

Basic Attending Skills

1. **Attending Behavior**: The most basic skill of helping is listening to those whom you attempt to help.

Four key dimensions comprise attending behavior:

1. **Eye contact**: If you are going to talk to someone, look at him or her.
2. **Attentive body language**: Some say 85% of our communication is non-verbal. The basic attentive listening posture in our culture is a slight forward trunk lean with a relaxed easy posture.
3. **Vocal Style**: Change in speech rate, volume, and tone often indicate interest or disinterest.
4. **Verbal following**: Being able to relax and respond back to what has been said.

2. **Open Invitation to Talk**: The initial task of the interviewer is to stay out of the client's way so as to find out how the client sees the situation and defines the issue. Most useful in the process is the technique of providing limited structure through the use of an open invitation to talk. Open end question vs closed ended question.

Could you tell me a bit more about that?

Tell me how you got through that?

When you say it hurt, what was done to hurt you.

3. **Minimal Encouragement**: Minimal encouragement are small indicators to another person that you are tracking her or him. Once you have asked a questions (or used any other counseling skill), you want to encourage the helpee to keep talking. You'll be surprised how very little in the way of specific counseling leads are necessary if you just encourage the helpee to keep going.

Oh? So? Then what? And? What else? Tell me more?

4. **The Paraphrase**:

So what you saying is:

Let me tell you what I heard you say.

5. **Reflection of Feeling**: I sound like your feeling sad, is that what you would call it_?

6. **Probe Questions**: Can you be more specific about how the confrontation started with the boss.

7. **Leverage Questions**: How is this a problem for you?

8. **Goal-Identification**: So your goal is to be able to handle and deal with situations like this one wit your boss more effectively.

Table 2.1 Questions Guiding the First Interview

Reasons for Referral

1. Why is the family seeking treatment at this time?
2. Are the family members in agreement on their problems?
3. What is the level of motivation in the family to pursue therapy?
4. Are outside referral sources involved? What is the relationship between the family and the referral source?

Family's Agenda for the Therapist

1. What role or roles do family members expect the therapist to play? Judge? Referee? Ally? Savior?
2. Are alliances sought by individual family members? What are those agendas?

Greeting Process

1. Who is the spokesperson for the family?
2. Who appears to have the power in the family? To whom do family members look when they are speaking?
3. Who brought the family into therapy? What is that person's agenda? Will this person decide if the family will continue in treatment?
4. Who are the motivated family members? Are they seeking help for themselves or to change another family member?

Defining the Problem

1. How does the family define its problem?
2. Is one person blamed for the family's difficulties? How long has the blaming been going on? How rigid is this paradigm? Is there family consensus on this point?
3. How willing are the family members to examine other possible explanations?
4. Does the family's definition of the problem suppress potential, threatening anxiety?

Developing a Systems Definition

1. What differences are identifiable in the family members' presentations?
2. What differences do the family members recognize? How are these differences managed?
3. What differences and potential conflicts are denied or rejected?
4. What resistance is evoked with the attempted shift to a system's definition? What is the basis of the resistance? What fears are being provoked?

Table 2.1 *Questions Guiding the First Interview*

5. What systems definition will be acceptable to both the therapist and family members and will permit the establishment of feasible goals?

Planning Interventions

1. What interventions will the family accept?
2. What interventions will push the family's anxiety past manageable limits?
3. On what family strengths can the intervention plan be built?

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Treatment Notes***Triangles and Scapegoating***

1. What triangles are central to the family's problems?
2. In what ways are the triangles created?
3. Does scapegoating exist in the family?
4. What purpose does the scapegoat serve?

Boundaries and Coalitions

1. How clearly defined and maintained are the family's boundaries?
2. What boundaries are enmeshed and or disengaged?
3. Do cross-generational coalitions exist in the family?

Power and Control

1. Who controls the family? How do they control the family? Guilt? Forcefulness? Coercion? Threats?
2. Are alliances with the therapist sought opposing other family members?
3. Who will challenge the therapist's control of the sessions? How will this person do so?

Intimacy

1. How is intimacy expressed in the family?
2. What interpersonal distance exists between family members?
3. Are certain family members expressing a greater desire for intimacy than others?
4. How are requests for intimacy managed?

Communication

1. Do family members speak to one another directly? Who speaks to whom? Are the messages clearly sent?
2. Do family members interrupt one another? Who interrupts whom?
3. Do family members listen when someone else is talking? Who is listened to and who is not?

PROTOCOL FOR CRISIS INTERVIEWING

ROLE CLARIFICATION

(There may be times when you would not start this way but be prepared to state your name and what you do in this setting)

Say: I glad you came here today. I think you are in the right place. What kind of help do you need first?

CURRENT COPING EFFORTS (Assume competency.)

Find and compliment strengths, say: I'm glad you called, or I'm glad you made it here.
I wonder how you did that.

What else are you doing to take care of yourself in this situation? (Get details: what, when, where, who, and how)

What else has been helpful to you?

Could it be worse than it is? How come it is not worse? (Find and compliment strengths.)

Who (and what) do you think would be most helpful to you at this time?

What about them (and that) would be so helpful to you?

SCALING COPING PROGRESS

If 10 means equals coping as well as you could possibly imagine, and 0 means not coping at all, where would you say you are at right now? _____

(If the number is 2 or above, be amazed/compliment and ask how s/he got all the way up to that number; if it is 0 or -2, ask what s/he is doing to prevent it from sliding further. Get details of coping thoughts and behaviors.)

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PROTOCOL FOR CRISIS INTERVIEWING (continued)

GOAL FORMULATION: CO-CONSTRUCTING THE NEXT STEP

Suppose things moved up one number on the scale, what would be different that would tell you that you were coping just that much better?" (Ask for small signs of improvement.)

What would _____ (significant other) notice different about you that would tell her or him that you were coping better? What else?

What would it take for that to happen?

Suppose things moved up 2 or 3 numbers on the same scale, what would be different that would tell you that you were coping that much better? What else? What would it take to make those things happen? What else? (Or, if the client is becoming more hopeful, ask the miracle question around "coping as well as anyone could imagine, considering what you have been through.")

What is the single most important thing for you to remember to continue coping with this situation?

ENDING

Summarize what the client is doing that is useful for her or himself. Be sure to point out small details using the clients own words. Compliment the client for her strengths and successes. Suggest that the client continue to do what works and pay attention to what else she may be doing that is useful for coping.

PROTOCOL FOR FIRST SESSIONS

Client Name(s): _____

Date: _____

Complaint/History: (How can I help? What tells you that ____ is a problem? What have you tried? Was it helpful?)

Goal Formulation: (What do you want different as a result of coming here? Dialogue around the miracle question.)

Exceptions: (Are there times when the problem does not happen or is less serious? When? How does that happen? Are there times that are a little like the miracle picture you describe?):

Scaling:

Pre-session change:

Willingness to work:

Confidence:

(continued)

PROTOCOL FOR FIRST SESSIONS (continued)

Compliments:

Bridge:

Task/Suggestions:

Next Time: