

SKILLS REQUIRED FOR COUNSELLING

Rapport Building

Building rapport with counsellee is one of the most important counseling skills to possess. The counsellor must get clients to trust them and feel comfortable in the counseling room. If they don't, then clients won't share important details with them, won't trust what they say, and in general won't participate in the counseling process in the way that they need them to.

The following are the ways to building rapport:

1. **Use active listening skills** to understand the client and their story. Before any attempt at an intervention is made, the counselor must demonstrate to the client that he/she understands where they are coming from.
2. **Watch the speed of intimacy:** Depending on the client's culture, background, personality, etc., it may take longer to build the trust required to discuss more personal and sensitive issues. In order to assess the trust level, the counselor must pay attention to both the content of what the client is sharing (some clients will only share surface-level details at first) and the client's body language, as they will be important indicators of how much the client is ready to share. It is important to be aware of these non-verbal signals because not all clients will clearly verbalize their discomfort.
3. **Small successes first:** Before delving into the biggest problem, the counselor must try giving helpful information, positive feedback or encouragement. The counsellor may even try an intervention on a smaller problem early on in the process. But at this stage only attempt those problems that he/she is reasonably confident of addressing successfully. This will help the client build confidence in the counselor.
4. **Treat the client with respect.** The counselor must treat the client as an important person. Return calls promptly, start sessions on time, dress professionally, have paperwork ready for them, etc. Respect their time as much as their own.
5. **Be competent:** The client isn't going to trust if he doesn't know what the counselor is doing. Ensure proper training and experience before tackling the client's issue. The counselor must be forthright with the client about how much experience he/she has as soon as the client first mentions their issue, preferably during the first phone contact. Let the client decide if they want to continue.
6. **Self-disclosure:** Disclosing personal information is also another way to build rapport. However the counselor has to be careful. Too much disclosure, done too early and for the wrong reasons can easily backfire.

Listening

Listening refers to the ability of counsellors to capture and understand the messages clients communicate as they tell their stories, whether those messages are transmitted verbally or nonverbally.

Active listening involves the following four skills:

- **Listening to and understanding the client's verbal messages.** When a client tells you his or her story, it usually comprises a mixture of experiences (what happened to him or her), behaviours (what the client did or failed to do), and affect (the feelings or emotions associated with the experiences and behaviour). The counsellor has to listen to the mix of experiences, behaviour and feelings the client uses to describe his or her problem situation. Also “hear” what the client is not saying.
- **Listening to and interpreting the client's nonverbal messages.** Counsellors should learn how to listen to and read nonverbal messages such as bodily behaviour (posture, body movement and gestures), facial expressions (smiles, frowns, raised eyebrows, twisted lips), voice-related behaviour (tone, pitch, voice level, intensity, inflection, spacing of words, emphases, pauses, silences and fluency), observable physiological responses (quickened breathing, a temporary rash, blushing, paleness, pupil dilation), general appearance (grooming and dress), and physical appearance (fitness, height, weight, complexion). Counsellors need to learn how to “read” these messages without distorting or over-interpreting them.
- **Listening to and understanding the client in context.** The counsellor should listen to the whole person in the context of his or her social settings.
- **Listening with empathy.** Empathic listening involves attending, observing and listening (“being with”) in such a way that the counsellor develops an understanding of the client and his or her world. The counsellor should put his or her own concerns aside to be fully “with” their clients.

Active listening is unfortunately not an easy skill to acquire. Counsellors should be aware of the following **hindrances to effective listening** (Egan, 1998):

- **Inadequate listening:** It is easy to be distracted from what other people are saying if one allows oneself to get lost in one's own thoughts or if one begins to think what one intends to say in reply. Counsellors are also often distracted because they have problems of their own, feel ill, or because they become distracted by social and cultural differences between

themselves and their clients. All these factors make it difficult to listen to and understand their clients.

- **Evaluative listening:** Most people listen evaluatively to others. This means that they are judging and labelling what the other person is saying as either right/wrong, good/bad, acceptable/unacceptable, relevant/irrelevant etc. They then tend to respond evaluatively as well.
- **Filtered listening:** We tend to listen to ourselves, other people and the world around us through biased (often prejudiced) filters. Filtered listening distorts our understanding of our clients.
- **Labels as filters:** Diagnostic labels can prevent you from really listening to your client. If you see a client as “that woman with Aids”, your ability to listen empathetically to her problems will be severely distorted and diminished.
- **Fact-centered rather than person-centered listening:** Asking only informational or factual questions won't solve the client's problems. Listen to the client's whole context and focus on themes and core messages.
- **Rehearsing:** If you mentally rehearse your answers, you are also not listening attentively. Counsellors who listen carefully to the themes and core messages in a client's story always know how to respond. The response may not be a fluent, eloquent or “practised” one, but it will at least be sincere and appropriate.
- **Sympathetic listening:** Although sympathy has its place in human transactions, the “use” of sympathy is limited in the helping relationship because it can distort the counsellor's listening to the client's story. To sympathise with someone is to become that person's “accomplice”. Sympathy conveys pity and even complicity, and pity for the client can diminish the extent to which you can help the client.

Questioning:

Questions during the counselling session can help to open up new areas for discussion. They can assist to pinpoint an issue and they can assist to clarify information that at first may seem ambiguous to the counsellor. Questions that invite clients to think or recall information can aid in a client's journey of self-exploration.

Counsellors should be knowledgeable about the different types of questioning techniques, including the appropriate use of them and likely results. It is also important to be aware and cautious of overquestioning. Asking too many questions sends a message to the client that the counsellor is in control and may even set up a situation in which the client feels the counsellor has all the answers. In determining effective questioning techniques it is important to consider the nature of the client, their ongoing relationship with the counsellor and the issue/s at hand.

There are two main types of questions used in counselling: (1) Open and (2) Closed.

Open questions

Open questions are those that cannot be answered in a few words, they encourage the client to speak and offer an opportunity for the counsellor to gather information about the client and their concerns.

Typically open questions begin with: what, why, how or could.

For example:

1. What has brought you here today?
2. Why do you think that?
3. How did you come to consider this?
4. Could you tell me what brings you here today?

“How” questions tend to invite the client to talk about their feelings. “What” questions more often lead to the emergence of facts. “When” questions bring about information regarding timing of the problem, and this can include events and information preceding or following the event. “Where” questions reveal the environment, situation or place that the event took place, and “Why” questions usually give the counsellor information regarding the reasons of the event or information leading up to the event. It should be noted that care must be taken by the counsellor when asking “why” questions. Why questions can provoke feelings of defensiveness in clients and may encourage clients to feel as though they need to justify themselves in some way.

Closed questions

Closed questions are questions that can be answered with a minimal response (often as little as “yes” or “no”). They can help the counsellor to focus the client or gain very specific information. Such questions begin with: is, are or do.

For example:

Is that your coat?

Are you living alone?

Do you enjoy your job?

While questioning techniques can be used positively to draw out and clarify issues relevant to the counselling session, there is also the very real danger of over-using questions or using questioning techniques that can have a negative impact on the session. The wrong types of questioning techniques, at the wrong time, in the hands of an unskilled interviewer or counsellor, can cause unnecessary discomfort and confusion to the client.

Responding:

Accurate Responding allows the counsellor to confirm with the client that they are being heard correctly. Noting and reflecting are used to bring out underlying feelings.

Responding is useful throughout all stages of a counselling interview. It helps the counsellor to clarify and encourage clients' stories. This is also a great skill to teach clients when responding to each other in mediation.

Noting and reflecting can assist in adding the emotional dimension to the client's story, so is often used in the interview stages of gathering information and exploring alternatives. Examples

Example:

Responding: "Let me see if I've got this right. You want to go back to full time study but are worried about your financial commitments?"

Noting and reflecting: "You feel disappointed because your mother didn't call you on your birthday."

REBT THEORY -Mrs. Bhavna Dave

Rational Emotive Behavior Therapy (REBT) is a form of psychotherapy and a philosophy of living created by Albert Ellis in the 1950's. REBT (pronounced R.E.B.T. — it is not pronounced *rebbit*) is based on the premise that whenever we become upset, it is not the events taking place in our lives that upset us; it is the beliefs that we hold that cause us to become depressed, anxious, enraged, etc.

The Goal of Happiness

- According to Albert Ellis and to REBT, the vast majority of us want to be happy. We want to be happy whether we are alone or with others; we want to get along with others—especially with one or two close friends; we want to be well informed and educated; we want a good job with good pay; and we want to enjoy our leisure time.
- Of course life doesn't always allow us to have what we want; our goal of being happy is often thwarted by the "slings and arrows of outrageous fortune." When our goals are blocked, we can respond in ways that are healthy and helpful, or we can react in ways that are unhealthy and unhelpful.

The ABC Model

- Albert Ellis and REBT posit that our reaction to having our goals blocked (or even the possibility of having them blocked) is determined by our beliefs.
- To illustrate this, Dr. Ellis developed a simple **ABC format** to teach people how their beliefs cause their emotional and behavioral responses:
- **A.** Something happens.
B. You have a belief about the situation.
C. You have an emotional reaction to the belief.

For example:

- **A.** Your employer falsely accuses you of taking money from her purse and threatens to fire you.
B. You believe, "She has no right to accuse me. She's a bitch!"
C. You feel angry.

If you had held a different belief, your emotional response would have been different:

- **A.** Your employer falsely accuses you of taking money from her purse and threatens to fire you.
B. You believe, "I must not lose my job. That would be unbearable."
C. You feel anxious.

- The ABC model shows that **A** does not cause **C**. It is **B** that causes **C**.
- In the first example, it is not your employer's false accusation and threat that make you angry; it is your belief that she has no right to accuse you, and that she is a bitch.
- In the second example, it is not her accusation and threat that make you anxious; it is the belief that you must not lose your job, and that losing your job would be unbearable.

The Three Basic Musts

- Although we all express ourselves differently, according to Albert Ellis and REBT, the beliefs that upset us are all variations of three common irrational beliefs. Each of the three common irrational beliefs contains a demand, either about ourselves, other people, or the world in general. These beliefs are known as "The Three Basic Musts."

The Three Basic Musts

- **I must do well** and win the approval of others for my performances or else I am no good.
- **Other people must treat me considerably**, fairly and kindly, and in exactly the way I want them to treat me. If they don't, they are no good and they deserve to be condemned and punished.
- **I must get what I want**, when I want it; and I must not get what I don't want. It's terrible if I don't get what I want, and I can't stand it.

The first belief often leads to anxiety, depression, shame, and guilt. The second belief often leads to rage, passive-aggression and acts of violence. The third belief often leads to self-pity and procrastination. It is the demanding nature of the beliefs that causes the problem. Less demanding, more flexible beliefs lead to healthy emotions and helpful behaviors.

Disputing: The goal of REBT is to help people change their irrational beliefs into rational beliefs. Changing beliefs is the real work of therapy and is achieved by the therapist disputing the client's irrational beliefs.

- **For example**, the therapist might ask, "Why *must* you win everyone's approval?" "Where is it written that other people *must* treat you fairly?" "Just because you want something, why *must* you have it?"
- Disputing is the **D** of the ABC model. When the client tries to answer the therapist's questions, s/he sees that there is no reason why s/he absolutely *must* have approval, fair treatment, or anything else that s/he wants.

Insight: Albert Ellis and REBT contend that although we all think irrationally from time to time, we can work at eliminating the tendency. It's unlikely that we can ever entirely eliminate the tendency to think irrationally, but we can reduce the frequency, the duration, and the intensity of our irrational beliefs by developing three insights. We don't merely *get* upset but mainly upset ourselves by holding inflexible beliefs. No matter when and how we start upsetting ourselves, we continue to feel upset because we *cling* to our irrational beliefs. The only way to get better is to

work hard at changing our beliefs. It takes practice, practice, practice.

Acceptance: Emotionally healthy human beings develop an acceptance of reality, even when reality is highly unfortunate and unpleasant.

- **REBT therapists strive to help their clients develop three types of acceptance:**
 1. unconditional self-acceptance;
 2. unconditional other-acceptance; and
 3. unconditional life-acceptance.

Unconditional self-acceptance:

- I am a fallible human being; I have my good points and my bad points.
- There is no reason why I must not have flaws.
- Despite my good points and my bad points, I am no more worthy and no less worthy than any other human being.

Unconditional other-acceptance:

- Other people will treat me unfairly from time to time.
- There is no reason why they must treat me fairly.
- The people who treat me unfairly are no more worthy and no less worthy than any other human being.

Unconditional life-acceptance:

- Life doesn't always work out the way that I'd like it to.
- There is no reason why life must go the way I want it to.
- Life is not necessarily pleasant but it is never awful and it is nearly always bearable

ROGER'S CLIENT CENTERED THERAPY

Carl Rogers is the founder of this approach to counselling. It is also known by names person centred approach, nondirective counselling and client centred counselling. This approach can be used in any setting where a helper aims to promote human psychological growth. As this method of counselling did not require extensive psychological training, many practising counsellors adopted this approach and it had a great influence on the preparation of new counsellors.

VIEWS OF HUMAN NATURE:

In Rogers client centred therapy, human beings are seen as possessing goodness and the desire to become fully functioning i.e. to live as effectively as possible. According to Rogers, if people are permitted to develop freely, they will flourish and become positive, achieving individuals. Because Rogers's theory expresses faith in human nature, it is considered as humanistic approach to counseling.

Rogers client centred therapy is based on a theory of personality referred to as self-theory. An individual's view of self within the context of environment influences his actions and personal satisfactions. If provided with a nurturing environment, people will grow with confidence toward self-actualisation. If they do not receive love and support from significant others, they will likely to see themselves as lacking in worth and see others as untrustworthy. Behaviour will become defensive and growth toward self actualisation will be hampered.

Thus, the client centered therapist's perception of people is based on four key beliefs:

- 1) People are trustworthy
- 2) People innately move toward self – actualisation and health
- 3) People have the inner resources to move themselves in positive directions and
- 4) People respond to their uniquely perceived world

GOALS OF CLIENT CENTERED THERAPY:

The goal of client centered therapy is to provide a safe, caring environment where clients get in closer touch with essential positive elements of themselves that have been hidden or distorted. Less distortion and more congruence lead to greater trust that their organism

can be relied on for effective reactions to people and situations. Two primary goals of person centered therapy are increased self esteem and greater openness to experience. Some of the related changes that this form of therapy seeks to foster in clients include:

- i) Closer agreement between the client's idealised and actual selves
- ii) Better self-understanding
- iii) Lower levels of defensiveness, guilt, and insecurity
- iv) More positive and comfortable relationships with others and
- v) An increased capacity to experience and express feelings at the moment they occur.

Person centered therapy focuses on the person, not on the person's presenting problem. Goal is to assist clients in their growth so they are better able to cope with both today's problems and future problems.

GOALS OF THERAPY

The goals of person-centred therapy are (Seligman, 2006):

1. To facilitate client's trust and ability to be in the present moment. This allows the client to be honest in the process without feeling judged by the therapist.
2. To promote client's self-awareness and self-esteem.
3. To empower the client to change.
4. To encourage congruence in the client's behaviour and feelings.
5. To help people to gain the ability to manage their lives and become self-actualised.

THE COUNSELLING PROCESS:

According to Rogers, the counsellor should provide conditions that would permit self discovery and encourage the client's natural tendency toward personal growth. The core conditions of counselling as described by Rogers are empathy, unconditional positive regard and congruence or genuineness which is considered necessary and sufficient for therapeutic personality change.

Creating trust in the helping relationship is a fundamental tenet of all Person Centred therapy. Not only must the client learn to trust the counsellor, but also the counsellor must trust that the client is the best person to set their own goals and access their own resources to achieve them.

Rather than being a passive "listening post", then, the counsellor must strive to actively listen, actively engaging mind to compare what is being revealed to previous disclosures. Clients in turn use the process to try to make sense of their experience.

TECHNIQUES

The techniques employed in person-centred therapy are different from those employed in other therapies. The difference is that other therapies are often focused on something the client can do during the therapy session, whereas the techniques used in person-centred therapy are employed by the therapist to create an environment that facilitates the process of self-awareness.

The following techniques will be discussed in relation to the person-centred approach: congruence, unconditional positive regard and acceptance, empathy, and reflection of feelings.

Congruence: Congruence is whether or not therapists are genuine and authentic in what they say and do. Quite often, if the therapist is saying one thing but the body language is reflective of something else, clients are aware of this and may impact on their trust and openness in the therapeutic relationship (Seligman, 2006). For example, a therapist may say "I understand where you are coming from" to a client but have a confused look on his or her face. The client can see this confusion and feels uncomfortable with expressing feelings from this point forward.

Therefore, a major role of therapists is to be aware of their body language and what they are saying as well as being in the present moment. If confusion arises, the therapist needs to be able to address this with the client. Going back to the previous example of the therapist stating understanding and having a confused look, the therapist notices the client looks uneasy after the comment about understanding and goes on to explain to the client why and how he or she understands the statement. This puts the client at ease and ensures the continuation of trust.

Unconditional positive regard: Unconditional positive regard refers to the therapist accepting, respecting and caring about clients (Seligman, 2006). It does not mean the therapist has to agree with everything the client says or does, however, the therapist should see the client as doing the best he or she can and demonstrate this by expressing concern rather than disagreeing with him or her. Unconditional positive regard allows clients to express how they are thinking without feeling judged, and help to facilitate the change process by showing they can be accepted.

Empathy: Empathy is a skill used by person-centred therapists to show understanding of the clients emotions. Empathy is different to sympathy in that sympathy is often seen as feeling sorry for the client whereas empathy shows understanding and allows the client to further open up (Seligman, 2006).

An example follows:

Client: I feel as though no one cares about me and that I am all alone.

Empathy response: So you are feeling alone at the moment and as if no one cares.

Sympathy response: I'm sorry that you feel that way.

Nondirectiveness: The person-centred approach utilises nondirectiveness as a technique by its therapists. Nondirectiveness refers to allowing clients to be the focus of the therapy session without the therapist giving advice or implementing strategies or activities.

Other Techniques Other techniques:

that person-centred therapists use in the therapeutic process include reflection of feelings, open questions, paraphrasing and encouragers.

Therapist's Role and Functions Role:

Therapist's attitude and belief in the inner resources of the client, not in techniques, facilitate personal change in the client.

- i) Use of self as an instrument of change.
- ii) Focuses on the quality of the therapeutic relationship.
- iii) Serves as a model of a human being struggling toward greater realness
- iv) Is genuine, integrated, and authentic.
- v) Can openly express feelings and attitudes that are present in the relationship with the client.

Functions:

- to be present and accessible to clients,
- to focus on immediate experience,
- to be real in the relationship with clients.

Through the therapist's attitude of genuine caring, respect, acceptance, and understanding, clients become less defensive and more open to their experience and facilitate the personal growth.

APPLICATIONS

The person-centred approach can be applied to working with individuals, groups and families (Corey, 2005). The person-centred approach has been successful in treating problems including anxiety disorders, alcoholism, psychosomatic problems, agoraphobia, interpersonal difficulties, depression, and personality disorders (Bozrath, Zimring & Tausch, as cited in Corey, 2005). It could also be used in counselling people with unwanted pregnancy, illness or loss of a loved one. When compared with other therapies such as goal-focused therapies, person-centred therapy has been shown to be as effective as them (Corey, 2005).

Conclusion:

Overall, person-centred therapy is a non-directive, optimistic therapy that focuses on the client's ability to make changes in his or her life and that clients strive for self-actualisation.
