentative interpretation about the person’s feelings, desires, or meaning.</td>
<td>Keep an open mind about what you are hearing; try to picture what the speaker is saying.</td>
<td>Assuming you know what the speaker is trying to communicate without listening.</td>
</tr>
<tr>
<td>Summarizing, synthesizing</td>
<td>Bring together feelings and experiences to provide a focus.</td>
<td>Repeat back what you heard briefly but accurately; paraphrase.</td>
<td>Elaborating on what the speaker is saying.</td>
</tr>
<tr>
<td>Probing</td>
<td>Question the speaker in a supportive way to request more information or clear up any confusion.</td>
<td>Wait for the speaker to pause to ask clarifying questions; try “dangling” or open-ended questions.</td>
<td>Interrogating or challenging the speaker.</td>
</tr>
<tr>
<td>Giving feedback</td>
<td>Share perceptions of the person’s ideas or feelings, disclosing relevant personal information.</td>
<td>Wait three seconds, and then respond with phrases such as: “So you feel that...”, or “I felt that way when...”.</td>
<td>Interrupting or offering solutions: preaching or teaching.</td>
</tr>
<tr>
<td>Supporting</td>
<td>Show warmth and caring in one’s own individual way.</td>
<td>Pay attention to what isn’t said—to feelings, facial expressions, gestures, posture, and other nonverbal cues.</td>
<td>Judging the speaker or rehearsing your response in your head while they are speaking.</td>
</tr>
<tr>
<td>Checking perceptions</td>
<td>Find out if interpretations and perceptions are valid and accurate.</td>
<td>Check the accuracy of your perceptions with phrases such as, “I think that you are saying...”</td>
<td>Making assumptions or jumping to conclusions.</td>
</tr>
<tr>
<td>Being quiet</td>
<td>Give the person time to think as well as to talk.</td>
<td>Try to understand what the speaker is feeling and have empathy for the speaker.</td>
<td>Filling pauses; instead, let the speaker set the pace.</td>
</tr>
</tbody>
</table>
### Ten Strategies for Interacting Successfully (Adapting from Early Intervention)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding</td>
<td>Client/Caregivers’ engagement is increased when their feelings are accepted, validated, and expanded.</td>
<td>“I think it’s a great idea to have Jodi ask for small pieces of snack during snacktime. How about if we brainstorm on other ways to have your daughter request at other times during the day.”</td>
</tr>
<tr>
<td>Explaining</td>
<td>Comments, explanations, and information help the client/caregiver understand the context and techniques being used, which is empowering.</td>
<td>“Shawnee really likes that car. I wonder if we could get him to turntake with it as he does with the ball. What do you think?”</td>
</tr>
<tr>
<td>Reflecting</td>
<td>This strategy can help client/caregivers gain independent decision-making. The essential parts are • Build on something the client/caregiver has shared. • Provide an explanation for your recommendation. • Link the recommendation with an important client/caregiver goal. • Leave room for the client/caregiver to participate in problem-solving.</td>
<td>“I’ve noticed when Kenny uses his computer he slumps in the chair. Have you noticed? Have you tried any other seating arrangement? Something that would free his hands. Sitting straighter might make it easier for him to touch the computer screen and to see you when you talk to him. What do you think?”</td>
</tr>
</tbody>
</table>
| Linking     | Linking your suggestions to client/caregiver priorities will foster strategy application. To foster learning: • Look for an appropriate moment and format to make your suggestion. • Respect a client/caregiver’s indication that now may not be a good time. | “Erik is really making lots of sounds when he plays. You’ve been doing a terrific job. But I know you want him to say words. What do you think of trying to add some meaning by adaption some of these into real words? For example, we could use ‘baw’ (/bɔ/) to stand for ‘ball’. Then he’ll have a word and a use for it. Can
<table>
<thead>
<tr>
<th>Listening</th>
<th>Sometimes, it’s just good practice to be quiet and let client/caregivers talk, using appropriate attending skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesizing and Experimenting</td>
<td>This is an indirect way of giving the client/caregiver the choice of trying something or not, and asking for his or her input. It is collaborative as long as you are sincere in offering the choice(s).</td>
</tr>
<tr>
<td>Asking</td>
<td>Client/Caregivers often respond well to open-ended questions, and then follow up with more probing and reflective questions.</td>
</tr>
<tr>
<td>Commenting</td>
<td>Using a conversational tone, the SLP points out something the client/caregiver may not have noticed or thought was important but may be important in the future.</td>
</tr>
</tbody>
</table>

you think of any other possibilities?”

“As I listen to your concerns about preschool placement, I hear you saying that individualized services are your biggest concern? Am I correct? [Allow for parental confirmation] Okay, let’s explore the possibilities together. Would you like me to investigate the three programs you named; then we can discuss the options?”

“What do you think would happen if you just held back a bit on placing all Ilana’s toys in the tub as soon as she gets in? Do you think you might be able to get her to request them with a gesture or a sound?”

“Tell me how bedtime’s going? Has his behavior changed at all? What do you think you’re doing differently that has improved the situation?”

“I noticed that you played with Monica with only one toy at a time. I think that’s a great idea. As you know, she’s easily distracted. We’ll need to remember to not overwhelm her when we begin to offer her choices of toys to play with.”
Adjusting

It’s important for you to understand the family’s availability and the variables that affect routines within the home, including those affected by culture.

“I agree with you, Sean does make more sounds during bath time. Are you the one who typically bathes him? How long does he usually play in the water? Do you think there would be enough time for you to play a little turn-taking game with sounds with him?”

Self-disclosuring

This strategy must be used with care. The purpose is to encourage support, not to puff up the SLP or make the parent feel guilty.

“I work with another child who has some similar behaviors and his mom, and I have used signing with him with some success. Are you open to the possible use of signing if it helps Tonya communicate with you?”

Information taken from [http://tactics.fsu.edu](http://tactics.fsu.edu); Campbell and Sawyer (2007); Dunst and Trivette (2009a); Hanft, Rush, and Shelden (2004); Wilcox and Woods (2011); Woods and Lindeman (2008); Woods et al (2011).
Techniques for Cross-Cultural Dialogues

Respect

- Acknowledge range and validity of diverse perspectives
  - Investigate the cultural norms of clients. (“Would you please explain…”) But don’t put all the burden on the client.
  - Confront cultural discrimination in the workplace and show no tolerance for it.
  - Recognize and investigate the cultural differences in the use of body language, emotions and problem solving.
  - Be patient, flexible and willing to learn.
  - Remember that the client has come to you for help. Assume positive intent.
  - Respect the patient and his or her culture and beliefs.
  - Know your cross-cultural limitations. Understand your personal style and recognize when it may not be working with a given client.
- Language of Respect
  - Avoid humor until you know the client and the culture well. Humor can be very culture specific and some types may be considered offensive.
  - Gestures are culture specific. Some of our common American gestures are considered obscene in other cultures, especially “thumbs up” and “okay”.
  - Speak slowly and clearly.
  - Try not to ask double (“Do you want to discuss the results or examine the tests first?”) or negative questions (“Don’t you want to try this?”)
  - Avoid slang and professional jargon.

- Obtain info on the client’s perspectives and examine your own perspective
  - Seek out and respect the client’s point of view. (“What do you think?” “How do you feel about…?”)
  - Create opportunities for clients to validate their concerns. Verbally acknowledge and legitimate the patient's feelings. (“This seems confusing….”)
  - Consciously attempt to suspend judgment.
  - Be aware of your own biases and preconceptions.
  - Self-disclosure may be an issue for some clients. Questionnaires and interview may ask clients and families to disclose too much from their perspective.
  - Patience, courtesy, good will, and a bit of curiosity go a long way.

Reciprocity

- Create opportunities for equalizing power
  - Provide a thorough explanation. Never assume that what you are saying is being understood. (“What do you hear me saying?”)
  - If you are unsure whether something has been understood write it down and check. If feasible, draft reports in the language of all parties.
  - Provide for, or allow for, the use of interpreters when appropriate.
  - Be flexible with regard to issues of control. Negotiate roles when necessary. (“How would you like to…?”)
  - Take the necessary time and consciously work to establish trust. Understand that the patient's view of you may be identified by ethnic or cultural stereotypes.
• Take turns talking, making a point and then listening to the response.

• Clarify client’s understanding of your perspective and recognize the client’s contribution
  o Don’t assume all disputes that involve people of different cultures, have a cultural component.
  o Recognize and avoid making assumptions
  o Check meanings and never assume the client has understood. (“What does X mean to you?”)

Responsiveness

• Collaboratively craft responses that access the strengths of diverse perspectives
  o Seek out cultural similarities. This may be the place to begin to build understanding.
    (“How do you feel about X?” “Do you think we could work together to X?” “Where do you think we agree?”)
  o Educate clients from other cultures on the values and norms of our society, so as to diminish the potential for culture clash. (“Does this seem different or strange to you? In the U.S., we….”)
  o Be creative in fashioning solutions. Think out of the box and encourage input on how things are done “over there”. (“What would you typically do/thing?”)
  o Acknowledge and discuss the differences and similarities. (“Where do we disagree?”)
  o Try to understand family structure and decision-making and involve family members when appropriate. (“No need to make a decision right away. Would you like to discuss this with X?”)
  o Stress that you will be working together to address issues around intervention. (“I would like us to work together to X.”)
  o Keep instructions as clear, simple and unambiguous as needed by the client.

• Reflect understanding and keep communicating until you can say, "I understand what you mean!"
  o Be an active listener.
  o Explain your perceptions. (“I see/hear you doing/saying X?”)
  o Check often for understanding. Use verbal clarification techniques. (“What do you hear me saying. How can I help you understand better?”)
  o Summarize what has been said in order to verify it. This is a very effective way of ensuring accurate cross cultural communication has taken place. (“We’ve discussed a lot today. Overall, I think…. What else can we say?”)

• Explore/create responses that incorporate multiple perspectives
  o Ask for frequent expansion on points that you are unfamiliar with, especially if they relate to cultural issues. (“Can you explain X?” “Can you tell me more.”)
  o Listen with sympathy and understanding to the client's perception of a situation or problem. (“This may be confusing. What can I do to help?”)
  o Negotiate agreement. (“Would it be okay if we…?”)
  o Ask about and try to understand barriers to intervention and compliance and help the patient overcome these barriers. (“What seems most difficult for you?” “How can we make this easier?”)
Counseling for Grief and Loss

The heart of grief counseling after loss is validation and support. Grieving individuals need reassurance that what they are experiencing is typical. Clinician-counselors can help people understand and identify the ways they are reacting.

Coping mechanism(s) of a client or family member may hinder dealing with grief and loss
- Toughing it out. “Going it alone”
- Shutting down and bottling up feelings
- Lashing out in anger
- Dealing with grief by not dealing with it
- Seeming unable to confront grief and move to a healing place
- Depression
- Rigid, ritualized behaviors

John Welshons, *Awakening from Grief*, states, “[T]here is no way to apply systems, rules or emotional road maps. Our job is to be a presence, rather than a savior. A companion, rather than a leader. A friend, rather than a teacher.” (p 159)

Being there for a client means
- Acknowledging and honoring the client’s grief
- Asking and listening, not telling and displaying our supposed “expertise.”
- Learning from the client, not teaching
- Accompanying the client, not leading or directing
- Being still, not fixing and filling every painful moment with words
- Listening with the heart, not analyzing with your brain
- Bearing witness to the struggles of others, not directing those struggles
- Being present to the client’s pain, not taking it away
- Respecting questioning, disorder and confusion, not imposing our order and logic
- Going with the client’s pain, not thinking you are responsible for finding the way out.

The clinician-counselor can
- Listen in a supportive manner
- Reassure the client (in most cases) that grief is an emotional reaction that is natural, normal, and to be expected.
- Support the client to reduce additional stress
- Help the client to understand and recognize the wide range of reactions to grief and loss, such as numbness, frustration, confusion, anger, anxiety, sadness, and feelings of helplessness
- Assist the client to draw on his/her own strengths and develop healthy coping mechanisms that permit them to gradually reach a healthy level of functioning
- Be sensitive that each client will grieve in her/his own unique way(s)
- Support by systematically drawing upon an array of recovery resources

There are ways to show people that you are paying close attention, that you care, and that you are
actively listening. The better the helper listens, the more the individual may share. This is part of the development a caring relationship based on mutual respect.

**Overall style**

Eye Contact and Facial Expression:
- Make eye contact and vary your eye contact
- Allow your face to reflect caring
- Avoid any gestures that hide your face from view

Body Language:
- Be attentive and relaxed, and use positive gestures
- Orient one’s body toward the person who is speaking
- Sit on the same level
- Create an “open” body posture: legs and arms uncrossed, body upright and centered

Vocal Style:
- Use a natural vocal style. Your voice communicates emotions
- Speak in a relaxed, warm manner

Verbal Following:
- Stay on the topic. Don’t topic jump or interrupt. Take your cues from the grieving individual.
- Give the time he/she needs. Don’t rush to respond.
- It is ok to have a pause/moments of silence to reflect

**Verbal Skills/Interventions**

Open Questions:
- This skill opens new areas for discussion
- It is useful to aid the individual in exploring his/her feelings and thoughts
- Begin open questions with “How,” “What,” “Can” or “Tell me about…”
- Avoid “Why” questions which could make the individual feel defensive
- Examples:
  - *How* do you feel about the situation?
  - *What* are some things that trouble you most?
  - *Can* you tell me how the job is going?
  - *Can* you give a concrete or specific example?

Paraphrasing:
- Encourages more in-depth discussion
- Focuses on using key words of the individual and then saying back to them the most significant things that are said to you

Example:
"I have been having a terrible time at work. I am so restless and just can’t seem to concentrate. My supervisor told me that I am not doing a good job and that if I don’t improve, she would fire me."

Example Paraphrase:
You're saying that you have difficulty concentrating and that your supervisor is displeased with your work and may fire you."
The helper statement above is a distilled, shortened and clarified statement which catches the essence of what has been said.

Reflecting Feelings
In reflecting feelings, the following steps are most essential:
1. The feeling must be named. This may be through the actual words of the individual or through observation of non-verbal communication (eyes, facial expression, posture, voice tone)
2. Use the leads: “You seem to feel...,” “Sounds like you feel...,” “I sense you are feeling...” Then ask: “Is that close?” “Is that right?”
   Examples:
   "Sounds like that makes you angry." "You feel very discouraged right now."
   "I sense some feelings of confusion." "You are feeling really sad at the moment."

Additional helpful comments/phrasing
- Tell me about...
- What works for you...
- How do you react when...
- I’m wondering...
- Have your feelings changed?
- What are your most difficult times?
- Could you be more specific?
- Do you feel like talking about it today?
- I encourage you to...

Non-Supportive Behaviors
Verbal Behaviors:
- Responding too quickly
- Changing the subject
- Talking too much about yourself
- Asking “why” questions
- Giving advice
- Preaching, placating, lecturing
- Over-interpreting
- Asking too many questions
- Interrupting silence
- Allowing the individual to ramble on
- Telling thr person not to worry and that “It will be OK.”

Non-Verbal Behaviors:
- Rigid severe posture
- Taking notes
- Clock watching
- Letting your gaze wander
Reminders When Working with Different Cultures

CSD 575

The world is NOT divided into “developed” and “developing”. Average incomes are spread across an income spectrum with no breaks.

NOT everyone in the world wants to be or is striving to be you. Being you is overrated.

Difference does not imply a negative.

Cultural change is just that, CHANGE. A straight line such as infant deaths or income may curve over time.

Because cultures change, anything we say today is most likely dated or will be soon.

Cultures that differ greatly from yours are not to be feared.

What is the reality?

Risk = Danger + exposure. Your risk in a therapy setting is minimal of nonexistent.

Note difference within and across groups of people. Cultures are NOT monolithic nor is behavior predetermined by them.

Don’t draw conclusions from one instance or from fringe group activity. The overwhelming majority of Muslims do NOT support terrorism.

Update your knowledge continually. Travel, read, investigate.

If a description of a culture seems too simplistic, it probably is.

People are NOT to blame for the cultural circumstances in which they find themselves. Personal freedoms and choices are not always available.