

Interpersonal Helping Skills Instruction in the Undergraduate Internship in Psychology:

Student Handouts (Part 2)

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# Skill #1: Nonverbal Observation and Communication

**1. Observing Clients’ Nonverbal Behavior: What Can We Learn?**

Consider hypotheses you might have about variations in the following aspects of nonverbal behavior. Remember that all nonverbal behaviors are to some extent ambiguous; always consider cultural and situational factors.

* Eye contact (especially prone to cultural variation)
* Body posture
* Facial expression (Ekman’s six “universal” emotional expressions: happiness, sadness, surprise, fear, disgust, anger)
* Body movements and gestures
* Vocal qualities (volume, speed, pitch)
* Physical distance/personal space and angling

**2. Ideal Helper Nonverbal Behaviors: Communicating a Readiness to Help**

How can you create an atmosphere that communicates compassion, acceptance, and trustworthiness? Consider helper behaviors beginning with your initial introduction to a client.

* Initial greeting: Shake hands, make eye contact, and use a friendly, calm voice.
* Seated body posture: Lean slightly forward.
* Eye contact: Maintain consistent contact (just short of a “stare”).
* Facial expression and head nodding: Express interest, attentiveness, understanding, and openness. Facial expressions should be congruent with client’s topic (e.g., avoid mindless smiling during sad content) and avoid expressions of judgment.
* Vocal qualities: Strive for normal-to-slow pace, calm tone, and clear enunciation. Work on any discomfort you might have with silence by taking a deep breath (or two); pausing a second or two before making any utterance, reflecting about whether what you want to say is needed or desirable; or practicing in everyday interpersonal situations.
* Body movements and gestures: Do a careful self-assessment, avoiding “unpurposive movements” (e.g., hair-twirling, fingernail-picking, pen-biting, leg-bopping).
* Physical distance/personal space and angling: Invade personal space just slightly; angling or mirroring is ideal.
* To touch or not to touch? Err on the side of caution.

# Skill #2: Attentive Listening

“What, then, are the basic requirements as to the personality and the professional abilities of a psychiatrist? If I were asked to answer this question in one sentence, I would reply, ‘The psychotherapist must be able to listen.’ This does not appear to be a startling statement, but it is intended to be just that. To be able to listen and to gather information from another person…without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an art of interpersonal exchange which few people are able to practice without special training” (Fromm-Reichmann, 1950, p. 7).

“The major complaint that patients have about their encounters with physicians is that doctors do not listen. The evidence for this is legion. However, most of the teacher and learner manuals make scant mention of the skill of listening. It seems that authors of such materials assume that listening is an innate skill, present early in development and hardly in need of special attention. This stance ignores the complexities of listening and misses the special features that characterize attentive listening” (Boudreau, Cassell, & Fuks, 2009, pp. 22-23).

“Listening to an upsetting event is part of the healing process for the support seeker, but it is often stressful for the listener. One reason why listeners may experience elevated levels of stress is because they are likely influenced by and pressured to conform to normative expectations of what constitutes beneficial emotional support. Listeners tend to think that merely appearing involved and providing encouragements (i.e., being there or passively listening) is not enough when comforting another person; they ought to do something to resolve the problem” (Jones, 2011, p. 90).

|  |  |
| --- | --- |
| I feel I am being listened to when: | I feel I am not being listened to when: |
|  |  |

**1. Deep Listening**

What feelings does deep, conscientious listening evoke for you when you are the speaker? When you are the listener?

**2. Attentive Listening Is *Hard***

* Requires highly focused attention and energy, and strong motivation/determination
* Is an *active* process, requiring openness and careful observation from the listener
* Has the goal of grasping and understanding the speaker, nonverbally and verbally

**3.** **Attending Behaviors**

*Attending behavior* helps demonstrate to someone that you are making a conscientious attempt to listen and that you believe what the person says is important.

* ***Nonverbal attending behavior*** *(from Skill #1):* Elements include a forward lean, eye contact, attentive facial expression, calm tone of voice, head nods, close personal space.
* ***Verbal attending behavior*** *(new):*
	+ Openers: An initial invitation to talk, e.g., “Tell me about…” or “What brings you here today?”
	+ Minimal encouragers: Acknowledgement responses that *indicate* “I understand” without saying so directly, e.g., uh-huh, really?, I see, Hmmm, OK, wow! (Find your own voice.)
	+ Brief phrases: Repeating key or final phrases of speaker’s statement, often as a question, e.g., Speaker: “I had an accident on my way to work today!” Listener: “An accident?!” Brief phrases encourage a speaker to continue the story.

**4. Following**

Your goal as a listener is to encourage another individual’s storytelling as fully as the speaker desires. To ensure that the story is not interrupted, your goal should be to *follow rather than lead.*

**5. Self-Assess**

Any roadblocks? Take stock of your listening challenges. Consider whether you tend to experience any of the following potential problems:

* Struggling with gaps in attention,
* Self-disclosing, perhaps by sharing a similar experience,
* Giving false reassurance or quick advice,
* Feeling uncomfortable with silence,
* Wanting to ask (sometimes irrelevant) questions.

**References**

Boudreau, J. D., Cassell, E., & Fuks, A. (2009). Preparing medical students to become attentive listeners. *Medical Teacher, 31,* 22-29. <http://dx.doi.org/10.1080/01421590802350776>

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# Skill #3: Questions and Cultural Sensitivity

**1. Closed vs. Open-Ended Questions**

|  |  |  |
| --- | --- | --- |
| **Question Type/Description** | **Example** | **Uses** |
| Closed questions: can be answered in a few words or less and may be used to gather specific, factual information. | * "How many siblings do you have?”
* "Are you happy in your relationship?"
 | * Gathering specific information (e.g., initial interviews, structured interviews or assessments, crisis situations)
* Clarifying meaning (e.g., “Let me be sure I understand; it was your boyfriend who said that?”)
 |
| Open-ended questions: cannot be answered minimally and allow more freedom in response from the speaker. They typically begin with “what,” “why,” “how,” “could you explain,” or “tell me more.”  | * "Could you tell me a bit about your family?”
* "How would you describe your relationship?”
 | * Encouraging expression in the speaker’s own words
* Requesting elaboration about a topic
* Facilitating reflection or self-exploration
 |

**2. Advantages and Disadvantages**

Considering each type of question, what are possible advantages from the perspective of the questioner? Of the individual being questioned? What are disadvantages?

**3. Cultural Humility and Cultural Sensitivity**

What does it mean to be culturally humble? Culturally sensitive?

**4. Cultural Considerations in Asking Questions**

* Microaggressions (brief and usually unintended statements or behaviors that communicate derogatory beliefs about an individual’s cultural identities) occur in helping situations, just as they occur in other aspects of everyday life. What microaggressions might arise in the course of questioning an individual? How might the risk of offending a culturally diverse individual be minimized?
* Some considerations for framing questions
	+ Language issues: high-context vs. low-context, missing equivalents (words that can’t be translated), tone of voice, nonverbal behaviors
	+ Counseling settings: “problems” vs. challenges and concerns, focusing on strengths
	+ Cultural differences: “I’m wondering…what is your experience talking with me, a (insert your cultural identity, e.g., White female), about this issue?”

# Skill #4: Empathy and Reflecting Content

**1. Empathy and Helping**

* What is empathy?
* Theoretical roots: Carl Rogers
	+ Some descriptors of empathy from Rogers (1975) include “Entering the private perceptual world of the other and becoming thoroughly at home in it” (p. 4), “Temporarily living in his/her life, moving about in it delicately without making judgments” (p. 4), and “lay(ing) aside the views and values you hold for yourself in order to enter another’s world without prejudice” (p. 4).
	+ Empathy is one of three qualities of a therapist that Rogers believed to be essential. (The other two are unconditional positive regard and genuineness.)
	+ Yalom (2002) notes that “Patients profit enormously simply from the experience of being fully seen and fully understood” (p. 18).
* The important, positive impact of empathy on helping effectiveness is evidence-based (i.e., supported by numerous scientific studies).
	+ In *psychotherapy:* “Clients’ perceptions of feeling understood by their therapists relate to outcome….An empathic stance on the part of the therapist is an essential goal of all psychotherapists, regardless of theoretical orientation” (Elliott, Bohart, Watson, & Greenberg, 2011, p. 47).
	+ In *medicine:* “According to the results of the studies included in this systematic review, empathy is an important factor in patient satisfaction and adherence, in decreasing patients’ anxiety and distress, in better diagnostic and clinical outcomes, and in strengthening patient enablement. Thus, physician empathy seems to improve physical and psychosocial health outcomes” (Derksen, Bensing, & Lagro-Janssen, 2013, p. e82).
	+ In *substance abuse treatment:* “From the evidence to date, it appears that empathy is a reliable predictor of counselors’ success in treating at least alcohol use disorders. In fact, empathy may exert a larger effect in addiction treatment than has been generally true in psychotherapy, accounting in some studies for a majority of variance in client outcomes” (Moyers & Miller, 2013, p. 7).

**2. Demonstrating Empathy Through Paraphrase**

 A **paraphrase** is a brief summary of a speaker’s content and meaning. Common qualities of paraphrases include

* Brevity – paraphrases should *condense*;
* Use of different words than the speaker offered – this is *not* repetition;
* Objectivity – a paraphrase is like good journalism, presenting content without any bias or slant;
* Tentative phrasing – wording (“Is that right?”) or tone (gentle, not certain) can covey an openness to being corrected.

Example:

*Student:* My parents are really pushing me to go to graduate school, but I don’t know if I want to go. I’d like to get a master’s degree someday, but right now I’m not sure I’m ready. After the hard work of the last five years, I’d just like to do something else for a while – maybe backpack through Europe or hike out West. I’d be happy just working odd jobs for a while. But my parents are afraid that if I take time off I won’t ever go back to school.

*Helper:* So your parents are encouraging graduate school, but you’re not sure this is the right time.

**3. Why paraphrase**

* Shows listening more definitively than attending behavior
* Establishes initial rapport
* Demonstrates understanding, or at least an attempt to understand (a characteristic of empathy)
* Maintains focus on speaker while allowing helper to play an active role
* Potentially helps a jumbled speaker organize thoughts
* Allows a speaker to correct misunderstanding or false impressions

**4. Reflecting Content vs. Feelings**

Reflection of content is essentially an extended paraphrase or, at greater length, a summary of what the speaker has just said. Of course, many statements have components of both thoughts and emotions. One important difference is that reflecting content is more objective (based on actual words) whereas reflecting feelings is more intuitive (based on a helper’s emotional sensing). Early in helping relationships, clients may feel more comfortable if helpers focus on (i.e., reflect) the *content* of stories, rather than the underlying emotional aspect.

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# Skill #5: Empathy and Reflecting Feelings

**1. Demonstrating Empathy in the Helping Process**

*Case example, psychotherapy (Elliott, Bohart, Watson, & Greenberg, 2011, p. 45)*

“C (Client, Mark): I’m really in a panic (anxious, looking plaintively at the therapist). I feel anxious all the time. Sometimes it seems so bad I really worry that I’m completely falling apart. Nothing like this has ever happened to me before.

T (Therapist): So a real sense of vulnerability— kind of like you don’t even know yourself anymore.

C: Yes! That’s it. I don’t know myself anymore. I feel totally lost, like a big cloud that just takes me over, and I can’t even find myself in it anymore. I don’t even know what I want, what I trust . . . . I’m lost.

T: Totally lost, like, “Where did Mark go? I can’t find myself anymore.”

C: No, I can’t (sadly, and thoughtfully).

The dialogue continued like this and soon the therapist’s empathic recognition provided the client with a sense of being understood. This fostered a sense of safety, and gradually the client moved from agitation into reflective sadness. The client then began to reflect on his experience in a more productive, exploratory manner.”

For reflection:

* What aspects of this therapist’s statements do you think demonstrate empathy? Why?
* Can empathy be learned? Taught? What strategies do you think would be helpful for encouraging empathy among helping professionals?

**2. Types of Empathy**

|  |  |  |
| --- | --- | --- |
| **Type** | **Description** | **Example (Response to a Homesick Student)** |
| Reflection of content | Conveys that an individual’s experience is comprehended and appreciated | “You’ve been away a month now and you’re really missing your home and family.” |
| Reflection of feelings/reflection of deeper feelings | Demonstrates that listener grasps an individual’s underlying feelings, which the individual may or may not be aware of | “I’m hearing the grief in your voice.” Or, deeper: “I can see that you’re really sad, and I’m also sensing your fear that your family and friends could forget about you.” |
| Empathic affirmation | Validates the individual’s experience | “Being so far away from the people you love is really tough for lots of people.” |
| Empathic evocation | Shows a deeper understanding of an individual’s experience by using rich or metaphoric language, e.g., visual imagery, an analogy, or a metaphor | “Even in those moments you’re enjoying yourself, it’s like a constant, dull stomachache that never goes away” or “It’s a little like when parents return to work after having a baby – something that maybe they’re always aware of.” |

**3. Noting and Reflecting Feelings**

Noting and reflecting feelings is just one way of demonstrating empathy (see second bullet above). Keep in mind that there are many others, both nonverbal (e.g., an especially compassionate facial expression, handing someone who is about to cry a tissue) and verbal.

Reflecting feelings means trying hard to understand not only the content of what an individual is saying (the paraphrase, see first bullet above) but also how the person *feels* about the content. Whereas paraphrasing focuses on factual, objective information, reflection of feeling adds affective words and moves beyond the stated information to implied or intuited emotions.

Example:

*Speaker*: “I'm such a mess today. I found out that I didn't get *any* of the jobs I applied for – I didn’t even get an interview!! I graduate in just 3 months and I still don't know what I'm going to be doing! I can't believe no one has hired me yet. What's wrong with them? What's wrong with me?”

*Paraphrase*: “You found out today that none of your job applications panned out, and you have lots of reactions to that news.”

 *Reflection of feelings*: “That must be really scary, not getting any of those jobs and not knowing what you’ll be doing after graduation.” Or “I can see that you’re really disappointed (frustrated, sad, angry, etc.) about not getting any of those jobs you applied for.”

A reflection of feelings might consist of

* a lead-in, e.g., Sounds like…, you must have felt…, kind of feeling…, I wonder if you’re feeling…, my sense is that you’re…, kind of like you’re…;
* a brief summary of the client’s feelings (first identify the underlying feeling, and then figure out how to articulate it);
* optionally, an explanation, e.g., “You’re really upset about failing this exam.”;
* and also optionally, a “check-out,” e.g., “Is that right?”

(Note: Use your own voice, reflecting feelings in a way that is comfortable and natural to you, i.e., do not be formulaic.)

Consider Carl Rogers’s (1986) view of the “reflection of feeling” skill:

I have, over the years, become very unhappy with [the term, “reflection of feelings.”]. Puzzling over this matter, I have come to a double insight…I am not trying to “reflect feelings.” I am trying to determine whether my understanding of the client's inner world is correct - whether I am seeing it as he or she is experiencing it at this moment. Each response of mine contains the unspoken question, “Is this the way it is in you?” (p. 375).

**4. Why Reflect Feelings**

Purposes of this skill include

* communicating empathy by showing you’re not merely listening to the stated story, but you are trying to more deeply understand by considering underlying feelings and perspective (the importance of being understood cannot be overstated!);
* encouraging trust and self-disclosure, and deepening the relationship between the helper and the speaker;
* helping an individual become aware of feelings that are hidden, ambivalent, or unclear;
* maintaining focus on the speaker (as with paraphrasing), allowing speaker to organize thoughts, and providing an opportunity to correct misunderstandings.

**4. Some Potential Challenges**

* Waiting too long to reflect
* Talking for too long (keep focus on speaker and be mindful of an appropriate “talk time ratio”)
* Giving in to the temptation to provide false reassurance
* Struggling with internal roadblocks, e.g., attention gaps, discomfort with emotions, feeling pressure to do more, a desire to give advice
* Lacking cultural humility, which involves several intrapersonal qualities, e.g., being other-centered, possessing a genuine desire to understand another’s viewpoint, acknowledging that one’s own experience is not the experience of everyone

**Reference**

Rogers, C. R. (1986). Reflection of feelings and transference. *Person-Centered Review, 1,* 375-377.

# Skill #6: Self-Appraisal and Mindfulness

**1. Self-Appraisal**

Many counseling textbooks advise students who wish to enter a helping field to “know thyself,” that is, to understand their own values, needs, issues, and impulses. Why do you think such self-exploration is so important in helping professionals?

**2. Self-Care Strategies**

* Consultation/openness to supervision
* Journaling and personal reflection
* Counseling
* Psychoeducational or support groups
* Stress management/wellness (exercise, sleep, healthy eating, social support, relaxation, freedom from addiction)
* Mindfulness/mindfulness-based stress reduction

**3. Mindfulness, Q & A**

**What is mindfulness?** Most definitions emphasize being “present” in everyday experience or being aware of your own mental processes as well as of your immediate surroundings.

* Although some experts describe mindfulness as “heightened” alertness, the state is different than one produced by caffeine or other stimulants.
* Being present involves *noticing* mental processes (thoughts, feelings) but *not* judging them or trying to change them.
* Mindfulness involves focus and sustained attention.

**How is mindfulness different from meditation?** Meditation is one way to promote mindfulness, and probably the most common way, but there are many other ways including yoga, tai chi, or savoring. There are also many forms of meditation, if traditional meditation has been difficult, e.g., walking meditation, loving-kindness meditation, breath meditation.

**So, what does mindfulness have to do with helping people?**  Mindfulness has been extensively studied, and evidence of its effectiveness in improving physical and mental health is strong. Reviews of empirical studies suggest that meditation and mindfulness are especially helpful for individuals working in high-stress helping fields, e.g., health-care professionals, therapists.

**How is mindfulness relevant to this class?** I assume you come to class with many stressors competing for your attention. To be able to intently and deeply listen to your partner in the pairs exercise, you will need to learn to be fully present in the experience. Mindfulness practices can help you center yourself and develop this skill.

**4. Helping Pairs Practice**

**First, let’s review…**

* Nonverbal communication (demonstrating listening)
* Attentive listening (door openers, minimal encouragers, repeating key phrases)
* Asking open-ended questions (and closed questions to clarify)
* Reflection of content (paraphrase)
* Reflection of feeling
* Other empathic statement or behavior

**Ground rules**

* The goal of the helping pairs practice exercise, which we will continue in subsequent class meetings, is to practice helping skills. This is not - and should not be perceived as - counseling!
* Confidentiality MUST be observed! However, you will be writing about the exercise afterward via a reflection (elements of the reflection described below) that I will be reading. If you are uncertain about what can be disclosed comfortably, ask your partner.
* A missed pairs session must be made up outside of class.

**Session 1 overview**

* The goals of Session 1 are to establish rapport, encourage trust, demonstrate listening and understanding, show nonjudgmental caring, and help the person to explore the issue more deeply.
* Begin with a door opener; then focus on demonstrating strong attending behavior (nonverbal and verbal).
* Provide frequent, brief paraphrases to show careful listening. In addition, aim for at least one reflection of feeling or different type of empathy-oriented statement.
* Ask questions if necessary, but keep them on-target and primarily open-ended.
* DO NOT TRY TO SOLVE THE PROBLEM (i.e., do not give advice, even if you know “exactly” what to do).
	+ What are potential problems with advice-giving?
	+ When might giving advice be appropriate?
	+ How does information differ from advice?
	+ How could you handle a premature request for advice?

**Session 1 reflection: Data, impressions, plan, and self-assessment (DIPS)**

D: Data. Describe content of the session neutrally and objectively. Focus on general themes rather than details, unless your partner is comfortable with more specific disclosure.

I: Impressions. Describe your impressions, perceptions, or intuitions about the session. For example, how significant is the problem? What feelings or issues might underlie the problem that weren’t mentioned explicitly? How do you understand the issues? Was anything communicated nonverbally but not verbally?

PS: Plan and Self-Assessment. Discuss your comfort with the helper role and anything you want to remember to say or do next time. How well did you achieve the goals of the assignment (i.e., using helping skills, keeping focus on other person, not trying to solve the problem, encouraging deeper exploration)? Are there any goals you’d like to set for yourself?

# Skill #7: Self-Appraisal and Understanding Transference/Countertransference

**1. What Is Transference and Why Are We Discussing It**

Transference involves having feelings for or reactions to a person that are not appropriate for that person (i.e., misperceptions). Often these feelings are a carryover of feelings or unresolved issues from past relationships. Although transference is an everyday occurrence, in helping relationships it is especially common because of the one-sided nature of the relationship.

*Understanding* transference is essential so that you are prepared for clients at your internship sites having possibly distorted perceptions of you. Examples of transference reactions in client- or patient-intern relationships include

* Clients who view you in idealistic or overly positive ways: agreeing with everything you say without question, giving excessive compliments, bringing you gifts, wanting to be “friends” or flirting, suggesting you’re preferred to permanent staff;
* Clients who view you negatively or resentfully: feeling suspicious of your intentions (“You’re just going to leave”), voicing mistrust (“You’re so young!”), testing your loyalty or commitment, expressing anger at you that seems unfair.

**2. Dealing With Transference**

* Recognition is key. Learn to monitor how clients/patients view you, and be aware of the impact of these perceptions on you.

* Ideally, respond nondefensively but honestly, setting limits as appropriate.

*Client: “I’m sick of interns telling me what to do. You’re not even a staff member and you think you can run my life. Why don’t you actually try to help me?*

*Helper: “You sound pretty angry about this. I’m glad you’re willing to tell me how you feel.”*

* Consult with supervisors about possible transference experiences as soon as possible!

**3. What Is Countertransference**

Just as clients might respond to helpers with inappropriate or unrealistic feelings (transference), helpers may also experience such distorted reactions to clients; these are called *countertransference*.

* Not all reactions to clients are countertransference, though any reaction merits reflection.
	+ *Rational reactions* are responses to a client that any average person might experience. Being aware of such reactions provides useful information about a client's interpersonal dynamics.
	+ *Irrational reactions* are responses presumed to be the result of the helper's personal issues. Being aware of these reactions increases the chances that they will be managed effectively and won't interfere with the helping process.
* Some examples of irrational reactions
	+ failure to set limits
	+ extraordinary empathy, an impulse to self-disclose, thinking about a client at length during non-internship time
	+ irritation, cynicism, frustration, or hopelessness about clients
	+ disgust at what you perceive to be a client’s possibly “immoral” behavior

**4. Dealing With Countertransference**

Again, recognition is essential. Strive for consistent self-appraisal during the semester, especially after an internship day that is emotionally intense. Helpful strategies include discussing your feelings with a supervisor (or me), beginning therapy in order to gain personal insight into the roots of your countertransference, or journaling. Ask yourself: What feelings and reactions toward this person do I have? Are these responses likely to be similar to the ways other people would respond? Does this person remind me of anyone else in my life? Does my reaction to this person seem related to my reactions to other significant people in my life (e.g., parents, siblings, friends, children, romantic partners)?

**5. Self-Disclosure**

Self-disclosure on the part of a helper can influence a client’s view of the helper and consequently is relevant to this topic. What are possible benefits and risks of self-disclosure?

Some guidelines:

* Use with caution.
* Make sure you have a goal.
* Consider the timing.
* Consider the match between the possible self-disclosure and the client’s concern.
* If you do opt to self-disclose, be sure you can quickly return the focus to the client (sometimes referred to as “get in and get out”).

**6. Helping Pairs Session 2**

* Begin with a summary (“Last time we discussed…”); then invite today’s conversation (“What would you like to talk about today?”). Be sure to check in on pressing issues (“What’s happened with regard to X since we last talked?”).
* Listen with a focus on **reflecting content (paraphrase) and feelings (empathy).**
* Relevant open-ended questions can encourage deeper exploration, e.g., “Could you tell me more about that?” “What is it about that experience that makes you…(insert emotion)?” “I’m curious about why you felt so strongly about that?” “What have you tried in the past when that happens?” “How did that affect you?”
* As before, do your best to avoid advice-giving or self-disclosure (but notice when you feel inclined to do so).
* Practice your comfort with **silence.**
* With approximately 30 seconds to 1 minute remaining in the session, transition to a **summary statement** of the content discussed.

**Session 2 reflection: Data, impressions, plan and self-assessment (DIPS)**

As you did after Session 1, please write a reflection addressing the following:

D: Data. Describe content of the session neutrally and objectively. Focus on general themes rather than details, unless your partner is comfortable with more specific disclosure.

I: Impressions. Describe your impressions, perceptions, or intuitions about the session. For example, how significant is the problem? What feelings or issues might underlie the problem that weren’t mentioned explicitly? How do you understand the issues? Was anything communicated nonverbally but not verbally?

PS: Plan and Self-Assessment. Discuss your comfort with the helper role and anything you want to remember to say or do next time. How well did you achieve the goals of the assignment (i.e., using helping skills, keeping focus on other person, not trying to solve the problem, encouraging deeper exploration)? Are there any goals you’d like to set for yourself?

# Skill #8: Building a Working Alliance and Cross-Cultural Relationships

**1. Characteristics of the “Alliance”**

* The alliance describes the quality of the client-helper relationship, involving
	+ The client’s belief in the helper as a source of assistance;
	+ The helper’s ability to facilitate a supportive, caring, accepting relationship; and
	+ the client-helper bond, which leads to collaboration and consensus in their work together.
* A meta-analysis of studies on relationship between alliance and psychotherapy outcome shows that alliance is a very important factor in treatment success.

* The alliance is believed or demonstrated to be of importance in other helping relationships as well, e.g., diabetes management, substance abuse treatment, nursing care.

**2. Implications**

* The alliance is especially important early in a relationship; strong alliances can prevent clients from dropping out of treatment.
* The collaborative aspect means that a helper has to be flexible, adapting style and methods to a specific client’s needs, expectations, or personality.
* Because helper and client perceptions of the alliance are not always consistent, especially early in a relationship, the helper should monitor the alliance.
* The alliance is strengthened when helpers are able to be nondefensive in the face of client criticism or negativity.
* The alliance does not mean that a helper can’t challenge a client; in fact, a strong alliance will allow a helper to do so.

**3. Multicultural/Cross-Cultural Helper-Client Relationships**

Racial/ethnic matching: Studies suggest that minority psychotherapy clients prefer ethnically matching therapists; such matching is associated with a stronger therapeutic alliance, less dropout from therapy, and better outcomes. Why do you think this is the case?

But…when researchers ask clients to rank the importance of specific variables in prospective therapists, similarities in attitudes, beliefs, values, and personality are more important than similarity of race/ethnicity. What does this result suggest?

**Cultural competence** is the ability to work effectively with people from cultures different from one’s own.

* Competence involves cultural *self*-awareness, or insight into one’s own assumptions, values, and biases. How aware are you of your own cultural identity(ies)?
* Competence is heightened by gaining knowledge of other cultures, learning about worldviews and experiences of culturally different clients. A competent cross-cultural therapist is a knowledgeable anthropologist.
* Competence is comprised of specific skills, e.g., cultural humility, cultural empathy.

What are characteristics of effective multicultural or cross-cultural relationships?

**4. Helping Pairs Session 3**

* Begin with a summary of your previous session. Then pose an open-ended question about today’s session, e.g., “What has happened since our last pairs session?” “What would you like to discuss today?”
* Listen with a focus on reflecting content (paraphrase) and feelings, and demonstrating your empathy; use open-ended questions if you wish to encourage deeper exploration.
* Be on guard (self-aware) for indications of transference/countertransference issues, especially your desire to give advice or self-disclose.
* With approximately 2-4 minutes remaining in session, engage your partner is a discussion of your working alliance. For example, “How do you think we’re doing?” “I’m curious how our sessions feel to you, when you’re in the role of the client?” If your partner is culturally different from you in any way, you may wish to incorporate this difference into your discussion (e.g., “As you may have noticed [may be aware], we differ in terms of…. How do you think that might be affecting our relationship?”).
* With approximately 30 seconds to go, aim for a summary statement about your session and/or discussion of the alliance.

**Session 3 reflection: Data, impressions, plan and self-assessment (DIPS)**

As you did after Session 1, please write a reflection addressing the following:

D: Data. Describe content of the session neutrally and objectively. Focus on general themes rather than details, unless your partner is comfortable with more specific disclosure.

I: Impressions. Describe your impressions, perceptions, or intuitions about the session. For example, how significant is the problem? What feelings or issues might underlie the problem that weren’t mentioned explicitly? How do you understand the issues? Was anything communicated nonverbally but not verbally?

PS: Plan and Self-Assessment. Discuss your comfort with the helper role and anything you want to remember to say or do next time. How well did you achieve the goals of the assignment (i.e., using helping skills, keeping focus on other person, not trying to solve the problem, encouraging deeper exploration)? Are there any goals you’d like to set for yourself?

# Skill #9: Goal-Setting and Brainstorming

***Please note:*** Both of the skills discussed today presume that a strong helper-client relationship is already in place. Although the skills are not especially related to one another, both differ from previous skills in their more active and directive orientation.

**1. Goal-Setting**

**What?**

Ideally, helpers and clients agree on the goals of their work together. Spending time explicitly discussing goals can benefit help both helper and client by clarifying their objectives, and the interventions or processes that will be used to meet these objectives.

**Why?**

How do we know if someone has been helped if we don’t know exactly what the goal was in the first place? Helpers are increasingly pushed by insurance providers to show that they have been effective in their work; goals can serve as a means of assessment. Finally, goals encourage action and are associated with positive outcomes across many helping professions.

**How?**

Goal-setting is an ongoing process and will likely be revisited throughout the helping relationship. Keep in mind that a strong relationship is likely to facilitate honest and collaborative goal-setting.

* Goals are most effective if they are specific and concrete; consider the “SMART” acronym: specific, measurable, attainable, relevant, and time-bound.
* Goals should emerge collaboratively, ideally originating from the client.
* Helpers can assist in goal-setting by guiding the conversation from “what is the problem” to “what is the goal.” However, this process should not be rushed!

**2. Brainstorming**

**What?**

Brainstorming is a technique derived from group brainstorming strategies, historically popular in business or advertising settings, in which the goal of a meeting was to generate creative solutions to problems. The same principles can be used in helping relationships, stimulating imaginative thinking, problem-solving, or decision-making.

**Why?**

Individuals who are struggling with psychological or physical problems may be feeling discouraged or helpless, not a good vantage point for dreaming up new problem-solving strategies. Brainstorming may help stimulate more flexible modes of thought and assist clients in seeing that they have more options than previously considered.

**How?**

The helper can be both facilitator and co-participant, trying to encourage imaginative thinking.

Think in terms of three primary steps:

* 1. Identifying the problem. Use clarifying questions and paraphrases to concretely define the issue, e.g., “So it sounds like you’re trying to decide whether to apply to graduate school now or to take a year off.” Note that problems do not have to be either/or to lead to brainstorming – this same issue might have been defined as, “So it sounds like you’d like to apply to graduate school but you don’t feel you have enough time to do it.”
	2. Generating options. Make a list of possible options but be careful not to evaluate any at this stage. Help the client think outside the box, pushing for multiple possibilities, e.g., apply now, apply in a year, never apply, apply now but decide later whether to go or not, travel, get a job.
	3. Evaluating options. Now review each option, considering their pros and cons, and perhaps coming up with a rating for each.

**3. Helping Pairs Session 4**

* Begin with a summary of your previous session, followed by an open-ended question about today’s session.
* Lead your partner in a search for an issue that can be the source of brainstorming. Use the remaining portion of your session to brainstorm.
* With approximately 1-2 minutes remaining, aim for a summary statement about your understanding of the brainstorming process at this point. Don’t worry if you haven’t finished or come to a resolution; your client can do this on his or her own.

**Session 4 reflection: Data, impressions, plan and self-assessment (DIPS)**

As you did after Session 1, please write a reflection addressing the following:

D: Data. Describe content of the session neutrally and objectively. Focus on general themes rather than details, unless your partner is comfortable with more specific disclosure.

I: Impressions. Describe your impressions, perceptions, or intuitions about the session. For example, how significant is the problem? What feelings or issues might underlie the problem that weren’t mentioned explicitly? How do you understand the issues? Was anything communicated nonverbally but not verbally?

PS: Plan and Self-Assessment. Discuss your comfort with the helper role and anything you want to remember to say or do next time. How well did you achieve the goals of the assignment (i.e., using helping skills, keeping focus on other person, not trying to solve the problem, encouraging deeper exploration)? Are there any goals you’d like to set for yourself?

# Skill #10: Motivational Interviewing

**Motivational Interviewing (MI)** is a therapeutic method intended to increase an individual’s motivation for change. Originally developed to address substance abuse, MI is now used in many fields in which behavior change is a goal, e.g., behavioral medicine, probation and parole, counseling, and allied health professions. It is an evidence-based treatment, associated with improved outcomes in hundreds of empirical studies.

**Two components:**

* Relational factor: an accepting, empathic relationship between client and helper, based on Carl Rogers’s client-centered therapy
* Technical factor: strategies used to elicit and strengthen “change talk,” client statements indicating an interest in, or movement toward, change

**1. Relational Skills:** **OARS**

MI relational skills overlap in large part with helping skills we have learned previously.

|  |  |  |
| --- | --- | --- |
|  | MI Skill | Similar Helping Skill |
| O | Open-ended questions | Open-ended questions (Skill #3) |
| A | Affirmations | Empathic affirmation (Skill #5) |
| R | Reflective listening | Attentive listening (Skill #2), Reflection of content (Skill #4), reflection of feeling (Skill #5) |
| S | Summaries | An extended reflection of content (Skill #4) |

In addition, MI relationships are characterized by

* Collaboration
* Support of a client’s autonomy
* Acceptance
* Compassion

Note that these qualities are consistent with characteristics of a strong alliance (Skill #8).

**2. Technical Skills: Recognizing, Eliciting, and Strengthening Change Talk**

**Recognizing change talk:** DARN (preparatory) CAT (implementing)

|  |  |  |
| --- | --- | --- |
|  | Type of Change Talk | Example (Behavior change = smoking cessation) |
| D | Desire | “Quitting would certainly save money.” |
| A | Ability | “I’ve done it before, so I probably can do it again.” |
| R | Reason | “I know it would be better for my health in the long run to quit.” |
| N | Need | “I just can’t keep smoking.” |
| C | Commitment | “I do plan to quit smoking by the end of the year.” |
| A | Activation | “I’ve made an appointment to get the nicotine patch.” |
| T | Taking steps | “I have gone 3 days without a cigarette!” |

**Recognizing change talk**

Which of the following statements represent change talk? Why?

1. I really can’t see adding anything to my schedule right now.
2. I wouldn’t mind feeling less stressed-out all the time.
3. I learned in my health class last semester that people who exercise regularly get sick less often.
4. It’s not like I know anyone else who exercises.
5. I always hated gym class when I was a kid.
6. I have to admit I admire other students who somehow manage to squeeze in exercise on top of everything else they do.
7. I’ve heard that some people get a sort of endorphin “high” after exercise.
8. Who has time for taking care of themselves?
9. I’m so tired of just sitting around studying all the time.
10. I don’t mind walking on a pretty day.
11. When I was in high school, I actually played three sports.
12. I decided that after Thanksgiving I am going to start doing something.
13. Isn’t there a drug for this?
14. I know if I keep sitting on my butt all the time, I will just wind up burned out and unhealthy.

**Evoking change talk**

* Ask open-ended questions to stimulate change talk, e.g., why do you want to make this change (desire); how would you go about doing this in order to be effective (ability); what are five good reasons to make this change (reasons); how important is it to you to make this change (need)?
* Look back or forward, e.g., tell me about a time before this issue began – were things better (looking back)? How would life be different if you made this behavior change (looking forward)?
* Ask about the extremes, e.g., what’s the worst (best) thing that could happen if you don’t (do) make this change?
* Use change rulers, e.g., on a scale of 0 to 10, where are you now? Where would you like to be?
* Probe for client values, e.g., what is important to you in life? How does this fit into your life dreams?

**Responding to change talk: Some options**

* Ask for elaboration, e.g., “Can you tell me more about that?”
* Ask for examples, e.g., “Can you give me an example?”
* Reflect change talk statements, e.g., “So, smoking is expensive.” “So, you have quit before.”
* Affirm, “I’m sure that quitting is incredibly hard.”
* Point out discrepancies, e.g., “So on the one hand…, but on the other hand…”

**Responding to change talk: Practice**

* What behavior change are you considering making in the future? In the chart below, write 2-3 honest statements that might be considered change talk and 2-3 honest statements that are not.

|  |  |
| --- | --- |
| Change talk | Nonchange talk |
|  |  |

* Working with a partner, respond to each other’s change talk.