HELPING SKILLS
FOR HUMAN SERVICE WORKERS
ABOUT THE AUTHORS

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Third Edition

HELPING SKILLS
FOR HUMAN SERVICE WORKERS
Building Relationships and Encouraging Productive Change

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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, individuals experiencing psychosis, and persons experiencing long-standing issues.

In the third edition, all of that material has been updated with regard to supporting research. There is also new information on the following topics: elements of positive worker-client relationships; self-efficacy; links between self-efficacy and therapeutic bond; autonomic arousal of clients hearing accurate reflections; genuineness and the real relationship; wisdom and transformational leadership; ways of evaluating options during problem solving; establishing goals, objectives, and plans; and responding to clients who are resistant to change.

Chapters 2 through 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 challenges 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.

The book exists in large part because of the interest and contributions of Michelle Kish, who was a coauthor on the first two editions. Michelle is from San Jose, California. She completed her college education at Shippensburg University as an honors student earning a B.A. in Psychology and a minor in English. Following graduation she was employed as a Crisis Intervention Worker at Holy Spirit Hospital’s Community Mental Health Center where she had done her pre-graduate internship. Later, Michelle moved her employment to the Stevens Mental Health Center where she again served as a Crisis Intervention Clinician until moving to Auburn, Washington. In Washington, Michelle was a Life Skills Counselor at The Elizabeth House, a foster care group home for pregnant or parenting teens. In addition to her paid employment, Michelle has been an actively involved Youth and Senior Pastor’s wife since 1989. Recently, she and her husband created the Caring For You booklet, a handbook that assists the newly bereaved handle immediate and long term tasks regarding the loss of a loved one. The Caring For You booklet is used by distributors like first responders and county coroners which have frequent contact with people experiencing sudden loss. The booklet was inspired by the community chaplaincy program that Michelle helped her husband create. The program integrates pastoral care with crisis intervention services and has recently added a comfort line staffed by service providers who have been trained using the methods from this Helping Skills for Human Service Workers text.

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. and K.W.
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HELPING SKILLS
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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 research (Michalak & Holtforth, 2006; Norcross & Wampold, 2011). 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.

There are many approaches one can take when working with clients. Research indicates, however, that regardless of the approach taken, clients improve more when they experience a strong therapeutic bond with the human service worker (Horvath, Del Re, Flückiger, & Symonds, 2011; Lambert & Barley, 2001). To better understand that bond, the American Psychological Association’s Divisions of Psychotherapy and Clinical Psychology developed a task force to investigate specific relationship factors associated with productive client change. After rigorous review of extensive research, 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 collecting client feedback (Norcross & Wampold, 2011). Those three factors are important components of the helping skills discussed in this book. We address ways of developing a therapeutic alliance in Chapter 3, with emphasis on conveying empathy. We suggest enhancing the working alliance through collaborative problem solving in Chapter 4 and cooperative goal setting in Chapter 6. Collecting client feedback regarding progress toward those goals is also a central focus of the material
in Chapter 6. The remaining chapters 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. Re-
search 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 (Jang, Kim, & Reeve, 2012; Sheldon & Elliot, 1999; Vansteenkiste, Simons, Lens, Sheldon, & 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. 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, coping with anxiety, and abstaining from drug and alcohol use (Bandura, 1997; Bandura & Locke, 2003; Evon & Burns, 2004; Kuusisto, Knuuttila, & Saarnio, 2011; Rejeski et al., 2003).

Research has also suggested that self-efficacy is associated with internal motivation and therapeutic alliance. For example, one study (Heins, Knoop, & Bleijenberg, 2013) looked at factors influencing fatigue in persons who had participated in treatment for chronic fatigue syndrome. Lower levels of post-treatment fatigue were associated with higher self-efficacy for controlling one’s fatigue and with the person’s degree of agreement with the therapist on what the necessary steps were to achieve one’s treatment goals. Researchers are now suggesting that increases in self-efficacy may be one of the reasons that therapeutic bond is associated with productive change. Links between therapeutic alliance and improved client self-efficacy have been found to be associated with outcomes such as improving diet and exercise following cardiac events (Burns & Evon, 2007) and abstaining from misuse of alcohol (Hartzler, Witkiewitz, Villarroel, & Donovan, 2011).