I. **Objectives:** To provide a brief overview of the counseling process so SLPs can:

A. Incorporate basic counseling strategies into their treatment of children who stutter and their families

B. Apply a standard model of the counseling process (Egan, 2018, *Skilled Helper*) that structures treatment to help clients achieve their goals

C. Use specific counseling “microskills” to help clients overcome roadblocks to success

II. **What Is Counseling?!?**

__________________________________________________________
__________________________________________________________

III. **Is Counseling Within Our Scope of Practice?**

A. MAYBE: It 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. YES: 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? When…**

A. Clients need help to deal with “difficult” issues in therapy

1. Sometimes (often) the news we must share with our clients is not good; counseling can help clinicians provide bad news in a supportive way

2. Sometimes (often) 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 skills improve the education process. Rather than just providing information, counseling skills help us do so while showing empathy

2. Counseling skills can help clients work toward overall improvements in quality of life. Rather than focusing only on the speech, language, swallowing, hearing, or balance problems in isolation, we can address the issue in the context of the person’s life as a whole.

D. Any time we are interacting with clients, we have the opportunity to incorporate counseling skills to help the client achieve their goals in and out of therapy

V. How Do We Counsel?

A. Theory of Counseling

1. There are many “schools of thought” or different approaches to counseling

2. Unlike psychologists, SLPs cannot easily 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 to allow for
   a) different clinical styles of clinicians
   b) different needs associated with the client’s communication disorder
   c) 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. Outcomes of Counseling

1. Counseling should be based on a broader plan; it is not “seat of your pants” therapy.
   a) 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.
   a) Success is not just a series of good sessions; it requires an organized, coherent plan for moving a client toward solutions and action
VI. So...How Do I Do It?

A. Interacting with Clients

1. There are three primary ways we can interact (Luterman, 2008))
   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, recommendations, 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, persuading may be enough; if the client is having difficulty, persuading will not be effective (“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”

E. Developing Microskills

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

VII. Attending

A. Goal: Demonstrate to the client that you are “tuned in” to what he is saying

1. Provides the foundation for good listening; however, it is not sufficient
2. Requires that we pay attention to non-verbal communication (ours and the client’s)

B. We can show that we are attending by monitoring our presence with the client (“What attitude does the client see in my verbal and nonverbal behavior?”)
VIII. (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. 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

B. 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

IX. Responding I: Responding with 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 an manner that conveys our understanding

B. **Empathetic Responses:** allow us to communicate their understanding and help clients examine their situation more carefully

C. Components of the empathetic response

1. Respond to the client’s **feelings**…
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 Empathetic Responses

1. Using a Formula: *You feel (emotion) because of (experience and behavior)*
   a) You feel confused because your child is having difficulty 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
   d) You feel sad because you didn’t expect your child to have a speech problem (and he does)

2. Empathetic 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
E. Advice for Using Empathetic 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

X. Responding II: Other Types of Responses
   A. Empathetic responses are not the only responses you can use
      1. You want to make sure you respond when a client expresses and emotion, but you don’t
         want to overuse the empathetic response
      2. Use empathetic responses when you want to acknowledge and validate and acknowledge
         a client’s feelings, experiences and behaviors
      3. When you have other goals in mind, use other types of responses
   B. 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 (Statements, Requests, Questions, Nonverbal Prompts)
      3. Don’t just ask questions…therapy should not become a simple question and answer session
   C. Future-Oriented Probes
      1. Help Clients
         a) focus on the preferred picture and think about what they want
         b) Help clients focus on outcomes not process
         c) 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 would you be doing differently with the people in your life?
         c) What current behavior patterns would be changed?
         d) What would you have (or do) that you don’t have (or do) now?
   D. 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
E. **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

F. **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) ManagingResistance: 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.

G. **Which Response Do I Use?**

1. Many clinicians 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

XI. **Counseling Skills Are Not Enough**
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
XII. A Model for Helping (Egan, 2018)

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 scenario
   2. **Stage II:** Identify the preferred scenario
   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/picture/scenario
      a) Tell their story
      b) Identify new perspectives on the situation
      c) Determine what changes would be value
   2. Thoughts: This is essentially the diagnostic interview; however, we can help clients give better information and understand their situation better through counseling skills

C. Stage II: Preferred Scenario
   1. Goal: Help clients identify what they need or want for their future and what they are willing to do in order to achieve that future
      a) Identify possibilities for the future
      b) Set the agenda for change
      c) Make 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 move forward
      a) Make a list of possible strategies
      b) Determine which actions provide the best fit
      c) Formalize a plan for achieving those goals
   2. Thoughts: SLPs are most comfortable with this stage; however, using counseling strategies helps us involve clients in therapy more directly and effectively

E. Action! How do I make it Happen?
   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) Identify facilitating and restraining factors
      b) Adjust action plans to overcome roadblocks
      c) Evaluate 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)
XIII.   Egan’s (2018) Skilled Helper Model

A.  By using counseling skills within the context of the helping model, we can help clients
1.  Identify and understand the current situation, including blind spots in their perception
2.  Evaluate several desired outcomes and select the ones they want and are willing to work for
3.  Develop a specific plan for achieving their desired outcomes and preparing for success
4.  Continually monitor progress and make adjustments in their plan as necessary

B.  Counseling is not a separate aspect of speech therapy; it is simply the way we interact
with clients (all clients on all issues). Microskills for attending, listening, responding can become incorporated into all aspects of our interaction (both professional and social)

C.  Clinicians and clients should always know where they are in the process of change.
The helping model can help them “keep track” so they are always moving forward

XIV.   Summary

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XV.   References
