

TOPIC TWO: BASIC HELPING SKILLS

The aims and objectives of this topic are to:

- Explore the ways that individuals process information
- Demonstrate some useful basic client centred helping techniques
- Discuss the role of body language clues and non-verbal communication in the helping process

Recommended reading

Martia Nelson *Coming home*. Mill Valley,CA: Nataraj Publishing, 1993.

(*This book discusses the use of strong feelings as a positive force*).

Robert Bolton *People skills*. Sydney: Prentice Hall, 1986

Brill, Naomi I. *Working with people: The helping process*. 3rd ed. London: Longman, 1985.

Carl Rogers *Client Centred Therapy*. London: Constable, 1991.

Margeret Hough *Counselling skills*. Sydney: Longman, 1996.

Teach yourself psychology. London: Teach Yourself Books, 2002



Research:

You might find it useful to do some elementary research into the 'ages and stages' of human psychological development, especially if you are dealing with young people or geriatrics. This study falls outside of the requirements of this Unit and is only a suggestion for professional development.



Note that Western texts are somewhat ethnocentric and claim that psychology originated with Freud. This ignores the classic studies of the mind that occurred in Buddhist and Hindu cultures. If you have a background, or interest in, including oriental studies of the human psyche in your work, you may use examples of these in your answers.

Useful starting points for research are:

Books in your public library

Books for the general reader available in any bookshop

New Age bookshops

www.kn.pacbell.com.wired/fil/pages/list/psycholoje.html This is a great site put together by high school students which include links to several informational sites at the appropriate level for this study.

The study of psychology falls outside of the requirements for this Unit, but could be useful to help you assess where a client may require referral to a professional counsellor or mental health agency.

Assessment:

Please refer to your Assessment Manual for details of the assessment tasks for this topic.



THE ROLE OF THE THERAPIST AS A HELPER

Note that some Australian States and Territories have strict rules about who might call themselves a 'Counselor'. This might require you to have a certain level of qualifications, at least to the stage of a Diploma in Counseling, and membership of a Psychologists or Psychotherapists' professional association.

If you do not meet the legal requirements to call yourself a counselor or psychotherapist in your State or Territory there are a number of options for professional titles including:

- Wellness consultant
- Lifestyle consultant
- Life Coach
- Holistic health consultant

Your role in the information exchange process is largely to present an empathic ear without comment or judgment. Most people solve their own problems, given the space to do so, so avoid the temptation to rush in with a solution.

Whether you are listening attentively to take down accurate client histories, recording their personal stories to provide products or services, or in order to find appropriate ways of providing a strategy for a particular problem, you need to suspend your own value systems.

You also need to make allowances for the different ways in which people process information. Some clients will be 'visual or imaginative thinkers', some are 'emotional thinkers' and some will be 'analytical thinkers'.

There are some rare individuals who blend all three styles of information processing, for example an imaginative thinker may also be very intuitive or an analytical thinker. A musician who can literally feel the emotional impact of music is also operating within the abstract mathematical precision of musical notation.

People who can see both the big picture (imaginative or visual thinkers) plus act on the fine detail (analytical thinkers) are showing signs that they use their left (analytical) brain as well as their right (creative) brain in thinking processes. These people are literally 'whole brain' thinker or 'lateral thinkers'.

Your clues to how different people process information come in the kind of language they use.

Visual thinkers: These people literally 'see' things in their imagination as they work through the reasoning process.

If you are talking about houses, for example, their brains will actually bring forward pictures of houses to their 'inner eye' as frames of reference for the conversation.

They will relate their understanding to these pictures and their language will contain clues like '*I see what you mean*', '*Imagine that!*' or '*Can you picture it?*'

These clients will often relate better to you if you 'paint pictures' with your words and use examples which call up images in their mind. The word 'Imagination' (creating images) is the clue to success here.

Emotional thinkers: These people are often highly excitable and base their reasoning very heavily on their feelings and intuition.

Their language is full of clues like *'I feel that'; "I sense that"*. These people respond very well to the use of a touch by the therapist during the listening process.

A hand placed momentarily on the shoulder or knee (very lightly) can reassure and calm an emotional thinker very rapidly. Empathy is the clue here to dealing with this kind of thinker.

However, one has to be careful with emotional thinkers because this group of people are likely to misconstrue a therapeutic touch based on their own concepts of what is or is not appropriate. Always ask permission before touching, especially in the type of touch that some people might feel are sexual in implication (stroking hair; touching knees; holding hands), because emotional thinkers often have not learned discrimination in these things and may, in fact, be emotionally immature.

Analytical thinkers: These people tend to use the mind very logically to process information. They often work in professions which require them to organise sort and reprocess information, such as a scientific career, clerical jobs or research.

They respond best to language that is based on 'thinking' and logic and their words are full of statements relating to the workings of mind: *"I think", "I suppose", "I conclude"*. Your answers need to be based on the same language, since analytical thinkers are notorious for excluding a language-based conversation not based on their own terms.

These people also like to be asked for their consent before being touched in any way. They will often flinch if offered a hug in a social situation, though this can also be a clue to emotional deprivation.

Analytical thinkers like to be given the space to think through their problems and to come to their own conclusions based on the powers of deduction.

The clue to dealing with this kind of thinker is to imagine that they have said to you *"Back off, man, I'm a scientist."* Supply this kind of thinker with the facts, ask them for their opinion and let them make up their own mind.

As has been stated earlier, your greatest ally in helping a client is empathy. Clients like to feel that you have an understanding of how they feel about their problems (even if you do not have a direct experience of them).

However, this must be accompanied by a **degree of detachment** that allows you to retain focus and to ensure that the relationship maintains your role as facilitator. It is very easy to get caught up in other people's issues.

Some types of client can be particularly irritating, and this is where focus must be maintained at all times.

There are times when a blunt *"Build a bridge and get over it"* is the appropriate response, particularly if the client consistently plays the *"Pity poor me"* game and makes no attempt at self-help.

By and large, though, this kind of response should only be given if you are an adept at confrontational therapy and have the experience that allows you to judge that this is an appropriate technique to use.

SETTING UP A CLIENT INTERVIEW

The need to establish the groundwork for advisory and helping sessions can come at any time in a treatment phase:

- Information gathering prior to establishing treatments
- As the result of information disclosed during treatments
- To provide review and closure when ending a series of treatments

In order to help your clients, you need to first establish 'safety'. Safety is the essential building of trust between client and therapist that will encourage them to make disclosures of matters they might find highly sensitive or embarrassing.

Safety is established by:

- Being open with the client about your professional standing and experience, both your strengths and your weaknesses
- Assuring them of complete confidence in all information
- Establishing the boundaries of the relationship, including the client's responsibility for their own outcomes
- Stating the conditions where a referral to another professional will be recommended
- Using empathy to build trust
- Establishing a climate of mutual respect
- Using non-judgmental approaches to discussing issues
- Using client-centred techniques in responses to clients
- Displaying a professional attitude with the appropriate level of clinical detachment

According to Gerard Egan, helping Skills go through 3 stages:

1. Exploration and clarification of issues
2. Setting goals and objectives to get the desired results
3. Making plans and developing strategies for managing change

Establishing time frames:

Set up the session so that you will be free of distractions. Make it quite clear that for the next so many minutes or hours you are there just for them and their best interests.

No counselling session should go beyond 45-50 minutes, as this is the outside limit to focus on both sides. I

f the session is going to take longer than that, plan to call a halt at around 30-35 minutes in and use the remaining time to summarise progress to date, set goals and establish the framework for the next session. A good way to approach this is to introduce the time frame at the beginning:

"Our session will run for 45 minutes and we can use the first 30 or so to discuss the issues that brought you here today. After that we will review the progress, set some goals and plan how you want to proceed."

Whatever you do, don't keep looking at your watch. A more subtle approach is to have a wall clock somewhere behind the client that you can glance at occasionally to pace the session.

CLIENT CENTRED APPROACHES

Rogerian, or client-centred interview techniques, are used by many health professionals, counsellors and psychotherapists as they excellent ways of obtaining vital information and clarifying requests. Taking time to learn and practise them will greatly help your ability to respond to clients.

The techniques are:

- Reflecting
- Paraphrasing
- Summarising
- Encouraging disclosure
- Focussing on feelings
- Conveying empathy
- Conveying respect
- Being open and sincere with clients



Reflecting:

These are parallel to the active listening skills we discussed in Topic One. It involves using a range of empathic responses combined with open questions that encourage the client to offer valuable information, especially about conditions, beliefs and **feelings**. This includes asking probing questions like:

“How did you feel when this happened?”

“How many times did you experience this discomfort?”

“Are there any other issues you have that you feel might be connected to this?”

Reflective interviewing has three distinct phases:

- Highlighting and acknowledging the feelings and events being expressed
- Re-stating a paraphrasing information to ensure clarity
- Summarising the content of what has been said to ensure completeness

Paraphrasing:

Paraphrasing is a sub-set of reflective interviewing, but is slightly different. It concentrates more on the **content** of what the client has said. This is done by literal re-statement of key words and phrases when you need to prompt a client to give more information about certain points. For example:

Client: *“When I eat potatoes I come out in a rash.”*

Therapist *“Rash?”*

Client: *“Yes, I get these big red blobs all over me.”*

Therapist: *“All over?”*

Client: *“Well, mainly on my arms and legs, sort of circles”*

The therapist can then use open questioning techniques to get more factual information on the size, shape, colouration and duration of the ‘circles’.

Summarising:

This is also part of reflecting, but is used in a variety of contexts to ensure that what has been communicated by the client has been understood correctly by the therapist. It is also used for providing links between sessions and for establishing closure at the end of the series of sessions.

Three things are required for accurate summarising:

- A clear understanding of what has been said
- An accurate selection of the key points and issues raised by the client
- The ability to relay verbally the key issues to the client in clear, concise forms

It is more subtle than just cutting down the total of information to a manageable 'parcel' of words. It involves sorting out the critical facts, thoughts and expressions: - other words 'in a nutshell' and focussed responses.

Since one of the aims of summarising is to obtain absolute clarity of information, it is important to ask for clients to respond to and correct any errors and misunderstandings. Different ways of getting this interaction are interspersing the summary with statements like:

"If I understand the situation correctly...."

"Is this an accurate description of...?"

Encouraging disclosure:

Once people find someone willing to listen to them, there is often no problem in getting people to open up and talk about themselves and their feelings.

However, there are some situations where people have real issues about disclosure of personal and sensitive information.

In some cases they will openly lie about circumstances to avoid admitting that certain events have happened or their feelings about core issues. This is especially prevalent in cases of:

- Abuse, and particularly child abuse
- Feelings of guilt about the death of a significant other
- Cases which involve betrayal, either of trust or of emotions
- Failure to obtain support from other professionals or government departments
- Fear of authority figures (often with origins in child abuse)
- Refusal to accept personal responsibility for own actions and outcomes
- Clients locked in denial

The bottom line is that it takes a lot of patience and the building of a great deal of trust to get some people to open up. For the most part, you can simply keep asking different variations on:

"Is there anything else you can tell me to assist me to help you more effectively?"

If they fail to give you the information you need to provide the appropriate helping response you have two options:

- Seek closure of the professional relationship as it is failing to achieve the goals
- Offer referral to specialist services who might more qualified to help

HLTO7 HEALTH TRAINING PACKAGE

CLIENT SERVICES

ASSESSMENT MANUAL

Student Name:

Student Number:

Email:

Assessor:

Phone:

Email:

EVIDENCE GUIDE

- This unit is most appropriately assessed in the workplace or in a simulated workplace and under the normal range of work conditions
- Assessment may be mostly practical and examples covering a range of situations relevant to health services provided in the workplace
- Evidence of workplace performance over time must be obtained to inform a judgement of competence
- Assessment of this unit should be conducted concurrently with assessment of units relating to client assessment and/or provision of health services/treatments
- Assessment of sole practitioners must include a range of clinical situations and different client groups covering at minimum, age, culture and gender
- Assessment of sole practitioners must consider their unique workplace context, including:
 - Interaction with others in the broader professional community as part of the sole practitioner's workplace
 - Scope of practice as detailed in the qualification and component competency units
 - Holistic/integrated assessment including:
 - working within the practice framework
 - performing a health assessment
 - assessing the client
 - planning treatment
 - providing treatment

Note that the assessments in this Module, and particularly Topic Four are also included in other modules in this series. If you have previously completed any of the assessment tasks in this program, please alert your trainer as you do not have to repeat the work.

ASSESSMENT RECORD

Student Name:

Student Number:

Postcode:

e-mail:

Assessor/Trainer:

Telephone:

e-mail:

<u>Assessment for topic:</u>	<u>Assessments</u>	<u>Date</u>	<u>CA/NYC</u>
One: Client services	1.1 Listeners quiz and evaluation		
	1.2 Client case notes		
	1.3 Communication difficulties summary		
	1.4 Snapshot of indigenous health issues		
	1.5 Client records worksheet		
	1.6 Confidentiality		
	1.7. Making Referrals exercise		
	1.8. Referral contact list and criteria		

Assessor's comments:

Assessor Signature: _____

Student Signature: _____

Sign-off date: _____

Assessment 1.1: Listener's quiz

How good are your listening skills? Note down your behaviour and score the results:

Group 1:

- 'usually' = 10 points
- 'sometimes' = 5 points
- 'seldom' = 1 point

When talking to someone or in a group do you:	Usually	Sometimes	Seldom
Face the speaker to make sure you can hear them properly?			
Watch the speaker?			
Listen for underlying ideas and feelings?			
Make allowances for your own bias and value systems?			
Keep your mind on what the speaker is saying?			
Note the key points in the discussion?			
Weigh up the speakers words before answering?			
Thank the speaker for their opinion			
Respect the speaker for their opinion?			

Group 2:

- 'usually' = 0 points
- 'sometimes' = 5 points
- 'seldom' = 10 points

When talking to someone or in a group do you:	Usually	Sometimes	Seldom
Decide from the speaker's appearance whether the message is valuable or not?			
Make value decisions about the message based on the language level and social code of the speaker?			
Interrupt immediately you hear a 'wrong' statement?			
Rush to correct the speaker for errors in punctuation or grammar?			
Play 'one-upmanship' on knowledge and values?			
Have the last word?			

Total your scores. The lower the score, the poorer your listening skills. If you have more than 100 points you are generally a good listener. 75-100 not too bad, but could improve on some habits. Under 75, you are definitely in the boorish category. 35 and under - do you ever wonder why you are lonely?

