

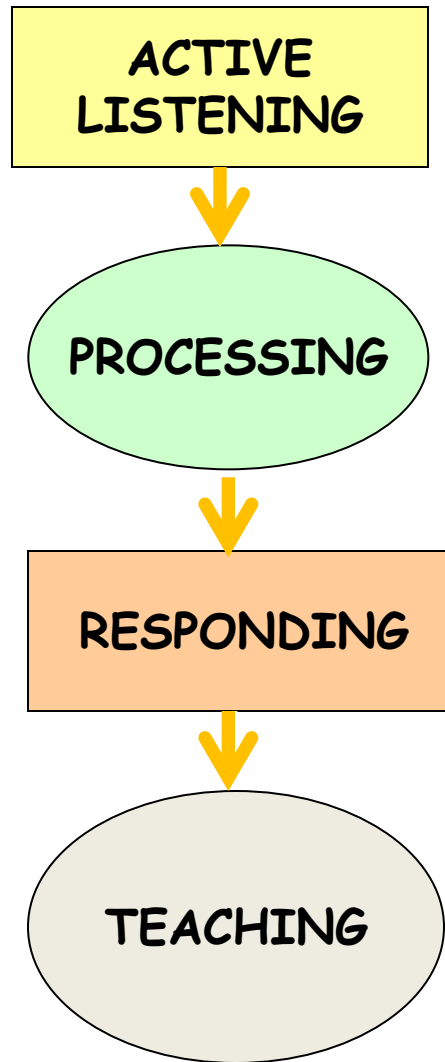
# Counseling Techniques for the SLP

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# Financial and non-financial disclosure statement

- Relevant Financial Relationship(s):
- Relevant Nonfinancial Relationship(s):
  - I have no relevant non-financial relationship(s) to disclose.

# BASIC COUNSELLING SKILLS



# Active listening

Share information

verbal and nonverbal

- Attending
- Paraphrasing
- Reflection of feelings
- Summarising

# Processing

Thinking

Observations

# Responding

Communicating information

feedback

emotional support

concern

# Expressing empathy

Action of understanding

being aware

sensitive

Vicarious experiences

# Probing

- Open-ended
- Client's attention
- Client to elaborate
- Client's awareness
- Directs the client



# Interpreting

Clinicians explanation

Observing

Listening

Effective interpreting has three components:

1. Determining and restating
2. Adding ideas
3. Validating

# Silence

Reflect and continue sharing  
Experience the power of own  
words

# Activities or "tools" to elicit these feelings

- Complete the sentences:
  - Most of all I want....
  - I'm afraid...
  - People shouldn't....
- Have client create a word picture

# Strategies for building self-esteem

- Self talk
- Encouragers
- cognitive activities
  - self-rating scales
  - being open
  - problem solver

# 10 Fundamentals for Counseling

- Rarely be a problem solver
- Provide direction
- Take care of your client
- Incorporate self-disclosure as an important part of counseling

# 10 Fundamentals for Counseling

- Open-minded
- Best they can
- Mutual agreement on expectations
- Ask for feedback

Blood (1995)

# Body Language

## O Posture

- Leaning forward
- Leaning back
- Crossed arms  
Disapproving/Judging/Disinterested/Wants to leave)
- Hand gripping upper arms
- Arms open

## O Personal space

- Too much closeness
- Too much distance

# Transference and Countertransference

- Client's feelings, expectations, perceptions, and attitudes toward the clinician transference
- Clinician's feelings, expectations, perceptions, and attitudes toward the client as countertransference



# Transference

- Client's feelings, expectations, perceptions, and attitudes toward the clinician transference
- Positive: Unnoticed by clinician and not require any special skills or interventions
- A well-adjusted client
- trusting and positive relationship
- Negative: Sometimes transference interferes with the development relationship
- Client's perceptions of the clinician are clouded by past negative experiences

# Transference

- Clinician should always reflect on their own behavior
- Clients should not be:
  - criticized
  - wrong
- Inappropriate response to negative transference
- Appropriate response to negative transference

# Countertransference

- All of the clinician's emotional responses to client
- Positive: Friendly and agreeable clients
- typically elicit
- friendly and positive emotional response from clinician
- Negative: Some responses involve negative emotional reactions to clients

# Countertransference responses

- Should not simply be concealed
- Tool to understand clients better
- Clients are often responding to
  - how we have treated
  - what they perceive we have communicated

# Reluctance (passive) vs. Resistance (active)

Reluctance has an interpersonal basis & arises out of interactions with the clinician

Resistance arises primarily out of ambivalence within the client

Reluctance

fear or mistrust of the clinician

failure of the clinician to achieve agreement about the goals in therapy

Resistance

client's own personal fear of change and growth.

# Situational anxiety:

- Relatively limited situations and times
  - Most common form of anxiety with CSD
    - Bring on the situation feared the most
    - Anxiety causes symptoms they fear

# Social Anxiety

- Fear of embarrassment in situations exposed scrutiny
- Avoid situations
  - Common in PWS
  - PWS: one of the highest levels

# General approaches for social anxiety related to CD

- Systematic Desensitization
- Relaxation Training
- Cognitive Therapy
- Group Therapy



# Avoidance & Escape

- Avoidance:
  - Delaying the feared situation
  - Most common defense
  - Provides relief
- Escape:
  - Avoidance not successful
  - Provides immediate and effective relief
  - Patients may leave the hospital AMA

# Depression may be associated communication problems

- Withdrawal
  - Little effort to interact
  - Reject social contacts & attempts
  - May refuse therapy
- Decrease in the quantity & complexity
  - Use small # words
  - Use simple & direct sentences

# Goal

- Recognize the signs and symptoms
- Referral to a mental health professional
- Also be aware of symptoms in family members & caregivers
- Depression (may need treatment) before the client more amenable to therapy
- Depression may interfere with therapy
- Few approaches that are within our scope of practice
  - Cognitive-behavioral approach
  - Humanistic approach
  - Interpersonal approach

# Real loss vs. Symbolic loss

- Real loss
- Symbolic loss includes
- Stages of Grief

# Taking Care of You

# Therapeutic Failures

- Client does not make improvements
- Factors outside of your control

# Professional Counseling for the Clinician

- 3 Guarantees for all clinicians:
  - You are going to make mistakes
  - You are going to get tired
  - You are never going to know everything
- Do you have enough personal resources to get through a
- Take care of yourself so you can take care of others

# Sources of Burnout

- Client Factors
  - Client improvement is slow or is less than hoped
  - Client factors that may exacerbate chronic stress in clinicians



# Professional Situations

- Public school:
- Rise in technology assistance
- new legal mandates
- new competencies in literacy
- larger caseloads
- Salaries may be inadequate
- Little potential for significant increases

# Professional Situations

- Documentation is a burden
- Space, equipment, and materials may be inadequate
- Administrators, teachers, and other personnel may not recognize the importance of your work

# Personal Factors

- Perfectionistic tendencies
  - create self-imposed stress
- Blame ourselves when our clients have not improved to our (or their) levels
- Quick to please others
- We also have family pressures and competing demands

# Stages of Burnout

- Stage One:
  - Imbalance between the demands and resources
- Stage Two:
  - Stress and strain with feelings of anxiety, and negative views of others and work.
- Stage Three:
  - Displacement
  - Emotionally detached
- Stage Four:
  - Physically exhausted
  - Less energy
  - Going to work on time becomes more difficult

# Preventing Burnout

- Know your strengths and weaknesses
  - Be aware of the following strengths:
    - emotional strengths
    - character strengths
    - intellectual abilities
    - family support/friends/social connections
    - spirituality

# What (should/could/hope/can) you do?

- Be in control of your own life
- Reflecting on what we can do to change a situation
  - Avoid managing other people's lives
  - Letting go of feeling overly responsible for others
- Find other interests besides your work
- We need to consider our motivations for being totally absorbed in work

# What (should/could/hope/can) you do?

- Focus on becoming well-balanced
  - interests and passions besides our work
- Outside interests
- Bring variety into work
  - Boredom
  - New tx approaches and New area of expertise
- Monitor your physical and mental health
  - Self-care routines
  - Stress-reduction training
  - Physical health

# Something Lost

- Recall a time in your life when you experienced a loss. Think about how you expressed your grief.
  - What did other people say or do that was helpful for you?
  - What did they say or do that was not helpful?