**Chapter 5—Basic Counseling Skills**

Although the workbook is intended to be used in a group counseling session, occasionally you will need to do individual counseling. This chapter discusses some basic counseling skills that can be used in individual and group counseling. It also explains some of the concepts and terms used in relapse prevention counseling that you will need to help patients with the workbook.

**Helping Traits**

People who are effective at counseling have developed eight behaviors that they use during counseling sessions. It is important to develop these traits if you are to improve your ability to help others. The counselor is a role model (someone whom patients tend to imitate). Therefore, you want to model behaviors that will be helpful to patients' recovery. The following are some of these traits.

*Empathy*. Empathy is the ability to understand how another person sees and interprets an experience. It is different from sympathy (feeling sorry for someone). When you are empathetic, you can look at and understand a situation from another person's perspective. It does not mean you have to agree with that person.

*Genuineness*. Genuineness is the ability to be fully yourself and express yourself to others. It is the lack of phoniness, faking, and defensiveness. When you are genuine, the way you act on the outside matches your thoughts and feelings on the inside.

*Respect*. Respect is the ability to let another person know, through your words and actions, that you believe that he or she has the ability to make it in life, the right to make his or her own decisions, and the ability to learn from the outcome of those decisions.

*Self-Disclosure*. Self-disclosure is the ability to disclose information about yourselfCthe ways you think and feel, the things you believeCin order to help other people.

*Warmth*. Warmth is the ability to show another person you care about him or her. Behaviors that show warmth include touching someone, making eye contact, smiling, and having a caring, sincere tone of voice.

*Immediacy*. Immediacy is the ability to focus on the "here and now" relationship with another person. You can express immediacy by saying things like: "Right now I am feeling \_\_\_\_\_\_\_\_." "When you said that, I began to think \_\_\_\_\_\_\_\_\_." "As you were speaking, I sensed that you felt \_\_\_\_\_\_\_\_\_\_."

*Concreteness*. Concreteness is the ability to identify specific problems and the steps necessary to correct them. When a problem, situation, behavior, or set of actions is defined in concrete terms, you could draw a picture or make a movie about it if you were able.

*Confrontation*. Confrontation is the act of honestly telling another person your perception of what is going on without putting them down. Confronting someone can include:

* Giving an honest evaluation of the person's strengths and weaknesses
* Saying what you believe the person is thinking and feeling
* Stating how you see the person acting
* Telling the person what you believe will happen because of their actions.

**Active Listening**

When a patient is talking about a problem or presenting an assignment, it is important to listen actively. Active listening is a basic counseling skill that helps you clarify for yourself and the patient what is really going on. Patients in recovery are not always clear in their thinking. This lack of clarity can confuse them and those around them. Active listening will help them clarify their thinking.

Active thinking consists of several skills. These include the following:

*Clear listening*. When you are listening to a patient, it is important to *just listen*. The most common problem for new counselors is that they think while they listen. If you are thinking about what you are going to say, you will not accurately hear what the person is saying. It is important that you listen without judging what the patient is saying and without immediately trying to correct his or her thoughts.

*Reflecting*. When someone talks to you, reflecting is summarizing and repeating that person's thoughts andfeelings in a simple, clear manner. Reflecting helps clarify the issues for both of you. If you misunderstand the patient, he or she can correct you. When you repeat thoughts and feelings back to the patient, use statements instead of questions.

Example: Patient—"I try and try to stay straight but everything goes wrong and I end up using again."

Counselor-"You seem to feel hopeless about recovering." Reflecting gives a patient the sense that you are really listening. He or she will tend to open up more and talk about problems he or she hasn't talked about before.

*Asking-open ended questions*. Do not ask questions that can be answered with a "yes" or a "no." Instead, ask questions that require patients to explore the reasons they think, feel, and act the way they do.

Example: "What happens when you try to recover?" "What do you do when you feel hopeless?"

*Not asking "Why?"*. Most new counselors make the mistake of asking "Why?" The patient does not know why, or else he or she would have changed. If you ask "Why?" the patient will give you an excuse. By asking "What?" you are getting the patient to focus on what he or she has done that can be changed.

*Using effective body language*. How you physically position yourself tells a patient a lot about how you feel about him or her. When you are working with patients, it is best to sit with your legs and arms uncrossed, to lean forward and to make eye contact. This body position shows that you are interested in what the patient has to say and that you are paying attention.

*Watching for nonverbal cues*. When you are working with a patient, listen and watch carefully. Does the person tense up, tap his or her foot, shift around, etc.? When you see these cues, make the patient aware of them and let him or her know what this might mean the patient is feeling.

**Basic Relapse Prevention Techniques**

There are a number of techniques that are used when doing relapse prevention counseling.

**Centering**

When you begin a group or an individual session or when you want a patient to calm down and get in touch with thoughts and feelings, you can use a technique called *centering*. This is basically a relaxation technique. Instruct the patient to do the following:

* Put both feet on the floor, sit up straight and close your eyes.
* Breathe in through your nose and out through your mouth.
* Breathe in deeply, hold it for a second, then breathe out.
* Do this again and feel your lungs fill with air, then empty.
* Slow your breathing to a steady rhythm.
* See if any thoughts are entering your mind.
* Ask yourself if you are feeling any body tensions.
* Open your eyes when you are ready.

Speak slowly as you give the instructions. This will help the patient calm down.

**Sentence completion**

Sentence completion is a technique used to help patients identify thoughts that they have that may not be true. These thoughts are called mistaken beliefs. Many times when a patient is acting in a self-defeating way, it is a result of mistaken beliefs he or she has about the world and himself or herself. When a patient is behaving in a way that hurts himself or herself and others, it is because the patient believes that this is the only choice he or she has. Sentence completion is a way to help a patient identify and correct mistaken beliefs. You do this by doing the following.

* Have the patient form a sentence stem: A sentence stem is the beginning of a sentence that has meaning for the patient. You can form these stems based on topics the patient is talking about. Examples are:
"I know my recovery is in trouble when . . ."
"When I think about drugs, I . . ."
"Right now, I am feeling . . ."
* Have the patient write down the sentence stem.
* Have the patient repeat it out loud and end it differently six to eight times or until he or she cannot think of new endings.
* Have the other group members write down the endings. If you are in an individual session, do this yourself.
* Have the group members read the endings back to the patient as they write them down. Have them use the following form: A(patient's name), I heard you say (sentence stem)(first ending)." Repeat the exercise until all the endings have been read.
* Look for a common theme in the endings. You may form a new sentence stem from the common theme and repeat the exercise, or stop here if the mistaken belief is identified.
* Have the patient identify the mistaken belief if he or she can and write it down.

**Sentence repetition**

Sentence repetition is a way for a patient to become conscious of mistaken beliefs and the thoughts, feelings, and actions they cause. Identify the mistaken belief and ask the patient to write it down.

* Ask the patient to repeat it out loud, slowly.
* After each repetition, ask the patient to take a deep breath, let it out, and report any thoughts, feelings, or urges that surfaced.
* Have the patient write down these thoughts, feelings, and urges.
* Ask the patient if he or she can remember who caused this mistaken belief or where it came from.
* Ask the patient if the person could have been wrong.
* Ask the patient if there are other ways to believe that could be true. You may have to ask the group to help.
* Ask the patient to complete the following sentences:
"If I continue to believe this, the best that can happen is . . ."
"The worst that can happen is . . ."
"The most likely to happen is . . ."
"If I change what I believe, the best that can happen is . . ."
"The worst that can happen is . . ."
"The most likely to happen is . . ."
* The probable outcomes can be discussed and a course of action decided by the group. The most important decision is to identify a rational thought that the patient can substitute when the mistaken belief occurs. Example are as follows.

*Mistaken belief*—I can't tell others what I feel or they will look down on me.

Source: <http://store.samhsa.gov/shin/content/SMA06-4217/19c.htm>