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*Instructor's Resource Manual and Test Bank
for*

**Counseling Strategies and Interventions for
Professional Helpers
Ninth Edition**

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PEARSON

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Course Syllabus

Counseling Strategies and Interventions

COURSE DESCRIPTION

The focus of this course is on the development of helping strategies and interventions applicable to a variety of settings. Evaluation will be based on evidence of intrapersonal and interpersonal helping skills as demonstrated in role-play and/or written assignments. Didactic material aimed at fostering competency in the area of professional ethics and multicultural sensitivity also will be included.

COURSE TEXTS

Cormier, S. (2016). *Counseling Strategies and Interventions for Professional Helpers* (9th ed.). Upper Saddle River, NJ: Pearson Education.

COURSE OBJECTIVES

- 1. Knowledge Development**
To acquire knowledge regarding the process of helping, particularly generic helping strategies and interventions that are applicable to all major models of helping. Provide an overview of the helping process and the accompanying professional and ethical issues.
- 2. Skill Development**
To acquire helping skills with particular emphasis on interpersonal skills used in assisting clients in exploring and understanding their problems. These include relationship dynamics, nonverbal and verbal responses, opening and terminating interviews, active listening skills, responding to cognitive and affective content, identifying problems and setting goals, and receiving and utilizing supervision.
- 3. Self Development**
To identify, discuss, and further develop personal values and issues as they relate to helping and other human interactions, and to promote individual personal growth.

GRADING

A point system is used. Points are assigned as follows:

Listening Response Audiotape or Videotape	20
Integrative Interview Video	25
Integrative Interview Transcript	15
Research /Literature Summary for Integrative Interview	15
Final Exam	<u>25</u>
TOTAL	100

A	90-100%
B	80-89%
C	70-79%
D	60-69%
F	Below 60%

COURSE OUTLINE

Week	Assignment
1	Course Review – Overview of a Helping Model and the Helper/Client Relationship
2	Read – Cormier and Hackney Chapters 1-2 <i>The Helping Professions, The Helping Relationship</i>
3	Read – Cormier and Hackney Chapter 3 <i>Communication Patterns in the Helping Process</i>
4	Read – Cormier and Hackney Chapter 4 <i>Attending Skills</i>
5	Read – Cormier and Hackney Chapter 5 <i>Listening Skills</i>
6	Listening Response Audiotape or Videotape Due Listening to and/or Viewing Tapes
7	Read – Cormier and Hackney Chapter 6 <i>Action Skills</i>
Mid Semester	
8	Read – Cormier and Hackney Chapter 7 <i>Managing the Helping Session</i>
9	Read – Cormier and Hackney Chapter 8 <i>Conceptualizing Client Issues and Setting Change Goals</i>
10	Read – Cormier and Hackney Chapter 9 <i>Using Integrative Helping Strategies and Interventions</i>
11	Read – Cormier and Hackney Chapter 10 <i>Considerations and Challenges for Beginning Helpers</i>
12	Integrative Interview Video and Transcript Due
13	Viewing Integrative Role Play Videotapes Research /Literature Summary for Integrative Interview Due
14	Continuation of Videotape Viewing
15	Course Evaluation Final Exam

LISTENING RESPONSE AUDIOTAPE OR VIDEOTAPE

Based on the content in Chapters 2 and 4 of the text, engage in a 10-15 minute interview with a role play client in which you demonstrate listening skills. Refer to items 1 through 18 in Part I: Helper Attending Behavior (Nonverbal) and Helper Attending Behavior (Verbal) of the Helping Strategies Checklist in the text appendices as a guide.

INTEGRATIVE INTERVIEW VIDEO

Toward the end of the semester you will engage in a 15-20 minute interview with a role play client that is videotaped. Your task in this interview is to integrate the skills we have learned during the class and covered in the text. Parts I through VII of the Helping Strategies Checklist in the text appendices are designed to enhance the process of conducting an integrative interview.

INTEGRATIVE INTERVIEW TRANSCRIPT

Please make a verbatim transcript of your integrative interview video, noting both helper and client responses using the following format:

**Helper Verbal/
Nonverbal Responses**

**Purpose(s) of
Responses**

**Client Verbal/
Nonverbal Responses**

RESEARCH/LITERATURE SUMMARY FOR INTEGRATIVE INTERVIEW

After viewing your integrative interview video and completing the transcript, use library resources such as Psych Lit to find research and literature that supports the responses you used in this interview. Summarize what you found in the literature and provide a list of the references you used.

FINAL EXAM

The final exam will consist of 50 multiple choice items that reflect content from the 10 chapters in the text. (This is to provide you with practice for your certification tests.)

Chapter 1

The Helping Profession

CHAPTER OUTLINE

- What is Helping?
 - Helping Conditions
 - What Do Professional Helpers Do?
- Settings in Which Helpers Work
 - School Settings
 - Higher Education Settings
 - Community Settings
 - Religious Settings
 - Industrial and Employment Settings
 - Health Care and Rehabilitation Settings
 - Military Settings
- Helper Qualities and Skills
 - Virtue
 - Cultural Competence Skills
 - Neural Integration and Mindful Awareness
 - Resiliency
- Training and Credentialing of Professional Helpers
- Summary

KEY WORDS

- Credentialing
- Cultural competence
- Cultural Context
- Diversity
- Ethical Code
- Helping conditions
- Mindful Awareness
- Multiculturalism
- Neural Integration
- Nonprofessional helper
- Power
- Privilege
- Professional helper
- Professional helping
- Resiliency
- Training
- Virtue

CHAPTER OVERVIEW

This chapter has examined the meaning of helping in the context of human concerns and who the helpers are. Professional helpers are found in many settings and encounter a wide variety of human issues. Professional helpers can be distinguished from nonprofessional helpers by their identification with a professional organization, their use of an ethical code and standards of practice, and acknowledgment of an accrediting body that regulates their training, certification, and licensing of their practice. The effective helper brings to the setting certain personal qualities, without which the client would not likely enter into the alliance in which help occurs. These include

character traits such as virtue and ethical decision making, mindful awareness or neural integration, resilience and stamina, and cultural knowledge and sensitivity. The effective helper is committed to the sharing of resources, power, and privilege across diverse clients. Although the exact parameters of these skills may be defined by the helper's theoretical orientation, there is no denying that the effective helper has them and the ineffective helper does not. Increasingly, professional helpers are entering new employment settings and encountering more diverse groups of clients.

In the chapters that follow, we shall examine these skills and provide you with exercises and discussion questions to help in your integration of the material. Chapter 2 will look at the helping relationship and conditions that enable it to develop in positive directions to facilitate the client's progress. Chapter 3 addresses the interpersonal skills of the helper in regard to recognizing communication patterns. Chapters 4, 5, and 6 look at attending, listening and action skills development. Chapter 7 addresses skills for effectively managing the counseling session. Chapters 8 and 9 address the helper's skills in conceptualizing issues and selecting and implementing strategies and interventions. Finally, Chapter 10 explores common challenges for helpers. It is important to note that all of the skills and processes we describe in the following chapters are affected by both the social milieu and the cultural context of the practitioner and client.

ACTIVITIES

1. Interview helping professionals who work in several different types of settings. Summarize your findings either orally or in writing. What conclusions can you draw about helpers across settings? What did you learn about the helper's role in each setting? What fascinated you about the helpers and the settings you observed?

REFLECTIVE QUESTIONS

1. In a small group of three to five class members, each of you should identify a preferred setting in which you would choose to be a professional helper. Discuss among yourselves why you chose this particular setting. Does it have to do with your personal qualities? Your perception of the demands of the setting? Your perception of the rewards of working in that setting? A combination thereof?
2. Now choose a second-most preferred setting. Continue the discussion as directed in Question 1. How did you find your reactions to be different in this second discussion? What might you learn from these differences? Did you perceive the other group members as having similar or different reactions to their second choices? What did you learn about them as a result? Share your reactions candidly.
3. Identify a person you have known who was, in your opinion, an exceptional helper. What qualities did this person possess that contributed to his or her helping nature? How do you think these qualities were acquired? Do you have any of these qualities?
4. In your opinion, what does it mean to help? To give help? To receive help? How are these processes related?
5. What has had an impact on your decision to become a helper? Consider the following sources of influence: your family of origin (the one in which you grew up), life experiences, role models, personal qualities, needs, motivations, pragmatic concerns, culture, and environment.

TEST ITEMS

Chapter 1

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. Examples of workers who are not generally considered professional helpers, but who may enter the helping network on a *temporary* basis include _____.
 - a. psychiatrists and psychologists
 - b. ministers and teachers
 - c. marriage and family therapists
 - d. social workers and case managers
2. Professional helpers can be distinguished from non-professional helpers by which of the following?
 - a. existence of an accrediting body that governs training, credentialing, and licensing of practice
 - b. identification with a professional organization
 - c. adoption of an ethical code and standards of practice
 - d. all of the above
3. The four conditions under which helping is most likely to occur include: someone trained and/or capable as a helper, someone willing to offer help, a setting conducive to helping, and
 - a. help offered by a professional versus a paraprofessional helper.
 - b. a client seeking help.
 - c. a reluctant client who has been mandated to seek help.
 - d. a client who denies needing or wanting help.
4. Which of the following characteristics of a helper would enhance the helping process?
 - a. a conscious need to be helpful
 - b. an unconscious need to be helpful
 - c. a conscious intent to be helpful
 - d. an unconscious intent to be helpful
5. Cultural affiliations may lead a distressed individual to do which of the following?
 - a. not seek help from a helping professional
 - b. seek guidance from tribal elders, or religious or spiritual leaders
 - c. turn to family confidants
 - d. all of the above
6. Professional helping is described by all EXCEPT which of the following?
 - a. It addresses the thoughts, feelings, actions, and social systems of clients.
 - b. It is almost always multicultural in nature.
 - c. It is premised on a basic acceptance of all clients regardless of their behaviors.
 - d. It may necessitate strong persuasion and influence if the client is resistant or reluctant.
7. Which of the following is LEAST likely to describe helping in school settings?
 - a. Much of the high school helper's work is with the teaching staff rather than individual students.
 - b. The current force of school helping is in comprehensive programs that focus on primary prevention and healthy development for all students.
 - c. The ASCA National Model focuses helper efforts on achievement and educational needs.
 - d. Elementary helpers emphasize the total school environment rather than individual helping of children.

8. The ASCA National Model: A Framework for School Counseling Programs emphasizes _____ in order to promote effective systemic change that will foster access to opportunities and better achievement for all students.
- small group work
 - collaboration/consultation with teachers, parents, and school administrators
 - classroom-based guidance activities
 - individual counseling
9. Which of the following LEAST depicts the emerging role for school helpers?
- attention to the achievement and educational needs of all students
 - focus on systemic change and advocacy
 - increased emphasis on responsive and reactive approaches
 - encouraging administrators to address institutionalized educational inequities
10. Current issues related to helping in college settings include all EXCEPT which of the following?
- more severe psychopathology among students including chronic mental illness
 - a decrease in the number of third culture kids (TCK) and multiracial and international students
 - helpers assigned to academic advising, residences, and career services
 - an increase in the use of technology to meet student helping needs
11. Issues related to confidentiality and privacy in the college setting have become more complex due to the advent of _____.
- outreach programming
 - support groups
 - psychoeducation sessions
 - online counseling
12. Which of the following accurately depicts the roles of helpers in community settings?
- They may become involved in community advocacy efforts and direct community intervention.
 - They often conduct psychotherapy with individuals, families, and/or groups.
 - They are employed in the widest variety of employment settings relative to other helpers.
 - All of the above are accurate.
13. According to Vacc and Loesch (2000), the three major activities undertaken by helpers working in religious settings include all EXCEPT _____.
- mood management counseling
 - referrals to other professionals
 - bereavement counseling
 - marriage and family counseling
14. Which of the following is NOT true with respect to helping in industrial and employment settings?
- The private sector is considered to be the new frontier for helping services.
 - Outplacement services were initiated in response to the association established between workplace stress and infectious disease.
 - Outplacement helpers are often those who have firsthand experience in an industry setting.
 - Employment assistance programs address issues such as substance abuse and couple and family relationship issues.
15. The increased demand for helpers in health care and rehabilitation settings has been accompanied by role diversification including:
- provision of wellness programs.
 - promotion of disease prevention via appropriate self-care.
 - fostering patient responsibility for medication compliance and pain management.
 - all of the above.

16. Helping professionals working with members of the military deal with a wide range of issues including all of the following EXCEPT:
- stress management and post-traumatic stress
 - substance abuse
 - parenting
 - employment loss
17. In addition to the common core of helper characteristics and skills previously identified in the literature, four important qualities for helping practice in the 21st century are:
- virtue, cultural competence, emotional intelligence, and flexibility.
 - cultural competence, neural integration, emotional intelligence, and flexibility.
 - virtue, cultural competence, neural integration, and resilience.
 - neural integration, resilience, emotional intelligence, and flexibility.
18. Sullivan (2004) describes ethics as a worldview that incorporates _____ and _____.
- power, privilege
 - cultural competence, social justice
 - virtue, aspiration
 - diversity, multiculturalism
19. Which of the following is FALSE regarding Robinson's (1997) concept of multiculturalism?
- Multiculturalism involves a willingness to share power with those who have less power.
 - Multiculturalism is synonymous with the concept of diversity.
 - Multiculturalism requires a commitment to using unearned privilege to empower others.
 - Multiculturalism equates power with access to resources.
20. The concept of resiliency is highly salient to professional helping practice because it promotes:
- preparedness to address global challenges such as terrorism.
 - coping with everyday stressors.
 - transfer of hope and optimism to clients.
 - all of the above.

ESSAY QUESTIONS: *Please formulate your responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

- Compare and contrast the typical functions and behaviors of lay helpers versus professional helpers. What is it that professional helpers do differently, and how is it different from lay helping?
- Identify the settings in which counselors may work and elaborate on the roles and functions of counselors in each of these work environments.
- Reflect on the following with respect to working as a helper in a community setting, "One issue you will have to grapple with is the effects of managed health care, created by the reimbursement system of third-party payees of health insurance. You may engage in brief and short-term counseling in these settings because managed care usually only covers the cost of a certain number of counseling sessions a year. Moreover, you will probably be required to provide a fair amount of written documentation and accountability, often in the form of client treatment plans to "justify" the sessions for a given client with a particular diagnosis. Overall, you may be challenged to do more work with fewer available resources." What recommendations would you make to helpers in those settings to address the realities of the system requirements while at the same time optimizing client outcomes?
- What are the four qualities of helpers perceived to be especially salient to practice in the twenty-first century? Do you agree that these have particular pertinence to the current context of the helping professions? Why or why not?

5. Define the concept of racial microaggressions. How do these contribute to covert racism?
6. Imagine that you are an educator of aspiring helping professionals. What learning strategies would you incorporate to promote cultural competence and skills associated with social justice and advocacy in your students? Provide a rationale for your recommendations.
7. Discuss the concept of neural integration. What differences would be observed neurologically between states of neural integration and nonintegration? What differences would be observed behaviorally? How can neural integration be promoted?
8. Smith (2006) asserted that a *strengths-based perspective* is important because “it represents a dramatic paradigm shift” (p. 16). Explain what she meant by this reference to a shift and why it is perceived to be beneficial to clients.
9. Define the concept of resiliency and describe its salience to counseling in the twenty-first century. How might counselors foster resiliency both in themselves and in their clients?
10. Identify and outline the three activities associated with the training and credentialing process for counselors.

RECOMMENDED READINGS

- Capuzzi, D., & Gross, P. (2013). *Introduction to the counseling profession, 6th edition*. New York, NY: Taylor & Francis.
- Corey, M. S., & Corey, G. (2016). *Becoming a helper, 8th edition*. Belmont, CA: Brooks/Cole, Cengage.
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85*, 401–409.
- Gibelman, M., & Furman, R. (2008). *Navigating human service organizations*. Chicago, IL: Lyceum Books.
- Hepworth, D., Rooney, R., Rooney, D. G., & Strom-Gottfried, K. (2013). *Direct social work practice, 9th ed.* Belmont, CA: Brooks/Cole, Cengage.
- Hohenshil, T. H., Amundson, N. E., & Niles, S. G. (2013). *Counseling around the world: An international handbook*. Washington DC: American Counseling Association.
- Lee, J. H., Nam, S. K., Kim, A-R., Kim, B., Lee, M. Y., & Lee, S. M. (2013). Resilience: A meta-analytic approach. *Journal of Counseling and Development, 91*, 269–279.
- Mellin, E. A., Hunt, B., & Nichols, L. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling and Development, 89*, 140–147.
- Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling and Development, 92*, 557–566. doi:10.1002/j.1556-6676.2014.00130.x
- Ponton, R. F., & Duba, J. D. (2009). The ACA Code of Ethics: Articulating counseling’s professional covenant. *Journal of Counseling and Development, 87*, 117–121.
- Roysircar, G., Sandhu, D. S., & Bibbins, V. (2003). *Multicultural competencies: A guidebook of practices*. Washington, DC: American Counseling Association.
- Sales, A. (2007). *Rehabilitation counseling: An empowerment perspective*. Washington DC: American Counseling Association.
- Siegel, D. (2010). *The mindful therapist*. New York: W. W. Norton.
- Smith, E. (2006). The strength-based counseling model. *The Counseling Psychologist, 34*, 13–79.
- Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender and sexual orientation*. Hoboken, NJ: John Wiley & Sons.
- Welfel, E. (2013). *Ethics in counseling and psychotherapy, 5th ed.* Belmont, CA: Brooks/Cole, Cengage.
- Whiston, S. C., Rahardja, D., & Eder, K. (2011). School counseling outcome: A meta-analytic examination of interventions. *Journal of Counseling and Development, 89*, 37–55.
- Wicks, R. J. (2007). *The resilient clinician*. New York: Oxford University Press.

Woodside, M., & McClam, T. (2011). *An introduction to human services*, 7th ed. Belmont, CA: Brooks/Cole, Cengage.

Chapter 2

The Helping Relationship

CHAPTER OUTLINE

The Importance of the Relationship to Clients

Accurate Empathy

 The Brain Connection and Empathy

 Empathy and Mindfulness

 Cultural and Relational Empathy

 Shame and the Empathy Bond

Positive Regard

 Positive Regard and the Acceptance Therapies

 Motivational Interviewing

 Acceptance and Commitment Therapy

 Dialectical Behaviour Therapy

Congruence/Genuineness

 Steps in Congruence: Awareness and Discernment

 Self-Disclosure

 Sharing and Feedback Statements

 Positive Feedback Statements: Encouragement and Strengths Perspective

A Climate of Safety

Summary

KEY WORDS

Accurate empathy

Communicative attunement

Congruence

Core conditions

Counter-transference

Cultural empathy

Empathic mirroring

Empathic rapport

Genuineness

Mindfulness

Mirror neurons

Person-centered approach

Positive feedback statements

Positive regard

Relational empathy

Self-disclosure

Shame

Therapeutic relationship

Transference

CHAPTER OVERVIEW

Although the helping relationship has some marked differences from other interpersonal relationships, it does serve as a model that the client can use to improve the quality of relationships outside the counseling room. From the view

of your clients, the helping relationship is described as a special place outside the usual context of family, friends, and work where they can express themselves freely to a respectful and supportive person (Lilliengren & Werbart, 2005).

Clearly, the helping relationship cannot succeed without the presence of accurate empathy or understanding of the client's world. When you assume that you understand, but you do not, you and your client detour from a constructive and helpful course and risk the dangers of false conclusions and failure. In a similar manner, if you do not value your client or if you do not consider the client's problems and concerns to be real, you are denying the most reliable information about your client's perceptions. Lacking this information, you cannot help your client develop in more constructive directions. Finally, and underlying both accurate empathy and positive regard, the degree to which you can be honestly and consistently yourself, knowing yourself, and sharing yourself with your client in congruent ways will establish the ultimate parameters of the helping relationship.

A recent study of clients in counseling described the critical incidents that, from the client's perspective, helped to forge a strong helping relationship (Bedi, Davis, & Williams, 2005). These were described by clients as specific things the helper said or did. They included the following:

Active Listening—the counselor remembered what I said.

Self-Disclosure—the counselor recalled an experience similar to my own.

Encouragement—the counselor focused on what I was doing well.

Validation of Feelings—the counselor understood my fears and my frustration over situations.

Bedi and colleagues (2005) concluded several things about the helping relationship from the client's perspective. First, clients see the strength of the helping relationship as related to things the helper does rather than things the client does. Second, as helpers we may overlook behaviors and comments that seem simple or benign to us but have tremendous impact on clients for establishing a positive therapeutic relationship.

Although the behaviors presented in this chapter can be learned and incorporated into your style and repertoire, there is a dimension yet to be acknowledged. The integral human element of the helping relationship cannot exist by mechanical manipulation of certain behaviors at given moments. Your relationship with each client contains its own uniqueness and spontaneity that cannot, without the loss of both genuineness and sincerity, be systematically controlled prior to its occurrence. Your spontaneity, however, will increase rather than decrease once you have become comfortable with a variety of counseling techniques. While you are learning counseling responses, this ease may not be quite as apparent because you will need to overlearn them. However, once the responses suggested in this book have become second nature to you, your spontaneity as a helper will begin to emerge. You will be on your way to becoming the helper you hope to be.

ACTIVITIES

1. Respond to the following three client situations with a self-disclosing response. Make sure that you reveal something about yourself. It might help you to start your statements with "I". Also, try to make your statements similar in content and depth to the client messages and situations.

Example

The client is having a hard time stating specific reasons for seeking helping.

Your self-disclosing statement: "I'm reluctant at times to share something that is personal about myself with someone I don't know; I know it takes time to get started."

- A. The client is feeling like a failure because nothing seems to be going well.

Your self-disclosure:

- B. The client is hinting that he or she has some concerns about sexual performance but does not seem to know how to introduce this concern in the session.

Your self-disclosure:

- C. The client has started to become aware of feelings of anger for the first time and is questioning whether such feelings are legitimate or whether something is wrong with him or her.

Your self-disclosure:

REFLECTIVE QUESTIONS

1. How do you approach a new relationship? What conditions do you require to be met before you open yourself to a closer relationship?
2. What were the “unwritten rules” in your family and in your culture about interactions with non-family members? How might these rules affect the kind of relationship you are able to offer clients?
3. If you were a client, what conditions would you look for in your helper?
4. Under what conditions do you feel safe? Open and disclosive? Trusting? Does this vary with persons of different ages, gender, values, and ethnic origins?
5. How have your own childhood experiences influenced your relationships with others as an adult? In exploring this for yourself, can you see potential connections between the childhood experiences of your clients and the way they may relate to you and to others?

TEST ITEMS

Chapter 2

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. The primary focus of person-centered therapy is _____.
 - a. examination of behavior patterns that are causing difficulty in the client's life
 - b. selection of specific intervention strategies that are tailored to the client's needs
 - c. promotion of a therapeutic alliance characterized by empathy, unconditional positive regard, and congruence
 - d. exploration of the intrapsychic experience of the client
2. The individual credited with the genesis of the person-centered approach is
 - a. Norcross.
 - b. Skinner.
 - c. Freud.
 - d. Rogers.
3. The concept of *core conditions* in the therapeutic process refers to
 - a. the therapeutic relationship.
 - b. theoretical approach.
 - c. treatment type.
 - d. intervention strategies.
4. Which of the following is LEAST likely to be true about clients who feel cut off from themselves and their experiences and are seeking a sense of wholeness?
 - a. They missed out on caring communication and healthy attachment to a caregiver in early life.
 - b. They have developed narratives (or stories) and conclusions about themselves that are both organized and flexible.
 - c. They have not achieved enough brain integration to regulate emotions effectively.
 - d. They have had their experiences and expressions of self denied or judged.
5. When helpers' unresolved issues get projected onto clients this is referred to as
 - a. transference.
 - b. projection.
 - c. countertransference.
 - d. projective identification.
6. The communication of accurate empathy promotes all EXCEPT which of the following?
 - a. decreased client exploration
 - b. decreased premature client termination
 - c. increased client sense of safety
 - d. increased client sense of being understood
7. The demonstration of empathic understanding requires the following of the helper:
 - a. empathic rapport and permeable internal boundaries.
 - b. empathic rapport and communicative attunement.
 - c. disconnection from oneself in order to take on the client's feelings.
 - d. imagining the feelings one would experience in the same or similar experience.

8. Understanding the client's perspectives alone is not sufficient. The helper must also
 - a. express verbally the helper's sense of understanding of the client.
 - b. mirror the client's feelings without agreeing, disagreeing, reassuring, or denying.
 - c. reflect on the immediate process in the helping session.
 - d. engage in all of the above.
9. Which of the following statements does NOT accurately depict helper empathy?
 - a. It sounds as though it has been really unsettling for you to change schools as a result of your parents' divorce.
 - b. You seem really hurt and confused about the break-up with your girlfriend.
 - c. I'm so sorry to hear about the loss of your grandmother.
 - d. I imagine that it was pretty difficult to break this news to your family.
10. Which of the following statements about client hidden shame is FALSE?
 - a. Hidden shame is unacknowledged, repressed, or defended against.
 - b. Hidden shame is associated with addiction, aggression, obsessions, narcissism, and depression.
 - c. Hidden shame is due to excessive parental empathic attunement.
 - d. Hidden shame tends to lead to self-loathing and/or unprovoked attacks on others.
11. Which of the following does NOT apply to the quality of positive regard?
 - a. It also may be referred to as nonpossessive warmth.
 - b. It contributes to a long-term working relationship.
 - c. Neurobiological research has associated the insular cortex with the processing of information related to positive regard.
 - d. It is reflected in lack of disagreement with the client.
12. All of the following are considered acceptance therapies EXCEPT:
 - a. Acceptance and Commitment Therapy
 - b. Cognitive Behavioral Therapy
 - c. Dialectical Behavior Therapy
 - d. Motivational Interviewing
13. The condition of being honest, transparent, open, and real with the client is known as
 - a. positive regard.
 - b. congruence or genuineness.
 - c. accurate empathy.
 - d. cultural and relational empathy.
14. It is important for helpers to offer congruent or genuine responses to the client in order to
 - a. model the process of claiming one's truths and speaking about them.
 - b. foster authenticity and mutuality in the helping relationship.
 - c. address persistent thoughts or feelings that may block the helper's full acceptance of the client.
 - d. provide an environment in which all of the above will occur.
15. Research has suggested that helpers are perceived more positively when they engage in _____ self-disclosure.
 - a. high levels of
 - b. moderate levels of
 - c. low levels of
 - d. no
16. Generally, the most productive use of helper disclosure occurs when the focus is on
 - a. the helper's own issues and facts about the helper's role.
 - b. the helper's own issues and reactions to the client.
 - c. facts about the helper's role and the helper's reactions to the helping relationship.
 - d. the helper's reactions to the client and to the helping relationship.

17. Helper sharing and feedback is most helpful to the client when it is constructed
 - a. as an indirect and conditional statement acknowledging helper tentativeness.
 - b. in the past tense with a focus on the 'there' and 'then'.
 - c. in the present tense with a focus on the 'here' and 'now'.
 - d. in the future tense with a focus on the 'where' and 'when'.
18. Which of the following is NOT accurate with respect to feedback statements?
 - a. Feedback statements should focus on personality traits rather than behaviors
 - b. According to Hepworth and colleagues (2010), tapes of helping sessions reveal limited helper responses highlighting client strengths and successes.
 - c. Feedback statements should be constructed using the personal pronoun "I" to communicate acknowledgment and ownership.
 - d. If the client responds defensively or with denial, this is a clue that the feedback was premature.
19. Identify the most probable sequence of helping experiences with a new client who has a history of discrimination, oppression, or betrayal.
 - a. client guardedness, testing of helper, sense of safety, sense of trust, disclosure by client
 - b. disclosure by client, sense of safety, sense of trust, client guardedness, testing of helper
 - c. testing of helper, sense of trust, client guardedness, disclosure by client, sense of safety
 - d. sense of safety, sense of trust, disclosure by client, client guardedness, testing of helper
20. In a study conducted by Bedi and colleagues (2005), clients highlighted the contribution of active listening, self-disclosure, encouragement, and validation of feelings to the establishment of a strong helping relationship. These client perceptions underscored the importance of _____ in the helping session.
 - a. what the client says and does
 - b. what the helper says and does
 - c. what the client and helper say
 - d. what the client and helper do

ESSAY QUESTIONS: *Please formulate your responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Imagine that you have identified a person-centered counseling approach as part of your counseling practice. Prepare a brief outline that you might include in your business brochure that would help potential clients understand the basic elements of this approach.
2. Compare and contrast the concepts of sympathy and accurate empathy. Include definitions of the two constructs, common and differentiating elements, and suggestions as to how counselors can hone their ability to attain and convey empathic understanding.
3. Discuss your understanding of the connection between mirror neurons and empathy. Where are mirror neurons located? With what part of the brain do they interact? How do they contribute to the experience of empathy?
4. Discuss the relevance of cultural and relational empathy to the helping relationship. How is the attainment of cultural and relational empathy facilitated? How does the absence of cultural and relational empathy detract from the helping process?
5. Explain how the three acceptance therapies described in this chapter promote the development of the therapeutic relationship and client change.
6. Define Rogers's concept of congruence. How does congruence serve to enhance the helping relationship? In what manner might it detract from the helping relationship? How could you apply the steps of awareness and discernment to ensure that congruence is employed therapeutically?

7. Identify potential causes and impact of, and approaches to addressing client shame in a helping relationship.
8. Consider the different forms of helper self-disclosure. Which types of self-disclosing statements are most likely to contribute to the productivity of a helping session? What level of self-disclosure is optimal? When is helper self-disclosure contraindicated?
9. Imagine that a client that you have seen for five sessions repeatedly asks you about your personal life, including questions about your leisure time activities and composition of your family. What might you be hypothesizing about the client's tendency to turn the focus of conversation to you as the helper? How might you respond to the client's queries?
10. What are some considerations when offering positive feedback statements? Include suggestions about the message structure, benefits relative to negative feedback statements, and appropriate timing and focus. Prepare five examples of positive feedback statements that you might offer to hypothetical clients. Provide a brief statement of the client background and presenting issue for each feedback statement (e.g., high school senior from a middle-class family of parents and three siblings who wishes to strengthen her assertiveness skills).

RECOMMENDED READINGS

- Bein, A. W. (2008). *The Zen of helping*. Hoboken, NJ: John Wiley & Sons.
- Brammer, L. M., & MacDonald, G. (2003). *The helping relationship* (8th ed.). Boston: Allyn & Bacon.
- Breggin, P., Breggin, G., & Bemak, F. (Eds.). (2002). *Dimensions of empathic therapy*. New York: Springer.
- Chi-Ying Chung, R., & Bemak, F. (2002). The relationship of culture and empathy in cross-cultural counseling. *Journal of Counseling and Development*, 80, 154–159.
- Clark, A.J. (2007). *Empathy in counseling and psychotherapy*. NY: Erlbaum.
- Cowan, E. W., Presbury, J., & Echterling, L. (2013, Feb-ruary). The paradox of empathy: When empathy hurts. *Counseling Today*, 56–61.
- Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2013). *Direct social work practice* (9th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Johnson, D. W. (2014). *Reaching out: Interpersonal effectiveness and self-actualization* (11th ed.). Upper Saddle River, NJ: Pearson Education.
- Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York, NY: Oxford University Press.
- Pedersen, P., Crethar, H., & Carlson, J. (2008). *Inclusive cultural empathy*. Washington D.C.: American Psychological Association.
- Siegel, D. (2010). *The mindful therapist*. New York, NY: Norton.
- Zur, O., Williams, M., Lehavot, K., & Knapp, S. (2009). Therapist self-disclosure and transparency in the Internet age. *Professional Psychology*, 40, 22-30.

Handout Masters

Helper Self-Disclosure

DILEMMA

The client is faced with a painful, isolating experience such as:

- failure to accomplish a desired goal
- loss of employment
- serious illness of self or loved one
- loss of a loved one to illness or accident

termination of a friendship
parental separation or divorce
dissolution of partnership (e.g., intimate relationship)

Note that painful experiences invariably incur a sense of loss.

HOW TO ADDRESS THE DILEMMA

Will the client feel unburdened and relieved to know that someone else has shared a similar experience?
or

Will the client feel upstaged or that his/her experience has been diminished by another's disclosure?
or

Will the client feel that the helper has endured far greater pain and loss, thus leading to a sense of selfishness on the part of the client and guilt about further burdening the helper?

Since this is difficult to predict, consider a tentative and fairly general sharing statement.

"I am trying to imagine just how painful this must be for you. When I found myself in a similar situation, I also found it extremely difficult to negotiate all the painful thoughts and feelings."

This type of statement makes the client aware that you have also endured difficult circumstances without taking the focus off the client by elaborating on the details.

The statement validates the client's psychological distress and offers some normalization of the client's responses without detracting from the uniqueness of the client's experience.

Handout Masters

Goals of Helper Self-Disclosure When a Client is Overwhelmed by Distress

- lessening of the client's feelings of isolation
- continuing to acknowledge the uniqueness of the experience
- validating the client's psychological state (shock, denial, distress, anger, grief)
- normalizing only to the extent that the client is relieved by the similarity of his/her experience to those who have gone before
- gently alluding to the universality of challenging life experiences rather than comparing to an $n = 1$ (helper's) experience

STRATEGIES TO AVOID

- suggesting that the client's path of healing and recovery will be similar to that of the helper
"I've been there too. It'll be rough, but you'll get through it."
- prescribing procedures for healing
"This was really helpful for me. You might want to try it."

- imposing a timeline for healing

“I was over it in about a year; you should be too.”

STRATEGIES THAT CLIENTS MAY BE OPEN TO

- responding to client questions with normative examples based on professional experiences and understanding about the particular concern

“Yes, it does happen that after losing a loved one, a person may report having seen and talked to the deceased person. It doesn’t mean that you are going crazy.”

“It is very common for children to hope that their parents will get back together, even if one or both parents have entered into new relationships.”

Chapter 3

Communication Patterns in the Helping Process

CHAPTER OUTLINE

Ritualized Patterns of Communication

- Ritualized Helper Patterns

- Ritualized Client Patterns

Interactive Communication across Diverse Client Groups

- Communication and Race and Ethnicity

- Implications for Practice

- Communication and Gender

- Implications for Practice

- Communication with Lesbian, Gay, Bisexual, Transgender, and Questions Clients

- Implications for Practice

- Communication with Clients with Disabilities

- Implications for Practice

- Communication with Clients Who Are Immigrants or Refugees

- Implications for Practice

Silence

- Types of Silence

- Helper-Induced Silence

- Client-Induced Silence

- Therapeutic Silence

- Pacing the Helping Session

- Silent Focusing

- Responding to Defenses

- Silent Caring

- Guidelines for Using Silence

Summary

KEY WORDS

Accessibility

Client-induced silence

Communication barriers

Cross-cultural helping

Culture

Disability

Diversity

Ethnicity

Functional limitations

Gender broker

Gender Identity

Gender roles

Gendered Communication

Helper-induced silence

Heterosexism

Heterosexual privilege

Immigrant

Impairment

LGBTQ

Migration

Pacing
Power differentials
Pre-immigration trauma
Race
Refugee
Ritualized client patterns
Ritualized communication
Ritualized helper patterns
Sexual Orientation
Silence
Therapeutic silence

CHAPTER OVERVIEW

The practice of helping involves a sense of both personal authenticity and professional skills. Both authenticity and skills are maintained by patterns of behavior that emerge as the helper matures and grows in experience. Similarly, clients evolve patterns of behavior that reflect their personal qualities, their problems, and their culture. We have noted in this chapter how these patterns affect and are affected by the helper's communication patterns and styles.

Helpers must be careful to avoid imposing their communication styles and values on clients and must be sensitive to communication styles from culturally diverse clients as race and ethnicity play a large role in communication patterns. Gender expression of language affects the helping process as well. Again, it is crucial for helpers to be sensitive to the ways in which gender roles are expressed through language and to be aware of the difficulties that patriarchal gender norms have created for both women and men. As the helper's comfort level with the helping setting improves, these patterns may be examined for their effect on the session. Helpers of LGBTQ clients must similarly avoid oppressive or prejudiced communication with clients and work to improve their competencies as research has suggests that many helpers still struggle to work effectively and impartially with these clients. Helpers also must be sensitive to language usage and verbal and nonverbal communication patterns in their interactions with clients with disabilities. Meeting the needs of refugees and immigrants presents both cultural and linguistic challenges.

More subtle, and perhaps of greater concern, are the helper communication patterns that become ritualized. Ritualized patterns exist for expediency's sake. They are the behavioral shorthand that allows more efficient functioning. The problem is that efficient functioning may not be effective functioning, particularly in the helping relationship. Another communication pattern impacted by culture, gender, sexual orientation, disability and unfamiliarity with our culture involves the use of silence. Again, silence can be used therapeutically or accidentally. When accidental, any positive effects may be from luck rather than intention. The intentional use of silence can contribute greatly to the helping relationship and the establishment of rapport between helper and client.

ACTIVITIES

1. Observe various communication patterns in a social setting and in a classroom setting. What do you notice about verbal interaction patterns and about the use of silence? Are you aware of any differences in these communication patterns based on gender, age, race, and/or ethnicity?
2. Discuss what types of self-disclosure you feel comfortable with, and under what conditions. Are you aware of instances in which you retreat and shut down interpersonally? What happens to you when someone else is silent and non-disclosive? Do you notice any similarities or differences in your patterns and reactions when you and the other person are more similar to each other?

REFLECTIVE QUESTIONS

1. If you are able to eliminate inappropriate social behavior from your helping repertoire, what impression do you think this will make on your client?
2. What types of messages can be communicated with a silence? How many of these messages might occur in a helping session? How can you tell one message from another?
3. What do you think your own tolerance/comfort level is with silence? Are you more comfortable with silence that is initiated by you or the client? What about silences that are terminated by you or the client?
4. Provide examples that illustrate how the meaning and use of silence is affected by culture and gender.
5. Discuss some examples in which you have observed communication patterns being influenced by culture.
6. Describe your reactions to the idea that gender affects communication.
7. How do you think the communication styles and patterns discussed in this chapter relate to you?

TEST ITEMS

Chapter 3

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. When a client engages in frequent topic shifts during the first few sessions, this may be an indication of
 - a. anxiety related to the helping process.
 - b. a need to exert some control over the helping process.
 - c. both a and b.
 - d. neither a or b.
2. Clients often approach helping with thoughts such as, “I know that I need help”, and “I wish I weren’t here”. Given this dual set of motivations, helpers may anticipate that clients will engage in _____ communication at times.
 - a. conflicting and contradictory
 - b. conflicting and complementary
 - c. complementary and contradictory
 - d. complementary and congruent
3. Which of the following does NOT apply to the concept of ritualized patterns of communication?
 - a. situation specific
 - b. suspension of previous style of interaction
 - c. idiosyncratic to the individual involved
 - d. trademark interaction style
4. Four potential communication barriers in cross-cultural helping that have been identified by Pedersen and Ivey (1993) include: verbal and nonverbal language problems, interference from preconceptions and stereotyping, erroneous evaluation, and _____.
 - a. arrogance
 - b. stress
 - c. indifference
 - d. inflexibility
5. When a communication mismatch occurs in the context of a cross-cultural helping dyad, there is an increased risk of
 - a. premature termination of the session by the client.
 - b. inability of the helper to establish rapport with the client.
 - c. cultural oppression of the client.
 - d. all of the above.
6. A conversation becomes ‘gendered’ when:
 - a. gender is discussed.
 - b. gender influences what you say and how you relate to others.
 - c. someone is being sexually harassed.
 - d. Someone is being sexist.
7. Perpetuation of gender roles is damaging to:
 - a. men.
 - b. women.
 - c. both men and women.
 - d. none of the above.

8. Pittman (1985) coined the term _____ to describe the role of helpers in helping clients examine traditional and modern socialization and communication styles.
- gender broker
 - cultural nuance cultivator
 - cultural dimension navigator
 - patriarchal structure disassembler
9. How is transgendered status different from lesbian, gay, or bisexual status?
- it is biological.
 - it is more socially accepted.
 - it relates to gender identity instead of sexual orientation.
 - it relates to sexual orientation instead of gender identity.
10. Research suggests that many helpers have:
- no opportunity to work with LGBTQ clients.
 - only worked with LGBTQ clients.
 - prejudicial beliefs that affect the therapeutic relationship with LGBTQ clients.
 - no access to support and competency training for working with LGBTQ clients.
11. Suggestions for working competently with LGBTQ clients include all of the following EXCEPT:
- minimize heterosexist bias in your language.
 - engage in self-reflection about your own gender identity and sexual orientation,
 - always self-disclose your gender identity and sexual orientation to clients.
 - be aware that language with LGBTQ clients is always evolving and varies for each client.
12. Which of the following describes people with disabilities?
- all disabilities are visible to others.
 - there is a wide range of disabilities clients may experience.
 - most disabilities impact a client's ability to learn.
 - a disability always impacts a person's health.
13. All of the following are common communication problems helpers experience with disabled clients EXCEPT:
- helpers may fear to say the wrong thing.
 - helping sessions may be terminated prematurely.
 - helpers may struggle with boundary crossing with clients.
 - helpers may use biased language with clients.
14. Developing a conversation style that is _____ rather than _____ is important in working effectively with clients with disabilities.
- direct and respectful; avoidant or condescending.
 - straight forward; confusing.
 - simple; complicated.
 - understanding and empathetic; clinical.
15. An important differentiation between immigrant and refugee clients is:
- immigrants have migrated voluntarily and refugees have been forced to migrate.
 - immigrants are pushed out of their country and refugees are pulled to their new country.
 - immigrants have never suffered traumatic experiences at home, whereas refugees have.
 - immigrants are better able to afford counseling, whereas refugees often arrive here in poverty.
16. Challenges when working with immigrant and refugee clients include:
- language barriers.
 - cultural barriers.
 - mistrust of the helper.
 - all of the above.

17. Karasu (1992) observed that helpers tend to _____ the power of listening and to _____ the power of speaking.
- deny, acknowledge
 - acknowledge, deny
 - underestimate, overestimate
 - overestimate, underestimate
18. With respect to helper-induced silence, unintentional silence is often used:
- as a reflection of his or her tendency to hide, withhold, and self-protect.
 - unsystematically when at a loss for words.
 - to deliberately reduce helper activity and to transfer responsibility to the client.
 - to avoid interfering with or impeding the client's momentum.
19. The judicious and deliberate use of silence by the helper may be effective in
- pacing the interview.
 - communicating compassion and caring.
 - helping the client develop insight into defense mechanisms.
 - accomplishing all of the above.
20. Which of the following is NOT recommended practice in the therapeutic use of silence in a helping session?
- Allow clients to determine when to terminate helper-induced silence.
 - If clients appear uncomfortable with a silence, invite them to "just say whatever comes to mind".
 - Use silence to calm confused or psychotic clients.
 - If clients appear to be struggling with a silence, acknowledge that it sometimes can be difficult to decide what to say next.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

- Define and give examples of helper ritualized patterns and client ritualized patterns. Identify how these patterns both may contribute to and detract from the helping session.
- Discuss various ways in which different racial/ethnic groups differ in their communication styles. Provide some cultural-specific examples.
- Discuss gender issues that influence communication patterns. Identify approaches that will promote gender-sensitive communication in the helping context.
- Describe the barriers LGBTQ clients face and what helpers can do to overcome these barriers and effectively communicate with their clients.
- Given the increasing likelihood that helpers will encounter clients with disabilities, identify communication patterns and styles that will foster a healthy therapeutic alliance when working with clients who are living with disabilities.
- Immigrants and refugees face many struggles as they migrate to our country and seek help. Discuss the similarities and differences a helper will experience when working with these populations.
- Discuss the role of silence in the helping session. When might it foster therapeutic benefit? When might it negatively impact the helping session? What are some cultural and gender considerations related to silence in the helping session?

RECOMMENDED READINGS

- American Psychological Association. (2012). (Division 44 Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual clients).
Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, 67, 10–42.
- American Psychological Association. (2013). *Enhancing your interactions with persons with disabilities*. Washington, DC: Author.
- Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (2008). *Competencies for counseling gay, lesbian, bisexual and transgendered (GLBT) clients*. www.algbtic.org/resources/competencies.html
- Artman, L., & Daniels, J. (2010). Disability and psychotherapy practice: Cultural competence and practical tips. *Professional Psychology*, 41, 442–448. doi: 10.1037/a0020864.
- Bartholomew, C. G. (2003). *Gender-sensitive therapy: Principles and practices*. Prospect Heights, IL: Waveland Press.
- Chung, R C-Y., Bemak, F., Ortiz, D. P., & Sandoval-Perez, P. A. (2008). Promoting the mental health of immigrants: A multicultural/social justice perspective. *Journal of Counseling and Development*, 86, 310–317.
- Daughty, D., Abels, A., & Gibson, J. (2009). Mentoring students and professionals with disabilities. *Professional Psychology*, 40, 201–205.
- Dermer, S. B., Smith, S. D., & Barto, K. K. (2010). Identifying and correctly labeling sexual prejudice, discrimination, and oppression. *Journal of Counseling and Development*, 88, 325–331.
- Evans, M. P., Duffey, T., & Englar-Carlson, M. (2013). Introduction to the Special Issue: Men in Counseling. *Journal of Counseling and Development*, 91:387–389. doi: 10.1002/j.1556-6676.2013.00108.x
- Hoffman, R. M. (2001). The measurement of masculinity and femininity: Historical perspective and implications for counseling. *Journal of Counseling and Development*, 79, 472–485.
- Nutt, R., & Brooks, G. (2008). Psychology of gender. In S.D. Brown & R.W. Lent (Eds). *Handbook of counseling psychology* (176–193). New York: Wiley.
- Sharpley, C. F., Munro, D. M., & Elly, M. J. (2005). Silence and rapport during initial interviews. *Counseling Psychology Quarterly*, 18, 149–159.
- Singer, R. R., & Tummala-Narra, P. (2013). White clinicians' perspectives on working with racial minority immigrant clients. *Professional Psychology*, 44, 290–298.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2014). *Clinical interviewing* (5th ed.). New York: Wiley.
- Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse* (6th ed.). New York: Wiley.
- Vogel, D. L., Epting, F., & Wester, S. R. (2003). Counselors' perceptions of female and male clients. *Journal of Counseling and Development*, 81, 131–140.

Chapter 4

Attending Skills

CHAPTER OUTLINE

Communication of Attentiveness

- Facial Expressions

- Animation

- Eye Contact

- Body Positions and Use of Space

- Visible Behavior

Verbal Following Behavior and Selective Attention

Cognitive and Affective Messages and Differentiation

Effects of Responding to Cognitive Content

Types of Affective Messages

- Positive Affect – Joy

- Anger

- Fear

- Sadness

Effects of Responding to Affective Messages

Attending to Context

- Case Example: Listening for Context

Summary

KEY WORDS

Affective content

Anger

Animation

Attending

Body positions

Cognitive content

Context

Core conditions

Differentiation

Distance

Eye contact

Facial expressions

Fear

Muscle relaxation

Positive affect – joy

Sadness

Selective attention

Verbal following

Verbal responses

CHAPTER OVERVIEW

One of the major goals in counseling is to listen attentively and to communicate this attentiveness through the use of eye contact, intermittent head nods, a variety of facial expressions, relaxed posture, modulated voice, minimal verbal followers, and verbal responses that follow the client's topics. As we have seen in this chapter, many of these components of attentiveness vary, depending on the gender and culture of both helper and client.

Because helpers cannot attend to everything, attentiveness is selective, and in counseling sessions, helpers make moment-by-moment decisions about what is most important. One of the decisions helpers make that influences the outcome of the session is whether to attend to cognitive or affective messages. This differentiation can be due to a helper's theoretical approach, and also discomfort, but the goal in a session is to attend on both affective and cognitive messages as appropriate. When attending to affective messages, helpers must be able to recognize the verbal and non-verbal indications of the universal categories of joy, sadness, anger and fear so that they can help clients understand and accept their feelings.

In addition to listening to client verbal and nonverbal messages, helpers also pay attention to the context surrounding client stories and lives. To do this effectively, a helper must acknowledge the context and attend to the meaning a client gives to contextual elements.

ACTIVITIES

1. Establish Helping Relationships
Skills: Listening and Observation
Empathy (mirroring)
Collaboration

Find a partner and interview that person. Attempt to mirror or match at least one aspect of their body language such as body posture, voice, breathing rate, or gestures. Do this while the two of you talk for several minutes. Stop and get feedback before switching roles.

2. Below are some client statements followed by helper responses. Describe each helper response: Is it a response to the *client's statement*? If not, describe the nature of the inappropriate response, e.g., shift of topic, focus on others, focus on past, etc.

- A. Client: "I think I just have to go away for awhile. The pressure is really building up."
Helper: "What would Bob say to that?"

The helper did/did not (circle one) respond to the client's statement. If the helper did not respond to the client's statement, the nature of the inappropriate response was: _____.

- B. Client: "She doesn't really care anymore, and I've got to learn to accept that."
Helper: "You are fairly sure that she doesn't care."

The helper did/did not respond to the client's statement. If the helper did not respond to the client's statement, the nature of the inappropriate response was: _____.

- C. Client: "Money is the biggest problem I have in school. The grades aren't that hard to get."
Helper: "What did you do last year?"

The helper did/did not respond to the client's statement. If the helper did not respond to the client's statement, the nature of the inappropriate response was: _____.

- D. Client: "The job I have isn't fun, but I'm afraid if I quit, I might not get another job."
Helper: "Jobs are really getting hard to find."

The helper did/did not respond to the client's statement. If the helper did not respond to the client's statement, the nature of the response was: _____.

REFLECTIVE QUESTIONS

1. How can a helper shape or influence the topical direction of a session without even being aware that he or she is doing so?
2. Under what helping conditions might you want to have your clients talking about problems, events, situations, or people, as opposed to feelings?
3. With a partner or in a small group, discuss ideas, beliefs, or issues that are uncomfortable for you to talk about. How might this affect the way in which you respond to clients who present these issues and beliefs?
4. How might your own cultural affiliation and worldview affect what you focus on in an interview?
5. What effect does your own culture have on the way you seem to attend and respond to clients?

TEST ITEMS

Chapter 4

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. The three core conditions of helping are central to the therapeutic process and include all EXCEPT which of the following?
 - a. genuineness or congruence
 - b. accurate empathy
 - c. attentive listening
 - d. positive regard
2. Attentiveness is communicated primarily through
 - a. verbal responses.
 - b. facial expressions and eye contact.
 - c. bodily positions and movement.
 - d. all of the above.
3. Three of the following represent obstacles to the attending process. Which of the following is NOT an obstacle to attentiveness?
 - a. following the client's metacommunication
 - b. categorizing the client on the basis of his/her concerns
 - c. focusing on the facts that the client presents
 - d. sympathizing with the client and his/her dilemma
4. When a helper's facial expression radiates concern in response to a client's tearful recounting of a loss experience, this is an example of _____.
 - a. animation
 - b. mirroring
 - c. sympathy
 - d. resonant empathy
5. Regional and cultural variances are evidenced in a preference for direct eye contact when speaking among _____.
 - a. Native Americans
 - b. Euro-Americans
 - c. inner-city African American youths
 - d. none of the groups indicated above
6. Knapp, Hall, and Horgan (2014) note that the greatest amount of information about a client's emotional state is communicated via
 - a. the hands.
 - b. the face.
 - c. posture.
 - d. the eyes.
7. There does not appear to be much variation in _____ across cultures.
 - a. facial expressions
 - b. duration and directness of eye contact
 - c. gestures used to convey meaning
 - d. all of the above

8. Prolonged eye contact may indicate
 - a. deception.
 - b. anxiety.
 - c. aggressiveness.
 - d. shame.
9. Which of the following statements is the most likely depiction of the relationship between physical space and the degree of eye contact between the client and helper?
 - a. Physical space has no effect on degree of eye contact
 - b. As physical space increases, eye contact decreases.
 - c. As physical space decreases, eye contact decreases.
 - d. As physical space decreases, eye contact increases.
10. The helping professional's body positions and movement play an important role in
 - a. regulating the space or distance between the helper and a client.
 - b. commencing and terminating a session.
 - c. prompting exchange of speaker and listener roles within a conversation.
 - d. each of a, b, and c.
11. Which of the following is TRUE with respect to body positions and use of space in a helping session?
 - a. Comfort with physical proximity is quite consistent among cultures.
 - b. Preference for closeness or distance is unaffected by gender.
 - c. Generally, Euro-Americans helpers and clients sit facing each other.
 - d. Members of Inuit cultural groups would find it uncomfortable to sit side by side when discussing a personal issue.
12. During interaction in the helper dyad, selective body tension generally reflects
 - a. comfort with the topic being discussed.
 - b. a working moment or action.
 - c. blocking or holding back a feeling.
 - d. discomfort with the topic or the other person.
13. The practice of selective attention refers to
 - a. the helper making moment-by-moment decisions about what is most important.
 - b. the client making moment-by-moment decisions about what is most important.
 - c. the helper deciding at the beginning of the session what that day's focus will be.
 - d. the client identifying at the beginning of the session what that day's focus will be.
14. When a helper verbally acknowledges a topic that the client has brought up, the client will likely
 - a. continue to develop and pursue the topic.
 - b. immediately interrupt him/herself and change topics.
 - c. cut the topic short without fully pursuing it.
 - d. become silent.
15. The concept of verbal following is demonstrated when the helper
 - a. further explores the topic by focusing on significant others in the client's life.
 - b. further explores the topic by focusing on the client's past.
 - c. shifts topics to collect additional information about the client.
 - d. does not add any new ideas and reacts only to what the client has just said.
16. The process of choosing whether to focus on a client's cognitive or affective response is called
 - a. attentiveness.
 - b. differentiation.
 - c. verbal following.
 - d. non-verbal response.

17. Differentiation can be based on
 - a. theoretical approach.
 - b. helper comfort level.
 - c. client comfort level.
 - d. all of the above.
18. Responding primarily to cognitive content can limit
 - a. the helper's understanding of the client's problem.
 - b. the client's ability to recognize the influence of their emotions on their behaviour.
 - c. the client's ability to share his or her thinking in a non-judgemental setting.
 - d. the helper's ability to relate to the client's family of origin patterns.
19. The four primary categories of universal feelings include:
 - a. joy, anger, fear, and sadness.
 - b. envy, loneliness, disgust, and confusion.
 - c. attraction, aggression, avoidance, and uncertainty.
 - d. depression, anxiety, boredom, and contentment.
20. Listening for context involves attending to elements such as religion or faith heritage, race, ethnicity, gender, sexual orientation, social and economic class, occupation, geography, age, and then
 - a. waiting for clients to discuss the relevance of the contextual elements to their identity.
 - b. discussing only those contextual elements that clients bring up.
 - c. clarifying the meaning that clients attach to each of their contextual elements.
 - d. discussing those elements the helper believes are relevant to clients' identities.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Identify and discuss the four dimensions or channels via which attentiveness to the client is communicated by the helper. Describe the manner in which the effectiveness of each of these four is enhanced.
2. Identify obstacles to the attending process and explain how such helper behaviors detract from attentive listening.
3. Discuss cultural considerations related to client-helper eye contact, body position, and personal space.
4. Write a one-page script to guide a client through a muscle relaxation process.
5. Imagine that you are in a session with a client. What types of questions might you ask yourself about the client to guide you in the process of selective attention?
6. Create three client statements accompanied by *inappropriate* helper responses. Provide one example for each of: a shift of topic, a focus on others, and a focus on the past. Then, for each example, provide a more accurately-attuned helper response.
7. Identify the four primary categories of universally-recognized feelings. Provide five affect terms that belong in each of the four 'affect families'. For each of the four primary feeling categories, describe the observable facial, vocal, and body cues associated with each category. Identify also any related speech cues such as changes in pattern.
8. Provide a written response to the statement: "Listening for context not only involves attending to and acknowledging these elements of context surrounding clients but it also involves attending to and clarifying the meaning that clients give to these contextual elements." What does this mean and why is it important in the context of helping?

9. Define the process of differentiation as it relates to the context of professional helping. Describe benefits that accrue in helping relationships when helpers become aware of and reflect on their typical patterns in the process of differentiation.

RECOMMENDED READINGS

Cormier, S., Nurius, P. S., & Osborn, C.J. (2013). *Interviewing strategies for helpers* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning..

Egan, G. (2014). *The skilled helper* (10th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Ivey, A., Gluckstern, N., & Ivey, M. B. (2006). *Basic attending skills* (4th ed.). North Amherst, MA: Microtraining Associates.

Knapp, M. L., & Hall, J. & Horgan, T. G. (2014). *Nonverbal communication in human interaction* (8th ed.). Boston, MA: Wadsworth, Cengage Learning

Chapter 5

Listening Skills

CHAPTER OUTLINE

Paraphrase: Listening for Content
Reflection of Feelings: Listening for Affect
Summarization: Listening for Multiple Elements of Content and Affect
 Summarization of Content Response
 Summarization of Feelings Response
 Combining the Two Summarization Responses to Multiple Client Messages
Putting It All Together: Using Listening Skills in a Helping Interview
Obstacles to Listening
Summary

KEY WORDS

Evaluative listening
Filtered listening
Implicit message
Inference
Listening
Listening cycle
Paraphrasing
Reflection of content
Reflection of feelings
Summarization of content
Summarization of content and feelings
Summarization of feelings

CHAPTER OVERVIEW

Listening is a vital skill for beginning helpers to develop. While listening seems like an easy process, it is in fact quite difficult to listen effectively. Our ability to listen effectively forms the basis for empathy in our therapeutic relationships with clients, and our ability to understand what they are saying to us.

Helpers employ strategies to communicate to clients that they are listening and hearing their messages. Helpers use paraphrasing to communicate that they understand the content of the client's message.

We also use reflection of feelings to indicate we understand how a client feels. Feelings must be dealt with carefully by the helper. Many clients are uncomfortable disclosing their feelings and some cultures do not share feelings as a part of their practice. However, for clients from marginalized groups, reflection of feelings can help them feel truly heard and respected. Reflection of feelings can be based on surface feelings directly stated by the client, or on deeper implied feelings. When reflecting implied messages, it is important to respond with an equal or greater intensity of feeling to ensure the client of your understanding.

Summarization is used to condense a client's feelings and content messages so that they can be evaluated by the client. At times we only summarize a client's affect or content messages, but often it is most helpful to summarize both kinds of messages together. While these skills may seem straightforward, many times they require that a helper infers meaning from clients, which then requires helpers to check the accuracy of their inferences.

In a helping interview all these skills are combined as part of Young's (2013) listening cycle to create the basis for effective listening. When listening helpers can face obstacles, namely filtered listening and evaluative listening. Although unavoidable, listening obstacles can be minimized by listening with an open mind and using effective listening skills.

ACTIVITIES

1. Establish Helping Relationships
Skills: Listening and Observation
Empathy (mirroring)
Collaboration

Ask a partner to help you with this exercise. Have your partner share something about which he or she is or has been upset at home, school, or work. Ask open-ended questions about the situation. Then listen carefully for **both** the content and the feelings. Rephrase what you think the person was saying and feeling. Ask your partner for feedback as to how you did. If necessary, continue to refine your rephrasing of the content and understanding of the feelings until your partner feels you have understood the situation.

2. Verbal Responses

Write a helper response for each of the following client messages.

- A. Client: "I am having difficulty putting it together in my head. One instructor pushes her thing and says that this is the right way. The other instructor is too simplistic and gives me too much freedom- I am confused."
Helper- (your summarization of feelings)
- B. Client: "That is not the only way to do it you know. There are other things that could be done and they could be just as helpful."
Helper- (your reflection of feelings)

3. In this activity, develop a *reflection of feeling* that accurately reflects the client's feeling about a certain situation or event.

- A. Client 1, a fourth grader: I don't want to do this dumb homework anyway. I don't care about learning these math problems. Girls don't need to know this anyway.
- B. Client 2, a middle-aged man: I'm really discouraged with this physical disability. I feel like I can't do anything the way I used to. Not only has it affected me in my job, but at home as well. I just don't feel like I have anything good to offer anyone.
- C. Client 3, an older person: The company is going to make me retire even though I don't want to. What will I do with myself then? I find myself just thinking over the good times of the past, not wanting to face the future at all. Sometimes retirement makes me so nervous I can't sleep or eat. My family suggested I see someone about this because they're worried about my health.

4. Listed below are six hypothetical client statements. Read each statement carefully and then write an example of the type of helper response listed in the blank space provided. Try to write an example of the different responses according to the definitions and examples you've learned from your text.

- A. Client #1: "There are times when I just sit and drink and play cards all day. Never look for a job. Maybe I'll never get a permanent job. Though booze really does nothing for me."

Helping Responses:

- i. Reflection of feeling: _____

- ii. Summarization of feelings: _____

B. Client 2: "I don't like it when people infringe on my rights – go ahead of me in a line or use something of mine without asking. But it happens all the time. I guess I'm just a doormat."

Helping Responses:

- i. Reflection of feeling: _____

- ii. Summarization of feelings: _____

REFLECTIVE QUESTIONS

1. Listening is a difficult skill. What does it take to be an effective listener? Assess your own listening strengths and weaknesses.
2. When a client's message contains both cognitive and affective components, what conditions might lead you to attend more to one component or the other? How might this be affected by your client's culture?
3. If you were a client, would you prefer a helper whose natural inclinations were toward feelings or toward rational thinking? What would be the advantages for you if you had the helper you preferred? What would be the disadvantages to you with such a helper?
4. Often, clients are less aware of their feelings than of their thoughts. How might you assist clients to become more aware of their feelings by the way you choose to respond?
5. What are some of the conditions that might work against you as you try to recognize the different messages in a client's statement?

TEST ITEMS

Chapter 5

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. What is often one of the toughest challenges for beginning helpers?
 - a. listening.
 - b. summarizing.
 - c. applying strategies.
 - d. building rapport.
2. Nichols (2009) describes two purposes for listening, namely to take in information and to
 - a. validate them as people.
 - b. bear witness to their experience.
 - c. show you care about them.
 - d. answer their questions.
3. Which of the following is NOT a listening skill?
 - a. summarization of feelings.
 - b. paraphrasing.
 - c. reflection of feelings.
 - d. motivational interviewing.
4. The _____ is a rephrasing of the client's previous communication that neither adds nor detracts from the message.
 - a. summary
 - b. paraphrase
 - c. reflection of content
 - d. none of the above
5. Paraphrasing is important because it confirms for the client that the helper
 - a. is able to understand them.
 - b. is listening.
 - c. has understood in a non-judgmental way.
 - d. will have strategies to help them solve the problem.
6. Paraphrasing
 - a. usually picks up on cognitive content.
 - b. should be interspersed with other strategies to avoid parroting the client.
 - c. should use the most important words from the client's response.
 - d. all of the above.
7. Which is not a part of the paraphrasing process?
 - a. listening carefully to the client response to ensure accuracy.
 - b. attending carefully to the client's non-verbal message.
 - c. listening for the affect message.
 - d. translating the key part of the message.
8. The reflection of feelings is used to attend to the client's
 - a. message content.
 - b. non-verbal messages.
 - c. emotional tone.
 - d. thought processes.

9. Clients find value in reflection of feelings because it allows them to
 - a. build rapport with the helper.
 - b. recognize and accept their feelings.
 - c. explain their thinking.
 - d. understand the counseling process.
10. Reflection of feelings is important because it
 - a. is used to convey basic empathy.
 - b. affirms client feelings instead of negating or judging them.
 - c. helps clients with a history of oppression feel seen and respected.
 - d. all of the above.
11. Reflecting client feelings at a *deeper* level requires that the helper
 - a. paraphrase all or a portion of the cognitive content of the client's message.
 - b. mirror an affect message that is overtly expressed.
 - c. stay below the threshold of the intensity of the client's feeling.
 - d. acknowledge the implied admission of the client's message.
12. In mirroring the feelings of the client, the reflection must
 - a. match the level of emotional intensity exactly.
 - b. be less emotionally intense than the client's feelings.
 - c. match or exceed the client's level of emotional intensity.
 - d. greatly exceed the level of the client's expressed emotions.
13. Which of the following is NOT true about summarization?
 - a. it forms a cohesive picture of the client's messages.
 - b. it focuses a client who is less verbal.
 - c. it helps identify themes.
 - d. it is a common skill in terminating with a client.
14. A summarization of content is similar to a paraphrase. They differ in the aspect of
 - a. focus. One is emotionally based and one is cognitively based.
 - b. length. A summarization deals with many comments whereas a paraphrase focuses on one.
 - c. time. One looks at comments made over time, the other focuses on the client's last response.
 - d. none of the above.
15. According to Teyber (2006), which of the following affect constructions would most likely manifest in a client whose family or culture discouraged expression of anger?
 - a. sadness-anger-shame
 - b. sadness-anger-guilt
 - c. anger-sadness-shame
 - d. anger-sadness-guilt
16. When a client gives a long response and you must infer feelings or thoughts, it is helpful to follow your summarization with
 - a. a question to check the accuracy of your inference.
 - b. another summarization.
 - c. a question to ask the client to explain their thoughts or feelings explicitly.
 - d. silence.
17. The listening cycle described by Young (2013) involves the following stages. Identify the responses that are in correct order.
 - a. paraphrasing, reflection of feeling, summarization, verbal following.
 - b. reflection of feeling, summarization, verbal following, paraphrasing.
 - c. verbal following, paraphrasing, reflection of feeling, summarization.
 - d. summarization, verbal following, paraphrasing, reflection of feeling.

18. Egan (2014) suggests that biases become problematic in
 - a. evaluative listening.
 - b. summarizing.
 - c. reflections of content.
 - d. filtered listening.

19. When helpers listen judgmentally, they are engaging in
 - a. evaluative listening.
 - b. summarizing.
 - c. reflections of content.
 - d. filtered listening.

20. In the following example, what skill is the helper demonstrating?

CLIENT: I'm sorry I didn't get my homework done. I hate that it's not finished!

HELPER: It sounds like you're feeling disappointed and frustrated.

 - a. paraphrase.
 - b. reflection of feeling.
 - c. reflection of content.
 - d. summarization.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Create a dialogue between a helper and a client that shows examples of the skills learned in this chapter. Which example was the most difficult to generate? Why do you think it was difficult for you?
2. Explain Young's (2013) listening cycle. Why does the cycle often unfold in this order?
3. Explain the steps in formulating an effective reflection of feelings response.
4. In your experience of being confronted with others' verbal and nonverbal expression of emotion, which feelings tend to be the most uncomfortable for you to acknowledge and address? Why do you think this is so?
5. Describe some obstacles to listening. Why are they problematic?

RECOMMENDED READINGS

- Cormier, S., Nurius, P. S., & Osborn, C. J. (2013). *Interviewing and change strategies for helpers* (7th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Egan, G. (2014). *The skilled helper* (10th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Ivey, A. E., Gluckstern Packard, N., & Ivey, M. B. (2006). *Basic attending skills* (4th ed.). Hanover, MA: Microtraining Associates.
- Nepo, M. (2012). *Seven thousand ways to listen*. New York, NY: Free Press.
- Nichols, M. (2009). *The lost art of listening* (2nd ed.). New York, NY: Guilford.
- Teyber, E., & McClure, F. (2011). *Interpersonal process in therapy* (6th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Young, M.E. (2013). *Learning the art of helping* (5th ed.). Upper Saddle River, NJ: Pearson.

Chapter 6

Action Skills

CHAPTER OUTLINE

Questions
Reflection of Meaning Response
Challenging Responses
Summary

KEY WORDS

Accusatory questions
Challenge response
Closed question
Confrontation
Focusing question
Inconsistencies
Leading questions
Open-ended question
Perception
Reflection of meaning
Stacking questions

CHAPTER OVERVIEW

Action skills, like attending and listening skills, are important for a beginning helper to develop. In this chapter we explored three action skills: questioning, reflection of meaning and challenging responses. In using questioning, a helper can use open-ended questions for eliciting expanded information and closed questions for seeking specific information. It is up to the helper to plan and use questioning carefully to ensure they are effective at producing the information they seek. There are many cautions and pitfall when using questioning. First, questioning can be intrusive to clients and it is the helpers responsibility to ensure that clients do not feel pressured or interrogated. Helpers should also avoid leading questions that promote the helper's agenda, stacking questions that confuse clients, and accusatory questions that promote defensiveness in their work with clients.

Reflection of meaning is an advanced empathic skill used to communicate to a client that you not only understand the content and their feelings, but that you also understand the meaning behind their story. However, this can be challenging to do as clients often do not feel comfortable looking deep enough and discussing meaning with their helpers.

Challenging responses are also a tool used to help promote client reflection and change. Best used in firmly established therapeutic relationships, while they have the possibility to be helpful, they can also be damaging to the relationship is used imprudently. The key when challenging client inconsistencies is to use the challenge in a supportive, instead of punitive, way.

ACTIVITIES

1. Verbal Responses: Write a helper response for each of the following client messages.
 - A. Client: "Yeah, I want you to help me, but are you sure that doing this stuff is going to work for me?"
Helper- (your paraphrase)

- B. Client: "I mean I usually do feel much more comfortable alone- most of the time when I'm with someone else or with people, I just feel kind of clammy and nervous you know."
Helper- (your summarization of content)
- C. Client: "Well, I know you're supposed to study every night, which I don't do, but I'm not the only one who hasn't studied this semester. A lot of other kids have lost interest too."
Helper- (your paraphrase)
2. Listed below are six hypothetical client statements from Chapter 5. Read each statement carefully and then write an example of the type of helper response listed in the blank space provided, this time including action skills. Try to write an example of the different responses according to the definitions and examples you've learned from your text.
- A. Client #1: "There are times when I just sit and drink and play cards all day. Never look for a job. Maybe I'll never get a permanent job. Though booze really does nothing for me."
Helping Responses:
- Reflection of Meaning: _____

 - Open-ended question: _____

 - Challenging response: _____

- B. Client 2: "I don't like it when people infringe on my rights – go ahead of me in a line or use something of mine without asking. But it happens all the time. I guess I'm just a doormat."
Helping Responses:
- Reflection of Meaning: _____

 - Open-ended question: _____

 - Challenging response: _____

REFLECTIVE QUESTIONS

- How might your own cultural affiliation and worldview affect what you focus on in an interview and how you use action skills?
- Reflect on questioning. What questions have been useful in the past? Which questions have you noticed resistance to? Why do you think this is?
- Attending, Listening and Action skills form the basis for counselling. Which skills do you find the easiest? Which skills do you find the most challenging? Why do you think this is?
- With a partner or in a small group, discuss ideas, beliefs, or around confrontation and confronting clients. What are the benefits of confrontation? What could be the risks? Assess your comfort level with using confrontation. Explain.

TEST ITEMS

Chapter 6

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. Action skills are used by helpers to
 - a. establish rapport.
 - b. listen to clients.
 - c. affect change.
 - d. challenge client's thinking.
2. A major decision in using action skills involves
 - a. the timing of use.
 - b. the skill used.
 - c. how many times to use the skill.
 - d. how firm to be when using the skill.
3. If an action skill is used too soon there is a risk that the client will:
 - a. become reactive.
 - b. become resistant.
 - c. leave counselling prematurely.
 - d. all of the above.
4. An issue with using questions is that clients can find them
 - a. disconcerting.
 - b. difficult to answer.
 - c. intrusive.
 - d. upsetting.
5. Questioning can be uncomfortable for clients because
 - a. they may feel pressured to share before they are ready.
 - b. they feel they don't have the correct answer.
 - c. they were not expecting to answer questions.
 - d. questions disrupt their thinking processes.
6. The kinds of questions include:
 - a. open-ended.
 - b. closed.
 - c. focused.
 - d. all of the above.
7. While _____ questions are recommended, there are uses for _____ questions as well.
 - a. closed; open-ended
 - b. open-ended; closed
 - c. focused; closed.
 - d. open-ended; focused
8. All EXCEPT which of the following apply to open-ended questions?
 - a. They permit the helper to assume responsibility for the content of the interview.
 - b. They invite more than minimal responses from the client.
 - c. They generally begin with *what, where, when, or how*.
 - d. They are subject to overuse in an interview.

9. Open-ended questions are useful for all of the following EXCEPT
- starting a session.
 - encouraging client elaboration.
 - eliciting a specific piece of information.
 - eliciting additional information.
10. _____ questions tend to further the helper's agenda.
- leading
 - focused
 - stacking
 - accusatory
11. Stacking questions are problematic because they
- are grouped together to influence the client's thinking and give advice.
 - don't get to the root of the problem quickly enough.
 - don't allow enough time for client's to process information and respond.
 - encourage shame and defensiveness in clients.
12. To avoid using accusatory questions a help should avoid using the word
- what
 - how
 - when
 - why
13. When formulating questions, it is important for the helper to have a clear _____ for the question.
- purpose
 - expectation
 - plan
 - outcome
14. A reflection of meaning response differs from other responses in that
- it is a more advanced response than reflection of feelings.
 - it conveys more than just content, and instead looks at the meaning a client ascribes to life.
 - recognizes that what a client perceives goes beyond facts and feelings.
 - all of the above.
15. Clients may avoid looking at meaning because they are
- aware of the potential meaning.
 - not sure they can trust the helper.
 - not sure they can trust their interpretation.
 - fearful of having to confront their truth.
16. The purpose of using reflection of meaning is to help clients
- explore issues.
 - recognize that their story is not a fact, but a perception.
 - confront their core assumptions.
 - all of the above.
17. The challenge response is used to
- enhance client self-awareness.
 - promote client change.
 - confront unhelpful thinking.
 - both a. and b.

18. The challenge response must be used carefully to avoid client
 - a. defensiveness.
 - b. anxiety.
 - c. termination.
 - d. mistrust.
19. The key to using challenge responses ethically is to
 - a. carefully think out the wording of the response.
 - b. terminate with the client immediately after issuing the response.
 - c. know your client and carefully tailor the challenge to best help them.
 - d. seek supervision before issuing a challenge response.
20. Kinds of discrepancies to challenge include all the following EXCEPT
 - a. nonverbal and nonverbal
 - b. verbal and behavior
 - c. thinking and feeling
 - d. verbal and verbal

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Discuss the steps to using reflection of meaning. Create a helper-client dialogue to help explain the process.
2. Egan (2010) states that “all effective helping is some kind of mixture of support and challenge” (p. 160). Explain ways you can effectively support and challenge your clients.
3. Compare and contrast the following types of questions: open-ended and closed. Comment on their verbal structure, purpose, and relevant cultural considerations.
4. Provide an example of a client statement and a helper response to depict each of the following:

A. challenge response	B. reflection of meaning
C. open-ended question	D. closed question
5. Discuss the advantages and limitations associated with questioning in a helping session. How can the use of questions facilitate or detract from attainment of client goals?

RECOMMENDED READINGS

- Cormier, S., Nurius, P., & Osborn, C. (2013). *Interviewing and change strategies for helpers* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Egan, G. (2014). *The skilled helper* (10th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Hepworth, D. H., Rooney, R. H., Dewberry-Rooney, G., & Strom-Gottfried, K. (2013). *Direct social work practice: Theory and Skills* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Ivey, A. E., Ivey M. B., & Zalaquett, C. R. (2014). *Intentional interviewing and counseling* (8th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Johnson, D. W. (2014). *Reaching out: Interpersonal effectiveness and self-actualization* (11th ed.). Upper Saddle River, NJ: Pearson.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2014). *Clinical interviewing* (5th ed.). Hoboken, NJ: Wiley.
- Strong, T., & Zeman, D. (2010). Dialogic considerations of confrontation as a counseling activity: An examination of Allen Ivey’s use of confronting as a microskill. *Journal of Counseling and Development* 88, 332–339.
- Young, M. E. (2013). *Learning the art of helping* (5th ed.). Upper Saddle River, NJ: Pearson.

Chapter 7

Managing the Helping Session

CHAPTER OUTLINE

- The First Interview
- Cultural Variables and the First Interview
- Structuring of Initial Moments
 - Informed Consent
 - Confidentiality
 - Timing of Confidentiality
 - Privacy Requirements
 - Encouraging the Client to Talk
 - Unstructured Invitations
 - Open-Ended and Closed Questions
- Client Reactions to Initial Interviews
- Intake Interview Content
 - Using Intake Interview Information
- Handling Subsequent Interviews
- Terminating the Interview
 - Other Termination Strategies
 - Boundary Issues in Terminating an Interview
- Terminating the Helping Relationship
 - When Should Termination Occur?
 - Preparing Clients for Termination
 - Cultural Variables and Termination
 - Introducing Termination
 - Challenges to Termination
 - Ethical Issues in Termination
- Summary

KEY WORDS

- Closed questions
- Confidentiality
- Ethical guidelines
- First interview
- Helping session
- Informed consent
- Intake interview
- Open-ended questions
- Privacy
- Structuring
- Subsequent interview
- Termination
- Unstructured invitations

CHAPTER OVERVIEW

Beginning interviews, subsequent interviews, and ending interviews all present different challenges for both helpers and clients. At the outset of the helping process, both individuals might experience some anxiety and uncertainty. It is important for practitioners to establish safety and trust from the beginning of the process, as many clients have

both fears and reservations about the helping process. This is especially true for many culturally diverse clients and for clients who have had either no prior experience or negative experience with counseling. Structuring and disclosure can ease client fears and insecurities about the process. Both rapport and information gathering are important tasks in the initial stage of the helping process. One of the most important topics to address at the beginning of the helping process is confidentiality and its limits. Through the process of providing notice and informed consent, the helper provides information to the client about the helping process and secures client agreement based on such information and facts. This sort of process not only facilitates the beginning of counseling, but also impacts subsequent helping sessions, and even potential termination issues as well.

Termination—both of helping sessions and of the helping process—evokes its own set of challenges and emotions. It is important for helpers to terminate an interview as well as the helping process in a way that empowers clients. Clients who feel disempowered, such as some culturally diverse clients, might choose to terminate early or suddenly, often because counseling does not feel relevant to them, or the helper does not understand their worldviews, or aspects of oppression and discrimination are recreated for them in the helping process.

Both the termination of interviews and the termination of the helping process require the practitioner to manage a transition effectively. This transition becomes more difficult if either the helper or the client has any hidden anxieties about separation and/or loss. It is important for helpers to address feelings of loss, to prepare clients for termination over a period of time, and to help clients find ways to support their growth after counseling has ended.

ACTIVITIES

1. If possible, try to observe an experienced practitioner conduct an intake interview. Summarize your observations either orally or in writing.
2. Discuss the possible differences in the intake procedures across diverse settings, clients, and client issues.
3. Role-play an intake interview with a client similar to yourself and with a client dissimilar to yourself. What types of material do you feel comfortable asking clients in an intake? Are there certain topics that feel uncomfortable or intrusive? Does this vary according to the age, gender, race, ethnicity, or able-bodiedness of the client?

DISCUSSION QUESTIONS

1. Discuss what it might be like to be a client seeking help for the first time from an unknown helper. Now discuss this as it applies to a cross-cultural dyad.
2. Discuss the positive and negative perceptions that a client might have after going through an intake interview.
3. What do you think are the most important elements, from a helper's perspective, in terminating a significant relationship. From the client's perspective?
4. What are the ethical issues in beginning or continuing to help a client who is also receiving helping from another therapist?

TEST ITEMS

Chapter 7

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. During the first session with a client, the helper is likely to focus on
 - a. relationship dynamics.
 - b. the collection of intake information.
 - c. either a or b.
 - d. both a and b.
2. African American and Asian American clients may be more inclined to prefer a helping approach that is
 - a. structured, logical, and individualistic.
 - b. structured, logical, and contextualistic.
 - c. affective, reflective, and individualistic.
 - d. affective, reflective, and contextualistic.
3. When the helper defines the nature, limits, roles, and goals of helping, this is referred to as _____.
 - a. assessment
 - b. an intake interview
 - c. treatment planning
 - d. structuring
4. Helpers are ethically and legally required to provide clients with information about treatment benefits, risks, and alternatives when establishing a foundation for
 - a. confidentiality.
 - b. privacy.
 - c. informed consent.
 - d. privilege.
5. When entering into a helping relationship with a client, the term *notice* refers to
 - a. providing information to the client about the helping process.
 - b. negotiating an agreement with the client based on information about the helping process.
 - c. both a and b.
 - d. neither a or b.
6. When a duty to warn or to protect arises out of concerns that a client poses immediate danger to another identified individual, all EXCEPT which of the following would constitute ethical options?
 - a. notifying or warning the intended victim
 - b. reducing the frequency of sessions with the client
 - c. protecting the intended victim by securing protection from police
 - d. hospitalizing the client
7. Confidentiality discussions should take place early on so that clients can
 - a. make an informed decision about consenting to counseling.
 - b. divulge abuse of minors so that it can be reported to the authorities.
 - c. consult with other professionals about their case to ensure the best fit.
 - d. study the appropriate ethical codes.

8. The federal government rule called the Health Insurance Portability and Accountability Act (HIPAA) is concerned primarily with which aspect of helping?
 - a. helper supervision
 - b. confidentiality and privacy
 - c. advertising of helping services
 - d. research in the helping professions
9. When encouraging a client to begin to talk in the helping session, it would be LEAST helpful if the helper were to extend
 - a. a closed question.
 - b. an unstructured invitation.
 - c. an open-ended lead.
 - d. a question beginning with what, where, when, or how.
10. When a helper opens a session by asking the client, "Where would you like to begin today?" this is an example of _____.
 - a. a clarifying question
 - b. a closed question
 - c. a structured invitation
 - d. an unstructured invitation
11. Client reactions to initial interviews are colored by
 - a. previous positive helping experiences.
 - b. previous negative or mixed helping experiences.
 - c. lack of previous helping experience.
 - d. all of the above.
12. Which of the following demonstrates best practice in writing up an intake report?
 - a. Steps are taken to ensure that the report will be viewed only by those to whom the client (or guardian) has granted access.
 - b. Psychological terminology is used to add to the accuracy and richness of the report.
 - c. Comprehensive inferences are offered in a section at the end of the report.
 - d. The report is lengthy enough to incorporate all of the details offered by the client.
13. Subsequent interviews are characterized by the following EXCEPT
 - a. rapport building
 - b. information gathering
 - c. focusing in depth
 - d. changing topics
14. Helping sessions with adults are generally limited to _____ minutes in length due to recognition of a saturation point that will detract from productive work for both client and helper
 - a. 10-15
 - b. 30-40
 - c. 45-50
 - d. 90
15. Which of the following would be LEAST helpful in terminating a session with a client?
 - a. The helper asks the client to summarize the session.
 - b. The helper offers a brief and to-the-point comment about time being up.
 - c. The helper asks the client if there is anything else he or she wishes to address before closing the session.
 - d. The helper asks the client to engage in mutual feedback on the progress of the session.
16. Which of the following is generally NOT true with respect to terminating a helping relationship?

- a. If handled well, the client and helper may emerge from the termination process unchanged.
 - b. Termination may engender a sense of loss for both client and counselor.
 - c. Termination may be experienced as a re-enactment of former good-byes in the client's life.
 - d. Termination may foster a sense of success for both the client and helper.
17. Which of the following terms LEAST accurately defines appropriate termination of a helping relationship?
- a. process
 - b. therapeutic stage
 - c. transition
 - d. discrete event
18. Termination is appropriate when the client has
- a. learned all the skills and developed all the awareness they are able to.
 - b. solved all their problems.
 - c. more to gain from independence than from the relationship.
 - d. decided they no longer want to go to counseling.
19. Hackney and Cormier's reference to "termination by degree" (2009, p. 34) recommends that for any relationship that has existed more than three months, the topic of termination should be raised _____ the anticipated final session.
- a. during the first 15 minutes of
 - b. a week in advance of
 - c. 3-4 weeks before
 - d. 6-8 weeks prior to
20. Research has found that _____ of clients terminate counseling after one or two sessions.
- a. 50%
 - b. 33%
 - c. 25%
 - d. 10%

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Outline the parts of effective structuring in initial helping sessions.
2. Imagine that you are meeting a potential client for the first time. Discuss the process in which you would engage in order to establish informed consent. What are the crucial elements of the informed consent process?
3. Define the concept of confidentiality as it applies to the context of professional helping. Discuss challenges associated with maintaining confidentiality related to helper status, client age, and professional setting. Identify circumstances under which breaches of confidentiality are ethically acceptable.
4. Discuss approaches you might implement to encourage a reluctant or reticent client to become more verbally forthcoming in a session.
5. Provide a framework for an intake interview, including topic or section headings and specific questions that could fit under each heading.
6. Identify and elaborate on the three main components of helping sessions held *subsequent* to the intake interview.
7. Outline strategies a helper might employ to convey to a client that it is time to 'wind down' or terminate that day's helping session.

8. Suppose that you have been enjoying a very productive and rewarding helping relationship with a client of six months. You then learn that the client will be moving to another town in two months. Describe how you might optimize the termination process. What thoughts, feelings, and behaviors might you anticipate on either side of the helping relationship?
9. Under which conditions is it appropriate and/or advisable to terminate a helper-counselor relationship? How should a helper prepare a client for such termination?
10. Describe ethical considerations pertinent to termination. What should a helper do and not do in order to reduce the risk of ethical concerns?

RECOMMENDED READINGS

- Hackney, H., & Cormier, L. S. (2013). *The professional counselor* (7th ed.). Upper Saddle River, NJ: Pearson.
- Morrison, J. (2014). *The first interview* (4th ed.). New York: Guilford Press.
- Murkin, L. (2000). *How much is enough: Endings in psychotherapy and counseling*. London: Routledge.
- Ogrodniczuk, J. S., Joyce, A. S., & Piper, W. E. (2005). Strategies for reducing patient-initiated premature termination of psychotherapy. *Harvard Review of Psychiatry*, 13, 57–70.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2014). *Clinical interviewing* (5th ed.). Hoboken, NJ: John Wiley & Sons.
- Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse* (5th ed.). New York: Wiley.
- Welfel, E. (2013). *Ethics in counseling and psychotherapy* (5th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Younggren, J.N. & Gottlieb, M.C. (2008). Termination and abandonment: History, risk, and risk management. *Professional Psychology*, 39. 498-504.

Chapter 8

Conceptualizing Issues and Setting Change Goals

CHAPTER OUTLINE

The Client's World and Unmet Needs
The Role of Helper in Assessing Client Concerns
Assessing Key Components of Client Issues
 Assessing Key Components of Client Issues: The Case of Manace
Process and Outcome Goals
Culturally Appropriate Helping Goals
Elements of Effective Outcome Goals: Smart Goals
Translating Vague Concerns into Specific Goals: Subgoals
Client Resistance to Goal Setting and the Stages of Change Model
Client Participation in Goal Setting
Summary

KEY WORDS

Conceptualization
Context
Goal setting
Outcome goal
Process goal
Resistance
SMART goal
Specific goals
Stages of change
Subgoals
The helping process
Unmet needs
Vague concerns

CHAPTER OVERVIEW

In this chapter, we entered into the therapeutically active portion of the helping process. In addition to the interactive process that takes place between helper and client, the helper begins to establish an internal conceptualization process in which the client's world is studied. That study is both within the client's context and in the larger context of the family, the culture, and the society in which the client lives. Clients will become involved in this study, often quite naturally, as they unfold their experiences, feelings, and thoughts about themselves, others, and their current world. Interwoven in this process is an emerging awareness of a different or perhaps better set of conditions, which become translated into goals. Some of these goals are related to the helping relationship. Others are more related to the client's world. Through the recognition and establishment of these goals, the helper begins to understand the direction counseling will take and can begin to help the client reach that same awareness. In conceptualizing client issues and goals, it is useful to remember the stages of change model (Prochaska, DiClemente, & Norcross, 1992). Not all clients are ready for change or for change in big ways. We continue this exploration of the process of change in the following chapter, where our focus turns to the use of helping intervention strategies.

ACTIVITIES

1. Goal Statement

Identify a work or study-related goal for yourself- something you would like to accomplish in your work or study situation during the next year. Write it down. Share it with another person. Check it out:

- A. Is it stated positively (i.e., what you will do)?
- B. Is it realistic for you and all the other persons involved?
- C. Is it specific and measurable? (Try to quantify it with numbers and dates.)

Correct any problems with your initial goal statement.

2. Based on the information presented in the case of the Winters family, respond to the questions that follow.

Mr. Winters had a habit of soon forgetting promises and resolutions to which he had previously agreed. This habit of renegeing on commitments resulted in serious quarrels between Mr. Winters and his wife, Zelda. In particular, they had great difficulty in agreeing upon a mutually acceptable manner in which to respond to the conduct of their youngest daughter who was living with her boyfriend in a nearby town. The two parents would argue for hours, arrive at an apparent compromise, and then discover soon after that Mr. Winters had forgotten what had been decided. Zelda was understandably flabbergasted to learn that what had apparently been resolved after hours of intense conflict was since forgotten and needed to be resolved anew. In your opinion, who should be the helping client- Mr. Winters, Mrs. Winters, or both? Explain the reasoning behind your selection.

With the identified client(s) in mind, identify the probable helping issues, and conditions contributing to these issues.

3. You are helping a 24 year old Latina woman, currently in graduate school. She states that she constantly feels “down” about herself – feeling she’s not as attractive or smart as her peers. In the interview session, she constantly degrades herself verbally. She states that she feels down about herself whenever she’s in a competitive academic or a social situation. She states this first began in junior high when her family moved to the U.S. from Puerto Rico.

What brings this client to helping?

What process and outcome goals can you envision for her?

4. Mr. Phyle is a middle-aged man who has recently been admitted to a hospital psychiatric ward. He was admitted because of displaying sexually inappropriate behavior in public; specifically, Mr. Phyle was seen exposing himself to his female neighbors. Since his admittance to the ward, he has occasionally attempted to expose himself, usually in the presence of female staff members or visitors. Typically, the visitors in particular, have responded by screaming, gasping, running away, or with shocked facial expressions. The staff members have tended to react by reprimanding Mr. Phyle or by sending him back to his room. Mr. Phyle reports to his helper that he continues to expose himself because it makes him feel like “a worthwhile person”. He reports that it is the one thing he feels he can do successfully. In addition to this, Mr. Phyle continually makes derogatory statements about himself and has indicated that he sees himself as unattractive and unsuccessful. He reports that he always feels unattractive around women and has never been able to establish a relationship in which a woman responded to him positively. Moreover, his few attempts at relating to women sexually have “bombed” miserably; the women have refused his advances. Now Mr. Phyle reports that he tries to avoid getting involved with women on any basis – interpersonal, physical, or otherwise.

What brings this client to helping?

What process and outcome goals can you envision for him?

REFLECTIVE QUESTIONS

1. Both the client and helper bring their worlds into the helping session. We indicated that goal setting evolves out of an understanding of the client's world. How might the helper's world affect that process of goal setting? Should the helper be concerned about this issue? Why?
2. By yourself or with a role-playing partner, identify a current problem in your life. Consider the list of Egan's nine questions found in this chapter. How do these questions help you (or your partner) develop goals and future scenarios for this concern?
3. At the beginning of this chapter, we discussed how unmet childhood needs can be reactivated in adult life. Consider engaging in the following activity proposed by Steinem (1992): "Write down on [a piece of paper]... the things you wish you had received in your childhood and did not" (pp. 104-105). When you have completed this exercise, you will have discovered needs that continue to exist in your current life.
4. How might the needs of an unemployed or low-income client differ from the needs of a client with a high-paying and secure job? What about the needs of an employee who was recently laid off due to a merger or downsizing? How would these various backgrounds differentially affect the goals for helping?
5. Discuss the stages of change model (Prochaska, DiClemente, & Norcross, 1992) with respect to several different client issues. For example, consider this model with a child who is afraid to come to school, an adolescent who became pregnant after a night of intoxication and doesn't know what to do, an adult who is addicted to painkillers after suffering a severe back injury at work, and an elderly person who is starting to suffer from dementia and does not want to move out of his home.

TEST ITEMS

Chapter 8

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. According to a classic article written by Jourard (1963), the needs for activity, future orientation, and opportunity would fall under which category of basic human needs?
 - a. status, success, and self-esteem
 - b. challenge
 - c. cognitive clarity
 - d. freedom
2. According to Jourard's (1963) conceptualization of basic human needs, when the needs for _____ go unmet, individuals lack self-respect and self-confidence, or may compensate with excessive and manufactured self-respect and self-confidence.
 - a. love and sex
 - b. status, success, and self-esteem
 - c. freedom
 - d. cognitive-clarity
3. Emotional distress in clients who repeatedly experience the effects of stereotyping, discrimination, and oppression is more likely to be due to
 - a. unmet childhood developmental needs.
 - b. lack of real power in their current life.
 - c. lack of perceived power in their current life.
 - d. both b and c.
4. Which of the following is NOT accurate regarding unmet needs?
 - a. Many psychological concerns arise as a result of basic childhood needs being consistently blocked.
 - b. Clients may continue to block an unmet need in order to avoid re-experiencing it.
 - c. Clients may try to rise above an unmet need to have it met indirectly.
 - d. Children's unmet needs dissipate to make way for adult needs.
5. It is common in the helping process for the sharing of outer, more obvious client concerns to precede the sharing of more subtle, less obvious concerns as a climate of safety and trust is established. Thus, helping is often referred to as a process of
 - a. carry-over.
 - b. regression.
 - c. unfolding.
 - d. blocking.
6. An integrative approach to helping incorporates the following dimensions of client issues and concerns:
 - a. contextual factors, beliefs, feelings, behavior, interaction and relational patterns, and language patterns
 - b. behavior, interaction and relational patterns, and contextual factors
 - c. beliefs, feelings, and behavior
 - d. beliefs and feelings.
7. All EXCEPT which of the following are true about the conceptualization of client issues?
 - a. Conceptualization of client issues occurs quickly in sessions with competent and experienced helpers.
 - b. After the first session, helpers formulate hypotheses about the client, the client's world, and the client's concerns.
 - c. Initial hunches about the client, the client's world, and the client's issues will be modified in subsequent sessions.
 - d. Helpers will acknowledge and discard mistaken hunches.

8. Complete the following analogy. Process goals are to _____ as outcome goals are to _____.
a. tentative, generalizable
b. tailored, general
c. universal, tailored
d. unique, universal
9. Goal-setting is enhanced when *outcome goals*
a. are subject to modification and refinement.
b. are shared by the client and helper.
c. involve visible or observable behaviors.
d. are characterized by all of the above.
10. When outcome goals are structured in an imprecise manner as exemplified by the statement, "I want to feel better about my life",
a. both the helper and client have a clear understanding of what is to be accomplished.
b. this permits the helper to address the client's concerns directly and reduces tangential efforts.
c. assessing progress toward the desired results will be based on subjective inference rather than objective measurement.
d. selection of viable techniques and strategies is enhanced.
11. Clients who feel marginalized from the mainstream culture may not be prepared to address
a. short-term goals.
b. long-term goals.
c. survival needs.
d. physical needs.
12. In setting an outcome goal the client and helper must start by identifying the
a. relevance.
b. intention.
c. timing.
d. measure of success.
13. SMART goals help client set meaningful and attainable goals. Which element of the SMART goal is missing from the following outcome goal? *Goal: The client will decrease tardiness.*
a. Specific.
b. Measurable.
c. Relevance.
d. Time-bound.
14. After a client identifies a personal characteristic in the statement, "I am impulsive", the helping process should include all EXCEPT which of the following?
a. taking this specific concern and devising non-specific goal statements
b. exploring and elaborating on the client's experience of that characteristic
c. describing ways in which the characteristic could be changed
d. taking the non-specific concern and translating it into specific goal statements
15. Clients resist setting goals because
a. change is hard.
b. the behaviour in need of change is also desirable.
c. they want to gain a position of power in the helping relationship.
d. they really have no desire to change.

16. Utilizing the stages of change model (Prochaska, DiClemente, & Norcross, 1992), an individual who agrees that she would benefit from implementing a daily walking program, but cannot imagine how to fit it around a busy work day, would likely be identified at which stage of readiness for change?
 - a. precontemplation
 - b. contemplation
 - c. preparation
 - d. action
17. According to the stages of change model (Prochaska, DiClemente, & Norcross, 1992), a client who is seeking information on smoking cessation from books and the Internet is likely in the _____ stage.
 - a. precontemplation
 - b. contemplation
 - c. preparation
 - d. action
18. The spiral pattern associated with the stages of change model (Prochaska, DiClemente, & Norcross, 1992) suggests that most of those individuals who relapse
 - a. revolve in a circular pattern, regressing back to where they began.
 - b. learn from their mistakes and can try something different the next time around.
 - c. move through the linear model in a progressive fashion.
 - d. give up and drop out of the change process.
19. Client resistance is most likely to be triggered when the helper
 - a. asks the client to envision life without the current concern.
 - b. hypothesizes that there may be additional unstated outcomes desired by the client.
 - c. explores the client's previous attempts at dealing with the concern.
 - d. prescribes a solution or goal.
20. For a client to experience success with goal setting, the goal must be
 - a. set by the client.
 - b. personal to the client.
 - c. important to the client.
 - d. all of the above.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Consider Jourard's (1963) eight-factor conceptualization of universal basic human needs. To what extent do you feel this model accurately captures the crucial elements required for a fulfilled and rewarding life? Would your hierarchy alter the order of the needs? Would you add to or delete any of the needs in Jourard's model?
2. Discuss the statement, "The place where people learn or do not learn what their needs are and how to get them met is in their family of origin. This is where needs are either affirmed and met or shamed and rejected." Elaborate on the relationship between an adult client's current needs and a history of unmet needs.
3. What do Cormier and Hackney (2012) mean when they describe counseling as an "unfolding process"?
4. Describe the six dimensions of client issues encompassed by Cormier and Hackney's (2012) integrative theoretical model of assessing client concerns.
5. Compare and contrast process and outcome goals. Discuss the purpose of each and apply the concepts of specificity, universality, and generalizability.

6. Identify the elements of a well-designed SMART outcome goal. Provide four examples of outcome goals that incorporate these elements.
7. Imagine that a client has come to you with concerns about dissatisfaction with his or her career situation. Give five examples of future-oriented questions you might ask to assist the client in the goal-setting process.
8. Design an outcome goal that might be applicable to a client who is expressing career dissatisfaction and then outline a hierarchy of action steps the client might take to address the outcome goal.
9. From a cultural perspective, discuss the reasons why long-term goals might not be relevant to or valued by a client.
10. Outline the six stages in the stages of change model developed by Prochaska, DiClemente, and Norcross (1992). Provide a brief description of client thinking and behavior associated with each stage.

RECOMMENDED READINGS

- Cook, E. (2012). *Understanding people in context: The ecological perspective in counseling*. Washington DC: American Counseling Association.
- Diclemente, C.C., Doyle, S.R., & Donovan, D. (2009). Predicting treatment seekers' readiness to change their drinking behavior in the COMBINE study. *Alcoholism Clinical and Experimental Research*, 33, 879-892.
- Diclemente, C.C., Schumann, K., Greene, P., & Earley, M. (2011). A transtheoretical model perspective on change: Process focused interventions for mental health and substance abuse. In D. Cooper (Ed.), *Principles of intervention in mental health-substance use*. London: Radcliff.
- Egan, G. (2014). *The skilled helper* (10th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Norcross, J. C. (2012). *Changeology: 5 steps to realizing your goals and resolutions*. New York, NY: Simon & Schuster.
- Prochaska, J., & Norcross, J.C. (2014). *Systems of psychotherapy: A transtheoretical analysis*. (10th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Shallcross, L. (2013, April). Building a more complete client picture. *Counseling Today*, 31-39.
- Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse*. New York: John Wiley & Sons.

Chapter 9

Using Integrative Helping Strategies and Interventions

CHAPTER OUTLINE

Working with Client Feelings

- Identifying and Assessing Feelings: Awareness of Feelings Interventions

 - Verbal Leads

 - Emotion Logs

- Eliciting and Expressing Feelings: Expressions of Feelings Interventions

 - Increasing Body Awareness of Feelings

 - Breathing

 - Incomplete Sentences

- Understanding and Regulating Feelings: Reflection and Regulation Interventions

 - Emotion Diaries

 - Affect Regulation: Dealing with Difficult Emotions

Working with Client Behaviors

- Behavioral Skills Training

 - Social Modeling

 - Behavior Rehearsal

 - Feedback

- Self-Management

 - Self-Monitoring

- Exposure Strategies

 - Imaginal and In Vivo Exposure

 - Brief Exposure

 - Prolonged Exposure

Working with Client Beliefs and Attitudes

- A-B-C-D-E Analysis

- Cognitive Restructuring

Working with Client Language, Symbolic Meaning, and Stories

- Acceptance and Commitment Therapy Strategies

 - Defusion

 - Experiential Avoidance

 - Values and Commitment

 - Mindfulness

- Narrative Therapy Interventions

 - Externalizing Questions

 - Questions of Unique Outcomes

 - Narrative Strategies to Promote Gains in Well-being

 - Narrative Strategies to Promote Cultural and Racial Dialogues

Working with Client Interactional Patterns and Relationships

- Reenactment of Interactional Patterns in the Helping Process

 - Moving Towards Others

 - Moving Away From Others

 - Moving Against Others

 - Interpersonal Tests of Helpers

- Interpersonal Therapy

 - Interpersonal Disputes

 - Role Transitions

 - Interpersonal Deficits

Working with Client Cultural and Social Systems

Interventions to Promote Freedom from Oppression: Precursors to Change and Cognitive Challenges

The Community Genogram

Family Genogram

Ecomaps

Helping Roles and Indigenous Practices

Summary

KEY WORDS

Acceptance and Commitment therapy

Affect regulation

Avoidance

Behavior rehearsal

Behaviour skills training

Body awareness

Breathing

Brief exposure

Cognitions

Cognitive restructuring

Coping thoughts

Defusion

Emotion diaries

Emotion logs

Emotional Intelligence (EQ)

Experiential avoidance

Exposure therapy

Externalizing questions

Feedback

Flooding

Genogram

Imaginal exposure

In vivo exposure

Incomplete sentences

Integrative

Interactional patterns

Interpersonal deficits

Interpersonal roles

Interpersonal system

Interpersonal therapy

Intervention

Mindfulness

Narrative therapy

Prolonged exposure

Rational-emotive therapy

Reactivity

Self-management

Self-monitoring

Shaping

Social modeling

Systematic desensitization

Third wave

Unique outcomes

Verbal leads

CHAPTER OVERVIEW

In working with clients, all of whom present unique concerns and circumstances, you may find the strategies described in this chapter useful. However, there are several cautions to consider in using a helping strategy effectively. The first caution in strategy implementation is to avoid oversimplification of the procedure. Although a procedure may seem relatively simple to implement, even with little experience, any therapeutic endeavor can be effective or ineffective, depending on how it is administered. Second, you must practice using strategies. You will not be an expert when you first start using them, but your skill will grow as you practice. Also remember that strategies are rarely used in isolation. Several different strategies or combinations of procedures may be necessary to deal with the complexity and range of concerns presented by a single client. As an example, suppose a helper treats a client's alcoholism but ignores the anxiety for which alcohol is used as a tranquilizer. The strategies used to decrease the drinking behavior may not be too effective unless the helper and client also use strategies to deal with the client's limited coping skills, self-defeating thoughts, and environmental issues that maintain the drinking.

Remember, too, that the effectiveness of helping strategies depends, to some degree, on the strength and trust of the helping relationship as well as the degree to which these strategies are used in a gender- and culture-friendly way. Responding to a client's social and environmental milieu is as important in strategy implementation as responding to a client's presenting feelings, beliefs, and behaviors.

Also, it is important to realize the limitations of helping objectives and strategies and of helpers. One of the most frustrating experiences that helpers report is the experience of being thwarted in their attempts to help clients change and grow. Beginning helpers often approach the counseling process with a lot of zest, zeal, and unwavering idealism. Although a certain amount of this is useful, it can also lead to discouragement with oneself and with clients. Almost all clients will resist your attempts to help in some way. Some clients who see you at the request of someone else may be openly oppositional. Other clients may desire to change but because of biochemical imbalances may require medication for such things as depression or anxiety management. Clients with addictions may also find the process of recovery especially difficult. Clients from very dysfunctional family systems may find the weight of the system working against their own individual efforts to change. So, as you approach your growth and development and your own efforts in working with clients, it is important to remember that there are some limits to what happens in the counseling process and that almost all client resistance to change is about fear. As clients become more able to trust themselves and you, your efforts and theirs will be rewarded.

ACTIVITIES

1. You are working with a client who is concerned about a pervasive negative attitude about himself. His goal is to increase the number of positive feelings about himself. Write out instructions you would give to this client on a self-monitoring strategy, including *what*, *when*, and *how* to record, and *how long* to monitor.
2. You are working with a client who reports that she is twenty pounds over her target weight. As a means to lose weight, her goal is to reduce the number of times she eats from seven to three times per day. Write out the instructions you would give to this client on a self-monitoring strategy, including *what*, *when*, and *how* to record, and *how long* to monitor.
3. You are working with Billy, a fifth-grader who is concerned about trying to improve his school grades. His parents have promised him a new bike when his report card shows all Bs. Billy identifies two factors that are likely contributing to his poor grades. He tends to get up late and miss the bus, leading to his missing a portion of the first period at school. Additionally, Billy acknowledges that he prefers TV to homework and therefore does not complete all of his homework assignments.

Describe how you would suggest to Billy that he incorporate self-monitoring as a procedure to increase his rate of arriving at school on time and to increase the amount of time he spends completing homework assignments. Include in your description:

- A. the *specific behaviors* to be monitored
- B. *when* Billy should monitor each of the two behaviors
- C. *how* he should record and chart the behaviors

4. You are an elementary school helper in a large metropolitan school system. In an effort to demonstrate the range and number of services provided by school helpers, your supervisor has requested that all school helpers keep a daily written log of activities. You are having difficulty in following through with this kind of systematic recording. You decide to help yourself “get going” by implementing a self-reward procedure.

Define the *behavior* and *level* of change you desire.

Select and identify an event, thought, or activity as the positive stimulus to use as a self-reward.

Write out how you would implement the self-reward procedure.

5. You are working with a client who has been warned that she may lose her job due to the number of sarcastic comments she makes to her co-workers. Your client reports that she has tried to modify her sarcasm on her own, to no avail. She recognizes the sarcastic overtones of the remarks she directs at her co-workers but seems unable to inhibit the impulse to blurt out what she is thinking at the time. She loves her job and does not want to lose it. You suggest a self-reward procedure to help her manage and control the number of sarcastic comments she makes to her co-workers.

Define the *behavior* and *level* of change desired by the client.

Describe how you would lay out a self-reward procedure for this client to use.

6. Answer the next two questions using the following case. Use cognitive restructuring with the client.

Lois Wisocki is an attractive actress and dancer who lost her right leg as the result of a nearly fatal automobile accident. Prior to the accident, she enjoyed a very successful career. Now she says that she has “no hope for the future and I don’t enjoy the present.” She has been referred to you by another helper. That helper had been working with Ms. Wisocki for eight months and did not feel that they had experienced any therapeutic progress. After an analysis of the situation, you conclude that the former helper attempted too much too soon. You and Lois agree that it would be better to address one issue at a time. You decide collaboratively that working toward thinking well of herself (positive self-esteem) should be the first goal.

Describe the rationale you would use to explain to the client that you think cognitive restructuring might be helpful.

Describe briefly the cognitive restructuring steps you would go through with Lois.

7. Based on the information presented in the case of the Winters family, respond to the questions that follow.

Mr. Winters had a habit of soon forgetting promises and resolutions to which he had previously agreed. This habit of renegeing on commitments resulted in serious quarrels between Mr. Winters and his wife, Zelda. In particular, they had great difficulty in agreeing upon a mutually acceptable manner in which to respond to the conduct of their youngest daughter who was living with her boyfriend in a nearby town. The two parents would argue for hours, arrive at an apparent compromise, and then discover soon after that Mr. Winters had forgotten what had been decided. Zelda was understandably flabbergasted to learn that what had apparently been resolved after hours of intense conflict was since forgotten and needed to be resolved anew.

What helping strategies would you use with the client(s)? Why do you believe these strategies to be appropriate?

How would you go about applying these strategies? Describe the steps or procedures involved in applying the strategies you have selected.

8. You are helping a 24 year old Latina woman, currently in graduate school. She states that she constantly feels “down” about herself – feeling she’s not as attractive or smart as her peers. In the interview session, she constantly degrades herself verbally. She states that she feels down about herself whenever she’s in a competitive academic or a social situation. She states this first began in junior high when her family moved to the U.S. from Puerto Rico.

Based on your analysis, describe briefly your plan for continued helping with this client.

9. Mr. Phyle is a middle-aged man who has recently been admitted to a hospital psychiatric ward. He was admitted because of displaying sexually inappropriate behavior in public; specifically, Mr. Phyle was seen exposing himself to his female neighbors. Since his admittance to the ward, he has occasionally attempted to expose himself, usually in the presence of female staff members or visitors. Typically, the visitors in particular, have responded by screaming, gasping, running away, or with shocked facial expressions. The staff have tended to react to this by reprimanding Mr. Phyle or by sending him back to his room. Mr. Phyle reports to his helper that he continues to expose himself because it makes him feel like “a worthwhile person”. He reports that it is the one thing he feels he can do successfully. In addition to this, Mr. Phyle continually makes derogatory statements about himself and has indicated that he sees himself as unattractive and unsuccessful. He reports that he always feels unattractive around women and has never been able to establish a relationship in which a woman responded to him positively. Moreover, his few attempts at relating to women sexually have “bombed” miserably; the women have refused his advances. Now Mr. Phyle reports that he tries to avoid getting involved with women on any basis – interpersonal, physical, or otherwise.

Based on your analysis, describe briefly your plan for continued helping with this client.

REFLECTIVE QUESTIONS

1. In this chapter, we discuss a variety of interventions to work with the whole person (e.g., the client’s feelings, beliefs, behaviors, language, interactional patterns, and cultural/social systems). As you have read and worked with these interventions, which ones feel most natural and comfortable for you? Which ones do you believe you would have the most trouble with? Why?
2. In which places in your own body do you consistently hold in feelings? How do you become aware of these? What do you do to release them?
3. Can you identify situations in which your beliefs have affected the way you felt and acted?
4. Which real-life persons have you used in your own life as role models? Are there characters in books, TV shows, or movies that serve as role models for you as well? Which of their characteristics appeal to you?
5. How do you apply self-management to everyday behaviors for yourself?
6. What would it be like if you simply noticed your thoughts rather than judging them?
7. Can you identify labels you have constructed for yourself from your stories about yourself? How have these labels helped you? How have they limited you?

8. What is your characteristic interactional pattern? Can you trace it back to your family of origin? How do you think this pattern will affect the way you interact with your clients?
9. Refer to Figure 9.1 and construct a community genogram for yourself, your family, and your own cultural referent groups. With a partner or in a small group, discuss what you learn or glean from this process.

TEST ITEMS

Chapter 9

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. The promotion of emotional intelligence or EQ in clients focuses on all EXCEPT which of the following?
 - a. identifying and assessing feelings
 - b. controlling and suppressing feelings
 - c. eliciting and expressing feelings
 - d. understanding and regulating feelings
2. Which of the following helper questions provides an example of a *verbal lead*?
 - a. "Is there a particular place in your body where you experience that feeling?"
 - b. "Is there a particular image that captures the essence of the feeling?"
 - c. "Can you bring that feeling to life for me to help me understand your experience?"
 - d. Each of the above is an example of a verbal lead.
3. Greenberg (2002) contends that clients will not be able to change their emotions unless they
 - a. talk intellectually about their cognitions.
 - b. talk intellectually about their emotions.
 - c. experience their emotions viscerally.
 - d. act out their emotions.
4. To determine the personal meaning of a "slip of the body", Perls (1973), a Gestalt therapist, suggested that the client
 - a. monitor the body for tension.
 - b. monitor the body for hot or cold spots.
 - c. exaggerate a particular movement of the body.
 - d. use word mantras with breath work.
5. According to Lowen (1965), a bioenergetics therapist, _____ emotional problems are manifested in a disturbance in breathing.
 - a. all
 - b. most
 - c. some
 - d. few
6. When using incomplete sentences to aid in eliciting and expressing feelings, a client completes a sentence stem such as, "If I felt angry, ..." by
 - a. responding the way a parent or significant other would have responded during the client's childhood.
 - b. responding spontaneously with different completions until the client feels that s/he has finished.
 - c. practicing the way that the client would like to be able to respond to emotional triggers.
 - d. reflecting on the sentence stem and offering a response in the subsequent helping session.
7. In order for a client to obtain therapeutic benefit from a helping session, the eliciting and expression of feelings needs to be accompanied by
 - a. reflection on the experience of those feelings.
 - b. making sense of or attaching meaning to the feelings.
 - c. learning how to integrate the feelings effectively into daily life and relationships with self and others.
 - d. all of the above.

8. An adaptive approach that will assist clients in containing difficult feelings and to avoid becoming overwhelmed is to
- regulate affect using self-soothing strategies.
 - self-medicate with over-the-counter or prescription medication.
 - shut the feelings down.
 - release or numb the feelings by cutting.
9. Social modeling, rehearsal, feedback, shaping, successive approximation, and in vivo tasks are elements of _____.
- cognitive restructuring.
 - affective deepening.
 - behavioral skills training.
 - somatic sensing.
10. Which of the following does NOT apply to the self-management strategy of self-monitoring?
- Monitoring the process is less important than monitoring the outcomes of behavior change.
 - Clients may count the frequency, intensity, and/or duration of a target behavior.
 - Clients should balance self-monitoring of both positive and negative responses, particularly when addressing unhealthy behaviors.
 - Self-monitoring promotes the rupture of the stimulus-response association.
11. The phenomenon of behavioral change resulting solely from observation by self or others is known as _____.
- impressionability
 - suggestibility
 - reactivity
 - vicissitude
12. Exposure therapy is used with clients who
- don't have time for lengthy therapy.
 - need to change maladaptive behaviors immediately.
 - have a phobia or panic they need to become habituated to.
 - are not interested in in vivo therapies.
13. In a helping session with a cognitively oriented helper, the client's irrational or illogical beliefs are questioned. This would take place during the _____ phase of A-B-C-D-E Analysis.
- activating event (A)
 - specific thoughts or beliefs (B)
 - emotional and behavioral consequences (C)
 - disputation and challenging irrational beliefs (D)
14. Successful cognitive restructuring is LEAST likely to occur when clients
- engage in discrimination training in which they identify self-defeating thoughts.
 - substitute mastery thoughts for obsessive, illogical, or negative thoughts.
 - practice for at least 6 weeks through overt (role-play) and covert (imaginary) rehearsal.
 - engage in in vivo practice to promote confidence.
15. The third wave of behavior therapy includes Acceptance and Commitment Therapy, or ACT, which focuses on
- literalization, evaluation, and comparison as contributors to mental wellbeing.
 - helping clients fuse with the beliefs and schemas with which they identify.
 - defusion techniques to help clients look *at* their thoughts rather than *from* their thoughts.
 - modifying the form or frequency of cognitions through challenge and disputation.

16. The benefits of mindfulness include all of the following EXCEPT
 - a. it is most effective when used independent of other counseling.
 - b. it provides health benefits such as increased immune function
 - c. it improves brain function and plasticity
 - d. it can help clients with a variety of psychological conditions
17. Narrative therapy
 - a. values the thinking process like CBT.
 - b. works to help a client restory their experiences so that they are more accurate.
 - c. uses externalizing questions to help the client identify with their problem.
 - d. requires the helper to be an expert and revise the story for the client.
18. According to Horney (1970), a client who presents as accommodating and cooperative, and who finds it difficult to be assertive and to express anger, is likely to be displaying a _____ interactional pattern.
 - a. stationary
 - b. moving against
 - c. moving away
 - d. moving toward
19. When a helper includes extended family, community elders, and/or spiritual leaders in the treatment of the client, this complementary extension of the role of traditional helper is referred to as
 - a. facilitator of indigenous support systems and practices.
 - b. change agent.
 - c. adviser.
 - d. advocate.
20. Hanna and Cardona (2013) consider the following precursors for client liberation from oppression EXCEPT
 - a. hope.
 - b. social support for change.
 - c. awareness of the issue.
 - d. ability to self-advocate.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format unless instructed otherwise. (Instructors may opt for an open book response format.)*

1. Prepare a chart summarizing cognitive, affective, behavioral, language-focused, and systemic approaches to assisting clients with their presenting concerns. Under each of these five headings, *in point form*, identify corresponding theoretical orientations, treatment strategies, and manifestations of client problems.
2. Define the construct of emotional intelligence and explain its importance in enabling clients to lead fully actualized lives. Outline helping interventions aimed at enhancing the development of emotional intelligence through identification, assessment, eliciting, expressing, understanding, and regulating feelings.
3. Briefly describe five possible between-session assignments (one paragraph each) for clients whose goal it is to increase awareness of and ability to regulate feelings.
4. Imagine that a client has approached you for help with smoking cessation. Outline a *self-monitoring* program that you and the client might develop and employ, with consideration of *what*, *how*, and *when* to monitor.
5. Compare and contrast imaginal and in vivo exposure strategies, and brief and prolonged exposure strategies. Describe the processes associated with each. How would you discern the suitability of a particular approach?
6. Illustrate the application of A-B-C-D-E analysis with a hypothetical client. Identify the client's presenting concern and the manner in which you would assist the client through the analysis process.

7. Outline the approach you would employ in engaging a client in cognitive restructuring, basing your response on the work of Beck and Meichenbaum.
8. Illustrate the application of the following elements of Acceptance and Commitment Therapy: 1) defusion, 2) experiential avoidance, 3) mindfulness, and 4) values and commitment. What is the helper's role in addressing these elements?
9. Summarize the tenets of narrative therapy. Provide a rationale for the use of *externalizing* questions and questions of *unique outcomes*.
10. Discuss the theory and components of interpersonal therapy as an evidence-based helping approach for the treatment of depression.

RECOMMENDED READINGS

- Adler, J. M., Harmeling, L. H., & Walder-Biesanz, I. (2013). Narrative meaning making is associated with sudden gains in psychotherapy clients' mental health under routine clinical conditions. *Journal of Consulting and Clinical Psychology, 81*, 839–845.
- Beck, J. S. (2011). *Cognitive behavior therapy* (2nd ed.). New York: Guilford.
- Bitter, J. (2014). *Theories and practice of family therapy and counseling* (2nd ed.). Belmont, CA: Brooks/Cole, Cengage.
- Brown, A. P., Marquis, A., & Guiffreda, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling and Development, 91*, 96–104. doi: 10.1002/j.1556-6676.2013.00077.x
- Cormier, S., Nurius, P., & Osborn, C. (2013). *Interviewing and change strategies for helpers: Fundamental skills and cognitive-behavioral interventions* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Dobson, K. S. (2012). *Cognitive therapy*. Washington DC: American Psychological Association.
- Dryden, W. (2009). *Skills in rational emotive behaviour counseling and psychotherapy*. Thousand Oaks, CA: Sage.
- Greenberg, L. S. (2011). *Emotion-focused therapy*. Washington, DC: American Psychological Association.
- Hackney, H., & Cormier, L. S. (2013). *The professional helper* (7th ed.). Upper Saddle River, NJ: Pearson Education.
- Hanna, F. J., & Cardona, B. (2013). Multicultural counseling beyond the relationship: Expanding the repertoire with techniques. *Journal of Counseling and Development, 91*, 349–357.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy* (2nd ed.). New York, NY: Guilford.
- Hepworth, D. H., Rooney, R. H., Rooney, D. G., Strom-Gottfried, K., & Larsen, J. A. (2013). *Direct social work practice: Theory and skills* (9th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Leach, M. M., & Aten, J. D. (Eds.). (2010). *Culture and the therapeutic process: A guide for mental health professionals*. New York, NY: Routledge.
- Makinson, R. A., & Young, S. (2012). Cognitive behavioral therapy and the treatment of posttraumatic stress disorder: Where counseling and neuroscience meet. *Journal of Counseling and Development, 90*, 131–140. doi:10.1111/j.1556-6676.2012.00017.x
- Markowitz, J., & Weissman, M. (Eds.). (2012). *Casebook of interpersonal psychotherapy*. New York, NY: Oxford University Press.
- McGoldrick, M., Carter, B., & Garcia-Preto, N. (2011). *The expanded family life cycle: Individual, family, and social perspectives* (4th ed.). Upper Saddle River, NJ: Pearson.
- Prochaska, J., & Norcross, J. (2014). *Systems of psychotherapy* (8th ed.). Belmont, CA: Brooks/Cole, Cengage.
- Spiegler, M. D., & Guevremont, D. C. (2010). *Contemporary behavior therapy* (5th ed.). Belmont, CA: Wadsworth/Cengage Learning.
- Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist, 68*, 661–663.
- Teyber, E., & McClure, F. (2011). *Interpersonal processes in psychotherapy* (6th ed.). Belmont, CA: Brooks/Cole, Thomson.
- Watson, D. L., & Tharp, R. G. (2014). *Self-directed behavior: Self-modification for personal adjustment* (10th ed.). Belmont, CA: Wadsworth.

Chapter 10

Considerations and Challenges for Beginning Helpers

CHAPTER OUTLINE

- Professional Identity
 - Establishing a Sense of Self as a Helping Professional
 - Imposter Phenomenon
- Clinical Supervision
 - Seeking Clinical Supervision
 - Peer Supervision
 - Offering Supervision
- Networking
- Professional Affiliations and Credentialing
 - Membership in Professional Associations
 - Professional Volunteerism
 - Professional Certification and Credentialing
- Professional Development
 - Professional Development of Self
 - Professional Development of Peers
- Ethical and Legal Issues
 - Boundaries of Competence and Referrals
 - Informed Consent
 - Privacy, Confidentiality, and Privilege
 - Relational Boundaries: Multiple and Nonprofessional Relationships
 - Discrepancies between Ethics Codes and Workplace Policies
 - Ethics and Multicultural Issues
 - Ethical Concerns about another Helping Professional
 - Ethical Decision Making
 - Ethical Consultation across the Career Span
- Resources
- Rewards
- Self-Care
- Summary

KEY WORDS

- Administrative supervision
- Boundaries of competence
- Burnout
- Clinical supervision
- Code of ethics
- Compassion fatigue
- Confidentiality
- Credentialing
- Ethical concerns
- Ethical decision making
- Imposter phenomenon
- Informed consent
- Licensure
- Networking
- Peer supervision
- Privacy

Privilege
Professional associations
Professional development
Professional identity
Relational boundaries
Resources
Rewards
Self-care
Vicarious traumatization

CHAPTER OVERVIEW

In this chapter we considered the transition that occurs from student to professional. Specifically, we addressed some common concerns that face helpers as they begin seeing actual clients. Challenges to one's competency and identity are common place and the imposter phenomenon is a stressor for many beginning counselors. Students also have to bridge the gap between theory and practice.

Developing your career involves many steps. Clinical supervision is an important part of developing as a professional and feeling more competent and benefits beginning helper in many ways. Eventually, many practitioners move on to a peer supervision model and become supervisors themselves. Practitioners also are encouraged to join their professional associations, volunteer in those organizations, become credentialed in their field, network with other professionals, and take part in regular professional development.

There are a number of ethical challenges that face helpers, such as confidentiality and its limits, informed consent, and privacy. We also discussed boundary issues and nonprofessional and multiple relationships, noting that although these are generally to be avoided, sometimes exceptions are made when working in rural areas or when such connections are of clear benefit to clients. Clearly a sexual relationship with a client is always unethical and must always be avoided. We commented on the need to be familiar with and adhere to ethical codes for organizations we belong to. Given the complexity of the various helping ethical codes and the complexity of client issues, we described a model for making ethical decisions that incorporates contextual variables into the decision making process.

Lastly, we looked at the rewards to becoming a professional in this field and the intrinsic satisfaction helpers often feel. We also considered the importance of self-care to avoid compassion fatigue and keep helpers healthy and happy throughout their career span.

ACTIVITIES

Contributed by T. Anne Hawkins, PhD

1. Describe a client (with presenting issues and demographics) whom you would potentially feel comfortable helping. Reflect on and discuss the reasons why this is so.
2. Describe a client (with presenting issues and demographics) whom you would potentially feel *uncomfortable* helping. Reflect on and discuss the reasons why this is so.
3. For five consecutive weeks, you had been working with Jan, a twenty-two year old, single white female with major depression. You had begun to look forward to the sessions and to enjoy the time you spent with Jan, because she presented as insightful and likeable, and engaged fully in the sessions. You felt certain that she was making progress. Each week you devoted at least one-half of your supervision time to discussion of the progress she was making (and not incidentally, your role in that process). Last Monday Jan did not show up for her scheduled appointment, or call to reschedule. She also has not returned your call inviting her to reschedule.

Consider and discuss your internal response to these events.

Consider and discuss how you will feel when you process these events during supervision.

4. You've been working with Tracy (who is of the opposite sex) for the last six weeks. Helping for mood and relational issues has been progressing smoothly. During last week's session, however, you realized that Tracy was definitely flirting with you. You chose to ignore it, based on the assumption that the behavior would be short-lived. Yesterday you received a card from Tracy, written in an effusive manner, thanking you profusely for all that you have done. Tracy signed off with less-than-subtle terms of endearment, leaving you feeling quite uncomfortable. During today's session, Tracy pulled out all the stops, flirted openly, and suggested that when helping was over you might consider having coffee together.

Describe your thoughts and emotions as you experienced and processed these events.

What support would you need to think through and respond to any feelings evoked by this experience?

What plan of action do you think it would be prudent to pursue?

Assuming that the client is the same sex as you, how would this affect your thoughts, feelings, need for support, and plan of action?

5. Yesterday during a session you found yourself almost falling asleep. After you managed to covertly 'wake' yourself up, you realized that you couldn't seem to stay focused on your client and that you kept thinking about the menu for dinner, the dent in your car, the birthday card you needed to buy, and numerous other thoughts related to the rest of your day. Later, as you reflected on previous sessions with this particular client, you became aware that you typically respond to him/her in this manner.

What do think might be occurring and why?

How should you proceed with this client?

REFLECTIVE QUESTIONS

1. Reflect on and discuss the primary stressors that face you at this stage of your life. What strategies do you have for managing stress?
2. In what ways do you take care of yourself? What obstacles might stand in the way of these activities?
3. Describe what your concerns are at this stage of your training and education.
4. Has our discussion about confidentiality changed your views in any way? What do you see as the advantages and pitfalls of disclosing to clients about the limits of confidentiality in an initial session?
5. Discuss some ways to maintain a client's privacy. How might a practitioner unintentionally violate a client's privacy?
6. Identify potential situations in which it might be easier for you to relax boundaries with a client and establish another relationship in addition to the helping one. In these situations, what steps would you take to safeguard the client?
7. What do you think are the ethical risks in using electronic communication with clients?

8. Everyone approaches a new experience with certain expectations. List three things you hope to receive from supervision. List three things you do not want from supervision. Discuss.
9. Knowing yourself as you do, what issues should be a focus during initial sessions with your supervisor?
10. Discuss what you consider to be your responsibilities as a supervisee while you are being supervised. What responsibilities do you believe belong to your supervisor?
11. In a small group, make a list of ways to prepare for supervision. In a similar fashion, make a list of ways you can increase the likelihood of using the supervision you receive in subsequent helping sessions.

TEST ITEMS

Chapter 10

MULTIPLE CHOICE: *Choose the alternative that best completes the statement or answers the question.*

1. Beginning helpers often experience _____, a form of anxiety related to their insecurities about their knowledge base and skills as they enter the profession.
 - a. clinical supervision.
 - b. professional identity development.
 - c. imposter phenomenon.
 - d. none of the above.
2. Clinical Supervision
 - a. across the career span represents best practice.
 - b. promotes consolidation of learning and refining helping skills.
 - c. offers planned periods of reflection and feedback with other helping professionals.
 - d. all of the above.
3. The process best described as connecting, communicating, and interaction with professional peers
 - a. clinical supervision.
 - b. networking.
 - c. peer supervision.
 - d. administrative supervision.
4. Professional affiliation options for beginning helpers include
 - a. membership in professional organizations.
 - b. volunteering for professional organizations.
 - c. becoming registered or licensed.
 - d. all of the above.
5. Professional development is an important way to remain current and competent as practitioners. One overlooked area of professional development is
 - a. contributing to the learning of students and colleagues
 - b. using online technology and webinars to learn
 - c. attending conferences.
 - d. Engaging in professional reading.
6. When practicing, professionals are expected to adhere to
 - a. codes of ethics.
 - b. standards of practice.
 - c. applicable laws.
 - d. all of the above.
7. While each organization has its own Code of Ethics, each have common core ethical considerations including
 - a. accountability
 - b. informed consent
 - c. supervision
 - d. protection of society
8. The onus is on new counsellors to
 - a. have someone continually monitor their work.
 - b. self-monitor and self-assess their competencies.
 - c. avoid working with clients they don't want to work with.
 - d. experience working in specialized areas before taking additional course work.

9. Which of the following does NOT represent an exception to confidentiality?
 - a. The sister of a deceased client asks for copies of the client's counseling records.
 - b. A client discloses knowledge about the abuse of a minor child.
 - c. A client files an ethical complaint against a former helper.
 - d. A client launches a civil suit claiming that he or she required the services of a helping professional due to psychological harm caused by another person.
10. The Jaffee vs Redmond ruling on client privilege as it applies to counselors is problematic because it
 - a. allows them to ignore a subpoena.
 - b. allows them to share client information with a judge.
 - c. does not address privilege as it applies to psychologists.
 - d. only applies to psychologists, psychiatrists, and social workers.
11. Relational boundaries can be particularly challenging for
 - a. school counselors.
 - b. single counselors.
 - c. rural counselors.
 - d. none of the above.
12. Beginning helpers can face many ethical concerns including
 - a. concerns about another helping professional.
 - b. discrepancies between ethical codes and instruction.
 - c. discrepancies between ethical codes and workplace policies.
 - d. a. and c. only.
13. Resources can be expensive. Some creative ways to assemble materials include
 - a. approaching retiring practitioners for inexpensive or free materials.
 - b. applying for grants earmarked for mental health.
 - c. organizing a workshop to produce materials like stress balls.
 - d. all of the above.
14. Ethical decision making involves all of the following steps EXCEPT
 - a. Defining the dilemma.
 - b. Examining relevant laws.
 - c. determining a course of action.
 - d. Investigating workplace history.
15. The final step in ethical decision making is
 - a. documenting.
 - b. sharing the results.
 - c. revisiting the model.
 - d. supervision.
16. When considering the possible need to breach of confidentiality with a client, you take into account your client's feelings, your boss's concerns, the outcome on others if the situation is not disclosed, the possible repercussions on your reputation, and your feelings about the action. This is an example of
 - a. defining the dilemma.
 - b. investigating workplace policies.
 - c. considering problem impact.
 - d. brainstorming options.

17. When considering a new counselor's ability to flourish, Seiglmán's (2011) acronym PERMA includes the following element
 - a. purpose in life.
 - b. adequate compensation.
 - c. ability to advance.
 - d. realism.
18. Which of the following is not a condition that helpers are predisposed to?
 - a. burn out.
 - b. compassion fatigue.
 - c. PTSD.
 - d. vicarious trauma.
19. Helper self-care is of benefit to clients because it
 - a. helps them to relate to their helper.
 - b. protects their welfare by ensuring helper efficacy.
 - c. allows helpers to work with appropriate clients.
 - d. ensures helpers are physically able to work with clients.
20. Effective self-care requires
 - a. self-awareness.
 - b. extra sleep.
 - c. counseling.
 - d. supervision.

ESSAY QUESTIONS: *Formulate responses using complete sentences and paragraph format. (Instructors may opt for an open book response format.)*

1. Describe the genesis of the phenomenon known as the 'imposter phenomenon' among beginning helping professionals.
2. Describe the process of clinical supervision. What are the benefits for the supervisor and for the beginning counselor?
3. As a beginning helper, what are ways to develop professionally and resources you have available?
4. Explain the professional affiliation and credentialing process. Why is it important to take part in this system?
5. Discuss various ethical and legal issues you may face as a beginning helper.
7. How should helping professionals address issues related to boundaries of competence if they wish to expand their practice to work with a new population or to employ a new intervention?
8. Discuss the general stance adopted by the various ethics codes for the helping professions with regard to nonprofessional relationships or multiple relationships.
9. Outline an ethical decision-making process in which you might engage as a helping professional. Elaborate on each of the steps involved.
10. Explain the importance of self-care. What are the components of effective self-care?

RECOMMENDED READINGS

- Baird, B. N. (2013). *The internship practicum and field placement handbook* (7th ed.). Upper Saddle River, NJ: Pearson.
- Barnett, J. & Johnson, W. (2015). *Ethics desk reference for counselors* (2nd ed.). Washington D.C.: American Counseling Association.
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.) Upper Saddle River, NJ: Pearson Education, Inc..
- Corey, M. S., & Corey, G. (2016). *Becoming a helper* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Corey, G., Corey, M. S., & Callanan, P. (2015). *Issues and ethics in the helping professions* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2010). *Clinical supervision in the helping professions: A practical guide* (3rd ed.). Alexandria, VA: American Counseling Association.
- Cormier, S., Nurius, P. S., & Osborn, C. J. (2013). *Interviewing and change strategies for helpers* (7th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Erford, B. T. (2014). *Orientation to the counseling profession: Advocacy, ethics, and essential professional foundations* (2nd ed.). Boston, MA: Pearson/Merrill Counseling.
- Kaplan, D. M. (2014). Ethical implications of a critical legal case for the counseling profession: *Ward v. Wilbanks*. *Journal of Counseling and Development*, 92, 142–146. doi:10.1002/j.1556-6676.2014.00140.x
- Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling and Development*, 92, 3–12, doi: 10.1002/j.1556-6676.2014.00124.x
- Pearson, Q. M. (2004). Getting the most out of clinical supervision: Strategies for mental health counseling students. *Journal of Mental Health Counseling*, 26(4), 361–373.
- Pope, K. S., & Vasquez, M. J. T. (2011). *Ethics in psychotherapy and counseling: A practical guide* (4th ed.). Hoboken, NJ: John Wiley & Sons.
- Shohet, R. (2011). *Supervision as transformation: A passion for learning*. London: Jessica Kingsley Publishers Ltd.
- Skovholt, T. M., & Trotter-Mathison, M. J. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed.). New York, NY: Routledge.
- Sweitzer, H. F. (2014). *The successful internship: Personal, professional, and civic development in experiential learning* (4th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Welfel, E. R. (2013). *Ethics in counseling & psychotherapy: Standards, research, and emerging issues* (5th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Answer Key
Multiple Choice Questions

Chapter 1

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) b | 2) d | 3) b | 4) c | 5) d |
| 6) d | 7) a | 8) b | 9) c | 10) b |
| 11) d | 12) d | 13) a | 14) c | 15) d |
| 16) d | 17) c | 18) c | 19) b | 20) d |

Chapter 2

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) c | 2) d | 3) a | 4) b | 5) c |
| 6) a | 7) b | 8) d | 9) c | 10) c |
| 11) d | 12) b | 13) b | 14) d | 15) b |
| 16) d | 17) c | 18) a | 19) a | 20) b |

Chapter 3

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) c | 2) a | 3) b | 4) b | 5) d |
| 6) b | 7) c | 8) a | 9) c | 10) c |
| 11) c | 12) b | 13) c | 14) a | 15) a |
| 16) d | 17) c | 18) a | 19) d | 20) c |

Chapter 4

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) c | 2) d | 3) a | 4) b | 5) b |
| 6) b | 7) a | 8) c | 9) c | 10) d |
| 11) c | 12) b | 13) a | 14) a | 15) d |
| 16) b | 17) d | 18) b | 19) a | 20) c |

Chapter 5

1) a	2) b	3) d	4) b	5) c
6) d	7) c	8) c	9) b	10) d
11) d	12) c	13) b	14) c	15) b
16) a	17) c	18) d	19) a	20) b

Chapter 6

1) c	2) a	3) d	4) c	5) a
6) d	7) b	8) c	9) c	10) a
11) c	12) d	13) a	14) d	15) b
16) d	17) d	18) a	19) c	20) c

Chapter 7

1) c	2) b	3) d	4) c	5) a
6) c	7) a	8) c	9) a	10) d
11) d	12) a	13) d	14) c	15) c
16) a	17) d	18) b	19) c	20) b

Chapter 8

1) b	2) b	3) d	4) d	5) c
6) a	7) a	8) c	9) d	10) c
11) b	12)	13) c	14) a	15) b
16) b	17) c	18) b	19) d	20) d

Chapter 9

1) b	2) d	3) c	4) c	5) a
6) b	7) d	8) a	9) c	10) a
11) c	12) c	13) d	14) b	15) c
16) a	17) b	18) d	19) a	20) d

Chapter 10

- | | | | | |
|-------|-------|-------|-------|-------|
| 1) c | 2) d | 3) b | 4) d | 5) a |
| 6) d | 7) b | 8) b | 9) a | 10) d |
| 11) c | 12) d | 13) d | 14) d | 15) a |
| 16) c | 17) a | 18) c | 19) b | 20) a |