HELPING SKILLS FOR HUMAN SERVICE WORKERS

ABOUT THE AUTHORS

Kenneth France grew up in Jacksonville, Florida, attended Davidson College, and then transferred to Wake Forest University, graduating two years later with honors in psychology. In the clinical psychology program at Florida State University, he earned his master's and doctoral degrees, and he did his internship in the clinical psychology department at the University of Florida. For three years he taught at Francis Marion College in South Carolina, and for the last twenty-seven years he has been at Shippensburg University of Pennsylvania, where he was the first recipient of the university's Salute to Teaching. He was the second recipient of the state's Suzanne Brown Excellence in Teaching Award. He is the training coordinator for Warm Line in Carlisle, and he serves as the lead mentor with the online service of the New Hope Crisis Counseling Center. In Pennsylvania, South Carolina, California, and Florida, he has worked with a variety of human service programs. Besides his contributions to *Helping Skills*, he has written several other books.

Kim Weikel graduated from Lycoming College with honors in psychology. She earned a master's degree at the University of Dayton and a Ph.D. at Kent State University, both in clinical psychology. Prior to achieving licensure as a psychologist in Pennsylvania, she completed her predoctoral internship at the Cleveland Department of Veterans Affairs Medical Center and gained postdoctoral experience in a rural Pennsylvania mental health agency. For the last eleven years, she has been teaching in the Psychology Department at Shippensburg University, as well as providing pro bono clinical services and training workshops for local mental health programs.

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Second Edition

HELPING SKILLS FOR HUMAN SERVICE WORKERS

Building Relationships and Encouraging Productive Change

By

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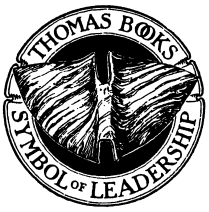

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To
The Warm Line workers of the STAR program
Carlisle, Pennsylvania

PREFACE

If building relationships and encouraging productive change are enterprises you wish to learn, this book is for you. Perhaps you aspire to work in crisis intervention, mental health, case management, or social services. You may be a staff member at a group home, rehab center, youth facility, or partial hospitalization program. You may have a job that involves pastoral duties, triage, death notifications, patient care, or working with consumers. Performance in any of those arenas, and a host of others, can be enhanced by the communication skills taught in this book.

In order to introduce you to relevant concepts, we arranged the chapters in the following manner. Chapter 1 discusses several basic issues regarding the development and use of helping skills. Chapter 2 explores common modes of response. In Chapter 3 you will encounter several ingredients that foster positive relationships. Chapter 4 presents a step-by-step approach to problem solving. Chapter 5 examines responses that can detract from your efforts. In Chapter 6 you will find a straightforward approach to establishing goals, objectives, and plans. Chapter 7 describes channels of nonverbal information and commonly encountered nonverbal messages. Chapter 8 highlights endeavors that take center stage before, during, and after scheduled appointments. And Chapter 9 considers the needs of several groups: children, older persons, clients having low socioeconomic status, psychotic individuals, and persons experiencing long-standing issues.

In the second edition, all of that material has been updated with regard to supporting research. In addition, there are several new features. Those include a list of feeling words in Chapter 2, expanded discussion of the factors that characterize positive relationships in Chapter 3 and problem solving in Chapter 4, the addition of objec-

tives and plans to Chapter 6, and inclusion of considerations relating to long-standing maladaptive behavior in Chapter 9.

Chapters 2-9 provide you with opportunities to try out the content being presented. There are multiple-choice questions, as well as short-answer and fill-in-the-response items.

You will discover a progression as you read the practice items in the text. Early chapters include topics such as being away from home and making a career transition–circumstances commonly encountered by undergraduate and graduate students, and by new staff members of human service organizations. Since you probably are in one or more of those categories yourself, you may find you have experienced issues similar to the ones being portrayed. In later chapters, the examples become more diverse in their content, as we demonstrate how helping skills can be used with a wide variety of issues.

There are two complete interviews in the book. One is in Chapter 4 and the other is in Chapter 6. In both interactions the *client* is going to school and is a newly employed staff member of a human service organization. As with the early practice items, our hope is that you will readily identify with the person being interviewed. From the client's perspective, we want you to appreciate the value of the skills being demonstrated.

Throughout the book we write as though you are interacting with one person. But all of the material also applies to interactions with two or more individuals.

Some authors of counseling, interviewing, and helping texts praise naturalness, spontaneity, flexibility, and individual creativity, then go on to present complex sets of tactics or overwhelming amounts of information that are impossible to keep in mind. In this book the basic system we present is simple and straightforward. Consequently, it *will* become possible for you to keep in mind the fundamental concepts, thereby giving you the freedom to be flexible, spontaneous, creative, and natural.

As an introductory treatment of helping skills, simplicity and the building of foundation abilities are guiding principles for what follows. Consequently, there are many topics that are beyond the scope of this book. Examples of such areas include more specialized endeavors (such as humor and paradoxical intention) and various theoretical perspectives (such as psychodynamic and cognitive-behavioral).

Other topics on which you will find limited information are habits associated with gender, affectional orientation, cultural heritage, and

ethnicity. We believe that each client brings to the interaction a host of individual preferences, some of which are based on the factors just named. In our opinion, it is beyond the scope of this book, or any single book, to address the thousands of possible backgrounds possessed by clients. Whatever a client's background, we believe workers should be respectful of the person's values and beliefs. (At the same time, we agree that it may be appropriate for staff members to help clients explore the consequences of problematic values and beliefs that become topics of discussion.) When many of your clients share a common background, you may wish to do additional research on central influences affecting your client base. This can help you more effectively mesh your own efforts with the expectations of those you serve.

Because of the traditions of some client groups, it is possible for discussion of feelings and encouragement of independent problem solving to be inappropriate activities. When that is the case, you will need to learn relationship-building and change-promoting practices that are in tune with the backgrounds of those persons.

Although the approaches we advocate in this book are in agreement with many of the ideas discussed by other authors, it appears that our style of helping does have some unique aspects. We emphasize being natural, *demonstrating* understanding of the client's thoughts and feelings, avoiding repetitive phrasing, and choosing responses with an eye toward the interaction's ultimate purpose.

We hope the book aids in your development of helping skills appropriate for use by human service workers. If you have any feedback or comments you would like to pass along, please contact K.F. at the Department of Psychology, Shippensburg University, Shippensburg, PA, 17257.

K.F.
K.W.
M.K.

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HELPING SKILLS FOR HUMAN SERVICE WORKERS

Chapter 1

INTRODUCTION

Clients in helping relationships make progress when they feel understood and actively work toward goals that they care about, as documented by extensive empirical research (e.g., Lambert & Barley, 2002; Tryon & Winograd, 2002). This book applies those findings by presenting ways for promoting rapport and facilitating desired change. We describe ways to create positive relationships and engage clients in joint efforts that focus on developing adaptive targets to work toward and achieving productive outcomes. Effective coping is the ultimate goal, and encouraging movement in that direction is the reason for all of the techniques we discuss.

There are many approaches one can take when working with clients. Empirical research indicates, however, that factors which are common to most helping strategies are some of the best predictors of client improvement (Lambert & Ogles, 2004). Compared to techniques associated with particular approaches, common factors account for twice as much client improvement, and, regardless of the approach taken, clients improve more when they experience a strong therapeutic bond with the human service worker (Lambert & Barley, 2002). To better understand that bond, the American Psychological Association's Division of Psychotherapy developed a task force to investigate specific relationship factors associated with productive client change. The task force concluded that strong and consistent research findings document the effectiveness of three factors in person-to-person human-service relationships: developing a therapeutic alliance, demonstrating empathy, and focusing on goal consensus and collaboration (Norcross, 2002). Those three factors are important components of the helping skills discussed in this book. We address ways

of developing a therapeutic relationship in Chapter 3, with emphasis on conveying empathy. Promoting consensus and collaboration is a central focus of both the material on problem solving in Chapter 4 and the techniques in Chapter 6 for establishing goals, objectives, and plans. In the remaining chapters we discuss ways to enhance those fundamental skills.

Now that we have looked at the worker's perspective, let's consider the client's point of view. Clients requesting assistance from human service workers often are feeling anxious, low, or combinations of both emotions. There are essential commonalities among anxiety and depressive disorders according to empirical evidence reviewed by Barlow, Allen, and Choate (2004). They assert that at the core of those disorders is a sense of being unable to control events, which results in negative emotions. Emotional disorders can arise out of biological predispositions and early learning experiences, and then intensify during challenging situations in which individuals perceive a lack of control.

According to Barlow and his colleagues, successful therapeutic interventions focus on building a basic sense of being able to influence events. The development of such confidence can be supported in a number of ways. Possibilities include the following three strategies: (1) logically thinking through things prior to taking on challenging situations (such as realistically estimating both the likelihood of negative events happening and the true nature of negative consequences that actually might occur), (2) actively exploring ways of confronting and dealing with challenging situations, and (3) accepting emotions rather than expending effort trying to avoid them.

Consistent with the ideas of Barlow and his associates, the problem-solving approach described in Chapter 4 can be used to help clients control what they are able to influence. We support the following: (1) logically thinking through challenging situations in advance, (2) actively exploring ways of confronting those situations and dealing with them adaptively, and (3) accepting negative emotions and then addressing their causes via realistic problem solving to bring about environmental change and/or by adaptively modifying the way one views the circumstances.

ENCOURAGING CLIENT AUTONOMY AND SELF-EFFICACY

Throughout the book we emphasize providing a supportive relationship in which clients can explore their thoughts and feelings, consider options, and make their own decisions regarding changes they might like to implement. In other words, we support client *autonomy*. Empirical research has demonstrated that individuals try harder and perform better when changes are more internally motivated and are developed in a nonauthoritarian context, than when change is motivated by the expectations of others (e.g., Sheldon & Elliot, 1999; Vansteenkiste, Simons, Sheldon, Lens, & Deci, 2004). Consequently, we discourage advice giving and encourage active client involvement in problem solving and in the establishment of targets for change.

Clients who actively participate in setting targets for behavior change may experience greater self-confidence or, more specifically, greater self-efficacy regarding their abilities. Albert Bandura (1997) defined *self-efficacy* as belief in one's ability to successfully execute a particular behavior. He noted that self-efficacy predicts how much effort and persistence one puts into changing a behavior. Clients with higher self-efficacy regarding coping and behavior change (in other words, clients who believe they actually will be able to cope with difficulties and accomplish desired change) are more likely to persist when faced with obstacles and are, consequently, more likely to successfully bring about desired change. Empirical research confirms that stronger belief in one's ability to accomplish change is associated with greater success. This effect has been demonstrated in a variety of areas, including the following: overcoming phobias, achieving and maintaining weight loss, improving athletic performance, increasing activity level, and coping with anxiety (Bandura, 1997; Bandura & Locke, 2003; Evon & Burns, 2004; Rejeski et al., 2003).

Research has also investigated interactions between internal motivation and self-efficacy. For example, one study (Senecal, Nouwen, & White, 2000) looked at dietary self-care among adults with diabetes. Adherence to dietary plans was associated with both internal motivation to regulate diet and higher self-efficacy for controlling one's diet.

Given the links among autonomy, self-efficacy, and successful coping, efforts to foster autonomy and self-efficacy seem important. Bandura (1997) identified a number of ways to enhance self-efficacy,