Fundamental Skills for Counseling

Listening Responses

1. **Clarification:** Clarifying is an attempt to focus on or understand the basic nature of a client's statement. Examples may include, "I'm having trouble understanding what you are saying. Is it that…?" "I'm confused about…Could you go over that again, please?" and "Sounds to me like you're saying…"

2. **Paraphrase:** A paraphrase is a verbal statement that is interchangeable with the client's statement, although the words may be synonyms of words the client has used. For example, a client may say, "I had a lousy day today." In response, a therapist may say, "Things didn't go so well for you today."

3. **Reflection:** Reflecting refers to communicating to the client understanding of his or her concerns or perspectives. A therapist can reflect stated or implied feelings, what has been observed non-verbally, what may have been "omitted" or "emphasized," and specific content. Examples may include, "You're feeling uncomfortable about seeing him again," "You really resent being treated like a child," and "Sounds as if you're really angry at your mother."

4. **Summarization:** By summarizing, the therapist synthesizes what has been communicated during a session and highlights the major affective and cognitive themes. Thus, a summary is a type of clarification. The response is important at the end of a session or during the first part of a subsequent session. Summarizing is beneficial when both the therapist and client participate and agree with the summary. It also provides an opportunity for the therapist to share feelings about the client and the session.

5. **Minimal Verbal Responses:** Minimal verbal responses are the functional equivalent of occasional head nodding (an important non-verbal mode of communication by the therapist). These are verbal cues such as "uh-huh," "mm-mm," I see," and "yes," all of which indicate that the therapist is listening and following along.

1. **Probing:** Probes are open and close ended questions which are employed to obtain more information about something. Effectiveness of questions depends on the type used and the frequency of their use. It can be a fine line between obtaining information to help therapy progress and making the client feel like he or she is being interrogated.

   a. **Close-Ended Probes**: Close or focused probes are useful if the therapist needs a particular fact or seeks specific information. These questions typically begin with words such as "are," "do," "can," "is," "did," and can be answered with a yes, no, or similar short response.

   b. **Open-Ended Probes:** Open-ended probes have a number of purposes including beginning the interview ("What brings you into the clinic?"); encouraging the client to express more information ("Tell me more about that"); eliciting examples of particular behaviors, thoughts, or feelings so that the therapist can better understand the conditions contributing to the clients problem ("How did you respond after he said that to you?"); and developing client commitment to communicate by inviting the client to talk and guiding the client along a focused interaction.

   • **Note about questions:** Whenever possible, avoid the use of "why" questions. "Why" tends to elicit defensiveness for clients and assumes there is a "reason" to explain behavior and assumes there is a "cause and effect" relationship. Additionally, using other question starters (e.g., what, how, and in what way) elicit more detailed information.

2. **Confronting:** Confronting involves providing the client with honest feedback about what is really going on. The confrontation may focus on genuineness, reflected in statements such as "I feel you really don't want to talk about this," "It seems to me you're playing games here," and "I'm wondering why you feel you always have to take the blame. What do you get out of that?" Sometimes the confrontation can focus on a discrepancy, reflected in statements such as "You say you're angry, yet you're smiling," and "On the one hand you seem hurt by not getting that job, but on the other hand you seem sort of relieved, too." An effective way of using confrontation is to send "I" messages, to "own" your responsibility for the confrontation by openly sharing your own genuine responses to the client or by focusing on avoidance or resistance.

3. **Interpreting:** Interpreting occurs when the therapist adds something to the client's statement or tries to help the client understand his or her underlying feelings, their relation to the verbal message, and the relation of both to the current situation. For example, the client might say, "I just can't bring myself to write that report. I always put it off and it's hanging me up right now." In response, the therapist might say, "You seem to resent having to do something you don't want to do." If the interpretation is useful, it will add to

the client's understanding, and the therapist will receive a reaction reflecting, "Yes, that's it." If it's not useful, the client may say, "No, not that but…"

4. **Information Giving:** Information giving occurs when the therapist shares objective and factual information regarding side effects of medications, reactions to trauma or stress, and the pattern of typical development (in children, adults, or the elderly). It is important to make a distinction between *informing* and *advising*, which is subjective and verges on telling the client on what to do. Advice is all right as long as it is tentative, with no strings attached, and as long as it is clearly advice, not a demand.

5. **Checking Out:** Checking out occurs when the therapist is confused about his or her perceptions of the client's verbal or non-verbal behavior or when the client has a hunch the bears trying out. Examples include "I feel that you're upset with me. Can we talk about that?" "Does it seem as if…?" or "I have a hunch that this feeling is familiar to you." The therapist asks the client to confirm or correct the perception or understanding, in contrast to a clarifying request, which elicits a deeper, clearer understanding.