I. Objectives: To provide an overview of the counseling process so clinicians will be able to:

A. Incorporate basic counseling strategies into their treatment of people with communication disorders (and their families)

B. Use specific counseling skills to help clients overcome roadblocks to success in treatment

C. Apply a model of counseling that structures treatment to help clients achieve their goals

II. What Is Counseling?!

A. ________________________________

B. What Counseling Is NOT

1. Providing information
2. Solving the client’s problems
3. Rescuing the client from problems
4. Telling the client what to do
5. Telling the client what is wrong with them
6. Rote-memorization of correct responses
7. Easy to do
8. Based on the clinician’s beliefs/prejudices

C. Effective Counseling Requires

1. Practice (and lots of it)
2. Willingness to take risks
3. Ability to make mistakes… and learn from them
4. Understanding of our own needs, motivations, strengths, boundaries, and areas of concern

III. Is Counseling Within Our Scope of Practice? YES!

A. Depends upon the nature of the counseling

1. Issues related to the client’s communication disorder are within our scope
   IF we are trained to address them and comfortable doing so

2. If we do not feel comfortable addressing a particular issue, we should not do so! (This is true for ANY issue, not just counseling)

3. If the issues are not related to communication, we should involve other professionals

B. If we define counseling as “an interactive therapeutic relationship in which client and clinician work together to find solutions to problems identified by the client,” then we can say that counseling is most definitely within the scope of practice

1. The topics that may arise are not always within our scope, but the practice and procedures of counseling most certainly are
IV. When Do SLPs Counsel? SLPs Counsel When…

A. Clients need help to deal with “difficult” issues in therapy
   1. Sometimes the news we must share with our clients is not good; counseling can help clinicians provide bad news in a supportive way
   2. Sometimes clients need help with motivation; counseling helps clinicians motivate while leaving responsibility in the client’s hands
   3. Some clients can be difficult; counseling helps us interact with them while maintaining positive regard and helping them move forward

B. The Emotions of Communication Disorders
   1. Clients experience many emotions due to their communication problems
      a) Grief (including stages of denial, anger, bargaining, depression)
      b) Shame
      c) Inadequate
      d) Depression
      e) Guilt
      f) Fear / Anxiety
      g) Embarrassment
      h) Loneliness / Isolation
      i) Helplessness
   2. Clinicians must understand these emotions if they are to help their clients

C. Counseling is not just for addressing “sensitive” or “challenging” issues
   1. Counseling is part of the education process. Rather than just providing information, counseling skills allow clinicians to provide information while demonstrating empathy at the same time
   2. Counseling is needed to work toward the total rehabilitation of the client. Rather than focusing only on the speech problem, clinicians can address the entire person

D. Counseling helps clients achieve a better outcome from therapy, regardless of their disorder area or specific needs
   1. Counseling helps clients learn to identify roadblocks to success and remove barriers to generalization
   2. Counseling microskills help clinicians improve their interactions with clients
   3. Counseling helps clients take responsibility for therapy and reduces our tendency to “rescue”

E. SLPs Counsel any time we are interacting with a client, we have the opportunity to incorporate counseling skills to help the client achieve his or her goals in therapy

V. How Do SLPs Counsel?

A. Theory of Counseling
   1. There are many “schools of thought” or different approaches to counseling
   2. Unlike psychologists, SLPs should not adhere to one approach over another
      a) We cannot learn any single approach well enough to become a strict advocate
      b) We need to have the flexibility to draw on a variety of approaches to help our clients

B. Flexibility of Counseling
1. The counseling interaction must be **flexible**
   a) Allow for different clinical styles of clinicians
   b) Allow for different needs associated with the client’s communication disorder
   c) Allow for the needs of clients (and clinicians) from different cultural backgrounds
2. All of our skills must be adapted to the background of the clinician and the client
   a) This is particularly true for cultural issues such as eye contact, directness, privacy, contact, distance, acknowledgment of difficulties, etc.

C. Principles of Counseling
1. Counseling is not something you “do” to your client; it is part of the relationship you develop
   a) Counseling should not be distinguishable from your daily clinical interaction
   b) Counseling skills can form the basis of all interaction (both clinical *and* social)
2. Ideally, you will not say “I am going to use counseling skills with *this* client” because you will be using them with *all* clients

D. Outcomes of Counseling
1. Counseling should be based on a broader plan; it is not “seat of your pants” therapy. Client-centered therapy involves following the direction of the client; however, the clinician must still have a plan in mind
2. Counseling is only meaningful if it results in improvements in the client’s life. Success is not just good sessions, but an **organized, coherent** plan for moving toward solutions and **action**

VI. Process of Counseling

A. If the goal of counseling is to help clients make changes in their lives, our focus should be on helping them develop skills for identifying and solving problems
   1. Understand the current situation
   2. Consider different solutions
   3. Identifying roadblocks to progress
   4. Make informed decisions
   5. Actively engage in the changes they select

B. Decision-Making Process (Yankelovich, 1992)
   1. Initial awareness
   2. Urgency
   3. Initial search for remedies
   4. Estimation of costs
   5. Deliberation
   6. Rational decision
   7. Rational-emotional decision

VII. A Model for Helping (Egan & Reese, 2019)

A. SLPs can adopt a model from counseling psychology that is focused on helping clients develop problem-solving skills
   1. **Stage I**: Understand the current Picture
   2. **Stage II**: Identify the preferred Picture
   3. **Stage III**: Develop action strategies
   4. **ACTION!** Put the plan into action

B. Stage I: Current Picture
1. Goal: Help clients fully understand their current situation  
   a) Helping clients tell their story  
   b) Identifying blind spots in the client’s perception  
   c) Focusing on strengths rather than weaknesses  

2. Thoughts: This is essentially the diagnostic interview; however, we will can help clients give better information and understand their own situation better when we apply counseling skills  

C. Stage II: Preferred Picture  
1. Goal: Help clients identify what they want for their future and what they are willing to do in order to achieve that future  
   a) Identifying possibilities for the future  
   b) Setting the agenda for change  
   c) Making a commitment to the process  

2. Thoughts: This is the stage most often overlooked by SLPs …we need to help clients think about where they want to GO before we help them get there  

D. Stage III: Action Strategies  
1. Goal: Help clients identify actions that will help them achieve the preferred outcome  
   a) Making a list of possible actions  
   b) Determining which actions provide the best fit  
   c) Formalizing a plan for achieving those goals  

2. Thoughts: SLPs are most comfortable with this stage; however, we will find that using counseling strategies helps us involve clients in therapy more effectively  

E. Action!  
1. Goal: Helping the client achieve the goals set in Stage III that are focused on the future defined in Stage II that solves the problem identified in Stage I  

2. Using counseling strategies will help clients become more successful at achieving action  
   a) Identifying facilitating and restraining factors  
   b) Adjusting action plans to overcome roadblocks  
   c) Evaluating and enhancing motivation  

F. Applying the Helping Model  
1. The model is not linear; change occurs at its own pace and in its own progression (Clients may move from one stage to the next, but they are more likely to move back and forth between stages as they make progress at their own pace)  

2. The model can be applied to any problem a client experiences (This includes “sub-problems” the client faces on the way to addressing a larger problem)
VIII. So how do I DO it?

A. Interacting with Clients

1. When talking with clients, there are three primary ways we can interact (Luterman)
   a) Informing: Providing education, information, interpreting findings
   b) Persuading: Trying to convince the client to do something or to think a particular way
   c) Valuing and Listening: Allowing the client to express feelings, emotions, beliefs; reaffirming them and reflecting them back to the client

2. All three approaches are helpful, but some strategies work better at one time than another

B. Informing is the process that most SLPs find most comfortable

1. Providing education and information, such as test results, diagnoses, recommended practice routines, and “solutions,” etc.
   a) Many clinicians think counseling is the same as informing (“parent counseling conference”)
   b) To make counseling a truly therapeutic experience for the client and family, we must do more than just provide information

2. Counseling ≠ teaching
   a) Watch out for too much informing
   b) We do need to provide information…But don’t bowl them over with too many facts
   c) Try not to be too directive in treatment
C. **Persuading** is the process many clinicians use to encourage progress in their clients
   1. Providing reinforcements for home practice, explaining the “importance” of following treatment recommendations, contracts, etc.
   2. If a goal is within a client’s reach, then persuading may be enough; however, if the client is experiencing difficulty, then persuading will not be effective
   3. “You can’t convince anybody of anything…”

D. **Valuing and Listening** encourages clients to explore their own feelings and motivations, and to find and implement their own solutions
   1. The clinician helps the client understand his situation better by reflecting what she hears and conveying that she values the client
   2. Valuing and listening does not require that the clinician adhere to any particular counseling approach; however, it does require the use of “counseling microskills”

IX. **Practice of Counseling**

A. “Counseling microskills” help clinicians intentionally interact with clients in a supportive, helpful manner
   1. Counseling is not just rote memorization of automatic responses; however, you will select specific responses to achieve your goals
   2. Intentional use of microskills is similar to the intentional use strategies designed to help clients achieve success (e.g., hierarchies)
   3. Microskills come more easily to some people, but they can be developed through practice

B. **Developing Microskills**
   1. Attending
   2. Listening
   3. Responding
   4. Probing
   5. Future-Oriented Probes
   6. Brainstorming
   7. Summarizing
   8. Challenging

X. **Attending**

A. Goal: Demonstrate to the client that you are “tuned in” to what he is saying
   1. Attending provides the foundation for good listening; however, it is not sufficient
   2. Attending requires that we pay attention to non-verbal communication (ours and the client’s)

B. Clinicians can show that they are attending by monitoring their presence with the client (“What attitude does the client see expressed in my verbal and nonverbal behavior?”)

C. **SOLER Attending Skills** (Egan & Reese, 2019)
   1. Face the client *Squarely*
   2. Adopt an *Open* posture
   3. Remember that it is possible to *Lean* in to show attention
   4. Maintain good *Eye* contact
   5. Try to be *Relaxed* or natural in attending
XI. (Active) Listening

A. Listening involves more than just knowing the words the client said; listening requires that we understand the message that was communicated
  1. Hearing and understanding the verbal message
  2. Observing/interpreting the nonverbal message
  3. Considering the context (social setting)
  4. Recognizing “sour notes” or ideas that may need to be challenged

B. What to Listen For
  1. Verbal Message
     a) **Experiences**: What happened to the client
     b) **Behavior**: What the client did
     c) **Affect**: How the client felt
  2. Nonverbal message: Body language, facial expressions, voice changes, physical characteristics
  3. Verbal and nonverbal messages can be consistent or in conflict

C. The Importance of Understanding
  1. The goal of good listening is to understand the client’s perspective, taking into account the context; the client’s affect, behaviors, and experiences; and the client’s perspective so we can accurately interpret the messages we are receiving
  2. **Empathetic Listening** means listening in such a way that we can correctly understand another person’s point of view

XII. Responding I: Basic Empathy

A. Good listening does no good at all if we do not communicate to the client that we have understood their core message. We have to demonstrate to the client that we understand his perspective by responding in a manner that conveys our understanding

B. **Basic Empathy Responses** allow clinicians to communicate their understanding. Basic Empathy Responses also help the client examine their situation more carefully

C. Components of the basic empathy response
  1. Respond to the client’s **feelings**…Either the nature of the emotion (mad, bad, sad, glad) or the degree of emotion (very sad, extremely sad)
  2. Respond to the client’s **experiences**
  3. Respond to the client’s **behaviors**
  4. In addition to showing our understanding, basic empathy responses help the client put their feelings in the context of what they have done or experienced

D. Using Basic Empathy
  1. Using the Formula: **You feel (emotion) because of (experience and behavior)**
     a) You feel confused because your child is having difficulty talking and you’re not sure what to do
     b) You feel angry because your child has not made as much progress as you expected even though you have been participating actively in treatment
     c) You feel guilty because you waited to see if your child would outgrow his stuttering and he didn’t
     d) You feel sad because you didn’t expect your child to have a speech problem (and he does)
2. Basic Empathy Responses do not always follow the formula, but they should always identify the client’s **feeling, experiences** and **behaviors**. Using your own words…
   a) It sounds like you’ve been trying everything you can to figure out what to do, and you find yourself more confused than ever
   b) You wanted your child to make more progress in therapy, and it sounds like it’s frustrating that he hasn’t done as well as you had hoped

3. Use basic empathy responses throughout the helping process
   a) Helps to develop the relationship;
   b) Shows the client that you understand
   c) Provides opportunity for the client to elaborate
   d) Creates a safe environment where the client can expressing feelings and have them validated

4. Identify and respond to the **core message** (Find important themes and respond to those)

E. Advice for Using Basic Empathy Responses
   1. If a client expresses an emotion, don’t ignore it, acknowledge it!
   2. Don’t just repeat what the client said; respond to the context, not just the words
   3. Don’t pretend to understand – if you don’t understand, ask the client!
   4. Don’t allow responses to be stereotyped (don’t always use the formula). Use your own words so your responses sound natural
   5. The Basic Empathy Response is not the only response you can use with clients
      a) You want to make sure you respond when a client expresses and emotion, but you don’t want to overuse the basic empathy response
      b) Use Basic Empathy Responses when you want to acknowledge and validate and acknowledge a client’s feelings, experiences and behaviors
      c) When you have other goals in mind, use other types of responses

XIII. Responding II: Other Types of Responses

A. Probing
   1. Probing is designed to gather information: Probes can help clients take notice of, explore, clarify, or further define an issue
   2. Probes can take different forms
      a) Statements  
      b) Requests  
      c) Questions  
      d) Nonverbal Prompts
   3. **Don’t just ask questions**…therapy should not become a simple question and answer session

B. Future-Oriented Probes
   1. **Goals**
      a) Help clients focus on the preferred Picture and think about what they **want**
      b) Help clients take ownership for making changes in their lives that are aimed at a goal
      c) Help clients focus on outcomes not process
      d) Help clients regain hope for a future they desire rather than focusing only on the problem they are facing
   2. **Examples**
      a) What would this situation look like if you were managing it better?
b) What changes in your present lifestyle make sense?
c) What would you be doing differently with the people in your life?
d) What behavior patterns would be in place that are not currently in place?
e) What current behavior patterns would be changed?
f) What would you have that you don’t have now?
g) What would this opportunity look like if you developed it?

C. Brainstorming

1. **Goal:** Help clients open up new possibilities

2. **Rules for Brainstorming**
   
a) Suspend judgment; help clients suspend theirs
   b) Come up with as many possibilities as possible
   c) Do not criticize any suggestions; just record them
   d) Encourage quantity, worry about quality later
   e) Use one idea as a takeoff point for another
   f) Help clients “let go” and develop wild possibilities
   g) When you run out of ideas, put the list aside and come back to it later to try some more

D. Summarizing

1. **Goal:** Summarizing helps clinicians bring together the main points and main topics

2. Summarizing can be used at different points in the therapeutic process
   
a) At the beginning of a session to gently put pressure on a client to move on
   b) During a session that is not making progress
   c) When a client gets stuck
   d) At the end of a session to help a client tie it all together and recall what he’s supposed to do

E. Challenging: can help clients who are reluctant or resisting therapy goals make progress

1. Interactions with our clients do not always progress smoothly
   
a) Because we are dealing with difficult situations, clients may have difficulty reaching their goals
   b) Clinicians must identify roadblocks so they can help clients overcome them

2. **Reluctance:** a natural hesitancy to change or new behaviors
   
a) If change were easy, the client probably wouldn’t need therapy to do it
   b) May be due to fear about the difficulty of change, or shame about behaviors being addressed
   c) Managing Reluctance: Don’t panic!
      (1) Acknowledge the reluctance and help clients understand that change can be difficult
      (2) Do not try to placate the client, lower their expectations, persuade them, blame them

3. **Resistance** is “pushing back” when a client feels he is being coerced
   
a) When changes come from the outside, or when the client does not feel involved in the counseling process, the client may resist
   b) Managing Resistance: Don’t panic!
      (1) Acknowledge the resistance
      (2) Work with the client so he recognizes his resistance and help him identify the source
      (3) Don’t blame, punish, persuade, placate, etc.

4. **Goals of Challenging**
   
a) Help clients develop new perspectives / see situation in a different light
   b) Help clients link new perspectives to behavioral change (it’s not enough to see things differently, you have to do things differently)
c) Help clients examine and change self-limiting **internal** behaviors  
(1) Negative self-talk  (2) Self-limiting beliefs  (3) Avoidance

F. Which Response Do I Use?

1. Many SLPs are more comfortable with informing (providing content) or probes (asking questions)  
   a) We actually have **several** options for responses;  
   b) knowing which one to use takes **practice** and **understanding our goal**  
   c) There is no one right answer – we have options  
   d) Use the response that will help you achieve the specific outcome you want  
      for your client at that point in the counseling process

2. Developing Responding Skills  
   a) Many clinicians may be uncomfortable with empathetic responses at first. You may feel awkward  
      when you are still using the formula, but this improves with time and practice  
   b) Allow yourself to be wrong sometimes  
      (1) Even if you misidentify a client’s feelings, you will learn more when the client corrects you  
      (2) Be careful not to project or lead the client…the key when you make a mistake is a good recovery!

XIV. Summary of Counseling Skills  
A. Clinicians can intentionally use skills for **attending**, **listening**, and **responding** to help clients  
   move through therapy. Each microskill requires practice; when used appropriately, these skills  
   can help clinicians increase their effectiveness in helping clients identify and solve problems  
B. The use of microskills alone is not sufficient; clinicians must be able to use skills within the  
   context of a broader plan for achieving goals

XV. References


   families* (5th ed.). Austin, TX: Pro-Ed.