

3

Following

Understanding the client is the basis for all helping. Understanding is accomplished by focusing your awareness on the words that the client is saying and how those words are being conveyed. This chapter includes skills for detailed listening, demonstrating your attentiveness, and validating your comprehension of the client's story.

Listening



The most basic and perhaps single most essential skill that you can possess as a therapist is the ability to listen. Your fundamental role in therapy is to try to understand the client, to deliberately and attentively listen with an open and genuinely curious ear. As discussed earlier, you must start where the client is. Your entry point is somewhere in the middle of the client's life. The client's history, current living conditions, goals, belief systems, hopes, fears, and talents are all relevant factors. In the interest of helping the client embrace and best utilize the therapeutic process, make a consistent effort to assemble a comprehensive image of the client's life system, taking into account the client's emotional and cognitive standpoint.

Initially, it can be tempting to focus exclusively on fixing or solving the client's first presented problem. As ambitious and well-meaning as this may be, what is needed first is to understand the interpersonal and intrapersonal context in which the client exists: Just listen and try to understand the client's life situation. There will be plenty of opportunity to engage in facilitative therapeutic work such as goal identification, treatment planning, and

interventions. In order for the therapeutic contact and interventions to be useful to the client, such processes must be tailored to each client's unique multidimensional biopsychosocial context in which the client lives. This understanding is gained by actively listening. If the client communicates a concept that is unclear or vague, or if the links between concepts, relationships, or events do not make sense to you, then ask about it. If something strikes you as interesting or unusual, ask about it. As a therapist, you will listen and build meaningful questions based not only on your thoughts and theoretical framework but also on your feelings and gut instincts.

The client can plausibly be considered to be the expert witness with respect to his or her own life and, as such, is a worthy spokesperson. The information clients provide regarding their thoughts and feelings and their willingness to convey this information are of paramount value. Keep your role in perspective. As stated earlier, as a therapist, you serve somewhat as an emotional consultant to the client; as such, the focal point of the therapeutic contact is the client. Though well-intended, avoid the temptation to become judgmental or preachy. Lengthy lectures are likely to be ignored or even resented. Therapeutic messages are best communicated in concise and purposeful language. A common rule of thumb is that the client should be doing about two thirds of the talking, and you should be doing about one third. Certainly, there can be exceptions to this suggested ratio. For example, it would be appropriate for you to do more of the talking if the client asks you to explain a concept, answer a question, or provide the rationale for a referral. Conversely, traditional American Indian clients, particularly in their initial session, will expect to do the majority of the talking because they want the therapist to understand the basis of their problem (Barcus, 2003). A simple self-monitoring yardstick might be to ask yourself from time to time who is doing most of the talking—me or the client? If you find that you are crossing the 50% talking threshold, then it may be advisable to shorten your responses, permitting more space for your client to communicate. Remember, contemporary therapy is not about monologues; neither you nor the client should be doing all the talking (Egan, 2006b).

Attending

S Observational Cues

Attending involves being cognizant of the messages—verbal and nonverbal—that are being exchanged between you and the client. Awareness of the client's body language and facial expression may provide valuable clues about the client's emotional state. For example, a client may be telling you a story, the nature of which seems discordant with the facial expression

or posture. Useful information may be gained from tactfully and nonjudgmentally pointing out such observations:



TC2 3.01 Observational Cues A.mp3

Th: I'm noticing something: When you talk about your aunt's death, your voice sounds solemn, but I'm also seeing a bit of a smile. I'm wondering what that smile's about?

Cl: Well, it's sad that she's dead, but to be quite honest, we never really got along . . . and that's putting it mildly.

Body language may also provide clues about the client's mood in moments of silence, but it can be difficult to know what someone's specific thoughts or feelings might be prior to asking. If you notice a change in the client's affect, consider citing your observation and inquiring about it:



TC2 3.02 Observational Cues B.mp3

Th: A few minutes ago when you were talking about your new computer, you were so bright and excited. Now you're looking withdrawn. Your hands are folded, your legs are crossed, and you're looking down. I'm wondering what's going on.

Cl: I'm just thinking about my father. He likes technology, too. I'm wondering if we'll ever have anything meaningful between us.



Observe the extent to which the client makes eye contact. Eye contact may be correlated with mood. A client may spend more time looking downward or avoiding direct eye contact when depressed than when he or she is in a better mood. As with body language, eye contact—or lack thereof—can be ambiguous. In some cultures, such as that of the American Indian, it is considered disrespectful to establish or maintain direct eye contact (Thompson, Walker, & Silk-Walker, 1993). For others, looking down or away from a person may merely be a part of their communication style; it is not necessarily indicative of a psychiatric disorder or inattentiveness.

Voice tone can also be useful in conveying your meaning and better understanding the client's emotional message. While paying heed to the words, the voice tone or “song of the voice” can communicate the emotional track of what is being said (Watzlawick, 1967). When there is discordance between the actual words that are being spoken and the tone of the voice, one may sense that the voice tone carries the truer message.

Saying “*I love you*” with a warm and gentle voice tone would seem to communicate genuineness, whereas saying “*I love you*” with a sullen or brusque voice tone would likely be perceived as less believable.

Consider this example in which the therapist identifies and purposefully discusses the discordances between the *words* that the client is saying and *how* those words appear to be coming across. In addition to voice tone, notice how the therapist assesses the plausibility of the client’s words by observing a variety of cues such as posture, facial expression, and eye contact:



TC2 3.03 Observational Cues C.mp3

Cl: [Flatly] *I met with the vocational guidance counselor like we talked about last time. Anyway, she went through my stuff, and next semester it looks like I’m supposed to start nursing school.*

In addition to the lack of enthusiasm in the voice tone, the client uses passive or burdensome language: “*I’m supposed to . . .*” as opposed to more active or anticipatory language (e.g., “*I get to . . .*”) when describing the client’s acceptance into nursing school.

Th: *Nursing school? Really?*

Noticing the lack of enthusiasm, the therapist attempts to solicit further discussion on the topic.

Cl: *Uh-huh.*

Th: *Nursing is a noble profession; from what I know of you, I’m sure it’s within your reach to graduate nursing school, but something else strikes me here: When you talk about this, you sound pretty disinterested.*

The therapist points out the client’s emotional listlessness.

Cl: *What do you mean?*

Th: *For instance, near the beginning of today’s session when you were talking about your plans to travel through Europe, your whole expression was up. Your voice was lively and colorful, your eyes were wide, your head was up, your posture was tall, you were gesturing expressively. Now, that’s what you look like when you’re discussing something that you really seem to be into. On the other hand, when you talk about nursing school, I’m not seeing any of that passion. It all just seems to lay flat with no details, no excitement, no elaboration, no pizzazz at all.*

The therapist articulates specific observations.

Cl: Huh. You noticed that . . .

Th: It makes me wonder if this decision to go into nursing is something that's really important to you, or maybe this is someone else's idea . . . that maybe you don't really believe in?

Based on the therapist's observation, the therapist submits a provisional mild confrontation.

Cl: Well, I guess I do have the grades for it and all, but to be honest, I'm really not that into being a nurse.

D Expressing the contrast in emotional conveyance and comparing the animated affect related to discussion of the planned trip to Europe versus the unenthusiastic talk of the plan to enter nursing school, the therapist was able to help the client elicit more genuine feelings and attitudes. The therapy may then advance to address the wisdom of pursuing passionless goals and perhaps explore more suitable alternatives.

S Nonverbal Attending

Though our primary communication channel is speech, nonverbal skills can provide a supplemental way of facilitating quality contact. Nonverbal techniques may be used independently, or they may be combined with verbal messages to further punctuate our intended meanings. Nonverbal cues constitute more than half the emotional message (Sweeney, Cottle, & Kobayashi, 1980); hence, it is advisable to tend to both your and the client's style of conveyance regarding facial expressions and body language. Some cultures, in particular Asian and American Indian, may convey more of their emotional message nonverbally via body language, eyes, and voice tone (Barcus, 2003). Nonverbally conveying your attentiveness demonstrates that you are actively absorbing and processing the client's story, and as such, your recommendations are likely to carry more weight with the client (Sue & Sue, 2003).

In terms of managing your physicality in a therapeutic setting, the acronym "SOLER" can provide some useful guidelines (Kadushin, 1990):

Straight facing the client; do not position yourself turned at an angle

Open posture; avoid crossing your arms or legs

Lean forward occasionally

Eye contact

Relaxed demeanor

Clients perceive practitioners who exhibit these attentive behaviors as having a strong sense of rapport with them (Harrigan, Osman, & Rosenthal, 1985). Conversely, folded arms, backward leaning, poor eye contact, and reduced voice dynamics are perceived as nonfacilitative behavior (Harrigan & Rosenthal, 1986). Be aware that there is no universal system of body language; cross-cultural differences exist. Although it is important to recognize cultural differences, it is equally important to avoid stereotyping. Make an effort to orient yourself to the unique nonverbal style of each client (Sue & Sue, 1990).

One can include such things as hand and arm gestures, nodding, facial expression, posture, body positioning, and other motions in a variety of meaningful ways, as in this example:



TC2 3.04 Nonverbal Attending.mp3

Cl: I've been thinking of calling my brother.

Th: [Posture: sits up. Facial expression: eyebrows up]

The therapist nonverbally conveys, “*It sounds like this is going to be interesting. I'm ready to hear all about this.*”

Cl: The more we talk about it here, I'm starting to see that the problems between us . . . well, they're not all his fault.

Th: [Nodding]

The therapist nods, acknowledging the client's insight and willingness to take some responsibility, prompting the client to continue with this point.

Cl: It's like, all I was remembering from our childhood is all the awful stupid stuff we did to each other . . . constantly.

Th: [Leans forward. Facial expression: curiosity—head tipped, eyebrows up]

The therapist uses an open “*I'm curious. Tell me more*” expression, as opposed to an “*I'm confused*” look.

Cl: Like, when we were kids, he'd booby trap my closet so when I opened the door a bunch of stuff would fall down, and I'd get so mad at him. I wouldn't even think of talking to him. I'd just go and do something to his stuff, like I'd put crackers under his sheets and dance on the bed . . . stupid stuff like that.

Th: [Facial expression: smiles warmly]

Cl: *There was a lot worse stuff. I just don't want us to be so distant any more. I'm starting to see that I was half of what was going wrong . . . maybe now I can be half of fixing things between us.*

Th: [Nods]

D For tutorial purposes, the foregoing dialogue is somewhat atypical, in that the therapist's responses are comprised exclusively of non-verbals. Yet, even in silence, it is possible to effectively demonstrate attentiveness, prompting the client to advance the storytelling.

Regarding managing your physical presence in sessions, research suggests that the therapist who attends with a relaxed posture, sitting back in the seat as opposed to leaning forward, presents as having a more robust interest, empathy, and respect for the client (Hermansson, Webster, & McFarland, 1988). As you communicate, you need not remain rigidly parked in your seat. Consider using body empathy wherein you intuitively utilize your posture, head position, nods, body movements, and gestures in concert with your words (Jacobs, 1973). Therapists who provide positive eye contact and meaningful nonverbal cues are perceived as providing a stronger sense of empathy, warmth, genuineness, and effectiveness, thereby facilitating the therapeutic process. One is more likely to disclose sensitive information to someone who demonstrates compassionate competency (Sherer & Rogers, 1980).

S Brief Verbals

The strategic use of brief verbal responses (“*mm-hmm*,” “*hmm*,” “*gotcha*,” “*okay*,” “*right*,” “*I get it*,” “*I see*,” “*go on*”—selectively repeating key words that the client has said) can facilitate communication in a number of ways: You are following the story, request clarification or elaboration of a particular point, challenge the client, prompt the advancement of the story, or request further details. The compact nature of brief verbal responses provides the advantage of not bogging down or derailing the client's stream of thought or feelings (Knippen & Green, 1994).



TC2 3.05 Brief Verbals.mp3

Cl: *I've finally decided to do something.*

Th: *Something?*

Repeating a single word suggests that the therapist wants elaboration or clarification: What does this “*something*” entail?

Cl: We've talked for a long time about me being such a workaholic, and how I've been depriving myself and how I work like a dog, heading for burn-out, just going nonstop without a vacation for years.

Th: Mm-hmm . . . six years.

Accessing prior information to further clarify a point provides a sense of continuity to the therapy and also demonstrates acute attentiveness.

Cl: Six long years. Anyway, I'm going to Alaska!

Th: Really? Alaska?

Prompting the client to talk about this further, "How did you come to select Alaska?"

Cl: Yeah. Ever since I was a kid, I've wanted to see the aurora borealis. I mean, I've seen it on TV, but that's like watching fireworks on TV. That doesn't really count. I have a travel agent hunting for travel packages right now. I have so much to do before I go: I need to get warm clothes, hire a temp, get a new battery for my laptop, get someone to take care of my plants . . .

Th: Your laptop?

Knowing of the client's overworking propensity, the therapist challenges the client to consider the impact that taking a computer might have on a vacation.

Cl: Oh, you're right. I'd just work. See how I think! Right, definitely no laptop.

D Sometimes, the temptation in therapy is to do or say too much. This case demonstrates the power and diversity of what can be accomplished using a minimum of thoughtfully selected words.

S Pausing

Pausing involves leaving some space, several seconds, before responding to the client's message. Most conversations that people have do not involve discussing difficult personal issues, such as emotional vulnerabilities, or confronting dysfunctional behavior patterns; hence, they

tend to flow smoothly without many pauses. This is not to imply that such social conversations are unimportant, but they tend to involve topics that are easier to discuss. Engaging in psychotherapy challenges both you and the client to expend considerably more cognitive and emotional energy to process a potentially complex array of sensitive personal facts and feelings.

Pausing can facilitate the therapeutic process in a variety of ways: Although a client may have spent considerable time *thinking* about a problem prior to entering therapy, it is possible that difficult feelings such as hurt, embarrassment, fear, or confusion may have inhibited the client from actually *discussing* the problem with anyone, including himself or herself. The therapeutic setting may be the first time that a client partakes in actual out-loud discussion of the problem, which can present challenges in the storytelling. When we *think* about a problem, our thoughts do not always occur in the sequence in which they happened in real life. The ordering of emotionally laden events can be heavily influenced by the weight of our feelings, which to an outsider may seem somewhat scattered. When thinking about a problem, one might begin somewhere in the middle, with the most prominent, hurtful point coming first. One's thoughts may then jump to the ending, considering how one feels right now. The next thought may revert back to the beginning of the story, considering among other things what might have been done to prevent this problem.

There is nothing inherently wrong with this skipping-about thought process; however, when it comes to actually *telling* this story aloud to another person, the client may appropriately feel compelled to convey the story in a more chronological order. This sorting process may take some time because the pieces of this story are probably not all homogeneous in terms of emotional significance: Some of these story pieces may be more intense or burdensome than others. Pausing provides the client the opportunity to sort and resequence the components of the story and can also provide some useful emotional space as the client discusses the details of a feeling-laden story.

Pausing enables both you and the client the opportunity to reflect on what is being discussed. The client has the chance to hear himself or herself. Remember, this may be the first time that the client has moved through the story in a comprehensive, sequential order. Pauses may afford the client the chance to correlate the factors within the story or to relate components of the current circumstances to relevant aspects of the client's life history, thereby facilitating potentially valuable insight. Pausing also provides the client the opportunity to recall and articulate further information associated with the story.

One can think of the therapeutic storytelling as a stereo system consisting of two tracks: data and emotions. The data track consists of the facts or content of the story: What happened? Who did what to whom? The emotional track consists of the feelings associated with the data: How do you feel about the individuals involved? How do you feel about what happened? The client may experience heavy feelings while telling the story. Just as the weight of toting a heavy backpack may slow the stride of a hiker, the weight of intense feelings may reasonably slow down the storytelling. If the client begins to seem overwhelmed, then you can gently suggest that he or she pause. Pausing affords the client space to feel and process the emotional track of the story. In your wish to be helpful, it can be tempting to promptly speak your mind, thereby closing up potentially uncomfortable gaps of silence; this may unintentionally derail or cut short critical cognitive or emotional processing or curtail portions of the story that may be forthcoming. Try to monitor and manage your sense of impatience or discomfort with what appears to be sluggish pacing. Instead of attempting to accelerate the dialogue, consider going in the other direction by granting the client the opportunity to take the extra time necessary to experience the feelings associated with the story. You might even express this verbally: *“I can see this is difficult for you. Take your time with this.”* Not only is it essential to start where the client is, but it is equally important to move at the client’s pace. Pausing can convey patience, thoughtful attentiveness, and sensitivity.

Taking a moment before responding to a client provides an opportunity for you and the client to reflect on what was just said. Slowing things down gives you more time to thoroughly assess both the client’s feelings and yours and to consider how what the client just said fits into the assembling image of the client’s life story. Pausing affords you the chance to listen and respond more thoroughly. It can be difficult to listen while simultaneously attempting to formulate a complex response. Pausing grants you some time to think about what you want to say or ask next. In fact, there is nothing wrong with occasionally requesting some extra time before responding to a client; you might say, *“This is interesting. . . . Let me think about this for a moment.”* This lets the client know that your silence is not due to inattentiveness, disinterest, or boredom. Rather, the client can see that you are, in fact, acutely engaged and taking the time necessary to construct the best, most meaningful response.



TC2 3.06 Pausing.mp3

Cl: Two days ago, I was on my way to work. [Pause] I left on time, but I didn’t get there on time. [Pause] I saw something. [Pause] I’ve never seen this before. [Pause] It was so awful. So awful. [Pause]

You may provide nonverbal responses (nodding gently, softened facial expression) to demonstrate your understanding of the story and the feelings without hindering the stream of the storytelling.

Th: Take your time.

The client appears to be experiencing weighty emotions related to the event. It is appropriate for the therapist to identify this challenge and normalize this part of the storytelling as a “reduced speed zone.”

Cl: Okay, I was at this red light, and I was listening to the radio, ya know, just like always. Anyway, there was this guy. [Pause] He was in this white suit, up on one of those window washing things up on the side of this building. [Pause] He was up high. I mean really high. [Pause] Damn!

Th: It's okay. Just go slow.

The therapist helps the client feel comfortable with a slower tempo, thereby facilitating storytelling that is factually and emotionally rich.

Cl: Okay. There was this rope . . . one of the ropes on the side of this thing that he was standing on . . . one side of the platform just tipped really fast and everything just fell off [Pause1] except for the guy. He was on some other like safety rope, so he was just left there hanging and waving. [Pause2] I was so scared for him. I was so scared, and I couldn't do anything to help him. [Pause3] I started digging for my cell phone so I could call 911, which I did. [Pause4] Anyway, it turns out the guy was okay . . . I watched while they got him off the building. He didn't fall, but I just can't stop thinking about it.

D Through the therapist's patience, resisting the impulse to speak prematurely, the client effectively benefits from the pauses in multiple ways: Before the first pause, the therapist may be anticipating that the worker on the scaffolding fell. After the pause, the client continues to provide the next vital details of the story. We see that the worker did not fall. After the second pause, the client has the opportunity to articulate (in words) feelings of fear, concern, and perceived helplessness. After the third pause, we see that the client was actually not so helpless. The call to 911 demonstrates active and effective helping efforts. After the fourth pause, we gain further cognitive and emotional information, suggesting an appropriate posttraumatic reaction to the event.

Anyone performing a detailed or complex task, either physical or cognitive, must be given adequate time and workspace, including elbow room to

accomplish the objective. This story is rich in events and feelings. Exercising patience by allowing for a more gradual tempo, which includes pauses, allows for more thorough elaboration of both facts and feelings, thereby facilitating the quality of the client's storytelling. The better you understand your clients, the more effective your interventions can be.

Verifying Perception

Therapy involves the exchange of complex concepts involving not only a detailed set of facts but also the associated feelings. The combination of intense emotions and potentially multifaceted storytelling may confound the communication path, leading to one or more misconceptions. Therapeutic productivity depends on the quality of the two-way understanding between you and the client. As such, it is essential to progressively verify the quality of the communication to actively confirm that each member is understanding the other. Your effectiveness extends only to the point of your comprehension of the client's life condition; furthermore, your efforts are only useful to the extent that your client understands your message. There are specific skills that can be employed to evaluate and enhance the accuracy of this two-way comprehension, specifically reflection of content and feelings, reverse reflection, summarizing, and clarification (of content and feelings).

S Reflection/Paraphrasing

Reflection, also known as *paraphrasing*, involves selectively stating your understanding of the information that you are gathering from the client in a provisional manner, implying “*This is what I'm getting. . . . Is that right?*” This is typically done in the form of rephrasing the client's message in an abbreviated fashion, which may include some of the client's own words or phrases played back verbatim. Exclusively echoing back the client's words can sound thoughtless and redundant. The client's words and expressions are by no means off limits, but make an effort to assemble your reflective constructs using mostly your own words—your provisional understanding of what you are hearing.

Reflecting demonstrates that you are genuinely attending to the details of the evolution of the story by progressively checking your perception of what the client is telling you. Occasionally, the client may point out your misconceptions; this is not inherently bad. Consider using such corrections as opportunities to gather further details regarding the client's story. Misunderstandings may be due to a variety of factors such as the client's emotional conveyance, incomplete or distorted information, the use of vague

or inexact language, unique use of language, or novel expressions. Reflection can be useful in pointing out and soliciting details that may have been understated or skipped in the storytelling. In addition to aiding the therapist in comprehending the storyline, reflection helps the client hear what he or she is saying to you, which may facilitate introspection and self-understanding.

Reflection can be used to clarify both the content (the data) and feelings (the emotional track) of the story.



TC2 3.07 Reflection - Paraphrasing.mp3

Cl: So my mom and dad have this curfew rule about me having to be in by 10:00, which I think is totally stupid. Anyway, on Saturday, I got in at midnight.

Th: After 10:00.

The therapist reflects a salient point of the content: that the client returned home after the curfew.

Cl: Right. So my mom starts yelling at me and wakes up everyone in the house and stands there spouting-off this whole thing about how I could have been killed or dragged off somewhere by some maniac with a gun or a knife or something completely insane like that.

The client confirms the therapist's commentary and advances to the next point.

Th: Sounds like you were both pretty mad at each other.

The therapist reflects the feelings, presuming that both the mother and the client experienced the same (mad) feeling.

Cl: Mad? Yeah, she was mad. I was more like scared.

The client accepts the therapist's assessment of the mother's (mad) feeling but clarifies the client's own feeling as different: scared.

Th: Okay. Got it. So your mom was mad and you were scared.

The therapist implicitly thanks the client for making the correction ("Okay. Got it.") and reflects the feelings that the client has conveyed.

Cl: Scared. Yeah, scared . . . more like terrified. See, when my mom gets like this, she usually throws things. Last time she got me with the remote. It didn't really hurt, but on top of the yelling, it's just too much.

Th: I see. So your mom catastrophizes about you breaking curfew?

The therapist makes a tentative effort to focus on what appears to be a problematic behavior.

Cl: No. You don't get it. See, she's like that on everything: grades, working, not working, going out, staying in my room, doing chores around the house. Just everything. Like just last week, I just finished vacuuming, and there was a part of the rug that apparently wasn't vacuumed completely perfectly. She found a staple in the carpet and she was waving this mutilated staple in my face and just yelling and screaming like someone was stabbing her.

The client makes a correction: The mother's extreme behavior is not limited to just this one circumstance; according to the client, the mother's reaction is more generalized. This clarification suggests that not only is the client feeling stress from the mother's efforts to enforce the curfew (which may or may not be appropriate) but also that the overall parent-child relationship may be stressed from similar such incidents.

Th: So when your mom spots something she doesn't like, no matter how small, her thing is to do a lot of yelling and accusing?

The therapist reflects the new (broader) findings, presenting a provisional summary of the stressful communication pattern described by the client, again, giving the client an opportunity to comment on the accuracy of the therapist's refined perception.

Cl: Pretty much.

D In this example, the therapist plays back parts of the story as it is being told. The client can clearly see that the therapist is listening critically to the story and making a serious effort to understand the details of the situation as the client experienced it. The client has multiple opportunities to affirm or correct the accuracy of the therapist's perception. When the client rejects the therapist's reflection, "No. You don't get it, . . ." this should not be seen as a failure on the therapist's part. On the

contrary, the client responds by providing valuable elaboration that offers the therapist a more detailed picture of the client's stressful circumstances.

This form of *Paraphrasing/Reflection* focuses primarily on validating your perception of the *facts* and *issues* at hand. *Empathy*, which is covered in Chapter 4, Emotional Communication, provides an effective skill for recognizing and reflecting the client's *feelings*.

S Reverse Reflection

In addition to using reflection to check *your* comprehension of the *client's* message, the process can be reversed: You may employ *reverse reflection* to check the client's comprehension of your message.

For instance, suppose you just explained a critical or complex concept to a client. Despite the fact that the client may nod affirmatively or even say, "Okay, I get it," this is no guarantee that your message actually got through. When people do not fully understand a concept, especially when it is conveyed by an authority figure, they may resort to *acquiescent responding*, wherein they may pretend to understand (replying affirmatively) when they really do not understand (Rubin & Babbie, 1993). Acquiescent responding can happen for a variety of reasons: The client may not want to appear unintelligent, he or she may feel embarrassed about not understanding, or the client may just assume that because you as the therapist, a perceived authority figure, raised the issue, then it must be right.

Your words and your efforts are essentially useless if you are not understood. When using reverse reflection, ask the client to play back, in the client's own words, his or her understanding of what you just said. Be aware that the act of simply echoing back your own words does not necessarily verify comprehension; if the client merely parrots your words, then acknowledge the accuracy of the words but also ask the client to reiterate the concept using the client's own words. As with reflection, reverse reflection provides the opportunity to confirm or tactfully provide corrective feedback to enhance the client's comprehension. The client need not necessarily agree with everything you say, but it is essential to verify the quality of his or her understanding.



TC2 3.08 Reverse Reflection.mp3

Cl: For about the last 4 or 5 days, a couple of times a week, I've been getting this really flushed feeling, and then my arms and hands start to tremble. Sometimes it feels like my whole body is dropping, like I'm on some platform that's going down fast, like a really fast elevator.

It goes for about 10 seconds, and then I get all sweaty and nervous, and my heart races, and it really scares me. It happens mostly at school, but it's happened a couple of times when I'm home at night-time. I don't know what's going on. Why is this happening to me?

The phenomena that the client is describing may be associated with an anxiety disorder; however, the symptoms are predominantly physical in nature. The therapist's primary responsibility is to refer the client to a physician for a checkup to diagnose and treat or rule out any physical problems or diseases.

Th: I'm glad you told me about this; I'll continue to work with you, but you need to schedule an appointment to see your doctor for a checkup to rule out any physical problems. With your permission, I'll confer with your doctor to discuss how much of this might be due to a physical problem and how much of this might be related to emotional stress. We might even consider conferring with a psychiatrist. There may be medications that could be helpful.

The therapist proposes an appropriate treatment plan, which contains a lot of information involving several players.

Cl: Okay.

It sounds like the client understands and accepts this plan.

Th: What I just said involves a lot of details. I just want to make sure I was clear enough. Could you please tell me, in your own words, what I just said?

Because reverse reflection is not usually part of our casual conversation, this may initially sound like an awkward or nonproductive request. Notice that the therapist does not imply that the client does not have the capacity to understand; rather, the therapist identifies him- or herself as the potential source of the misconception by saying, "I just want to make sure I was clear enough," thereby facilitating rapport.

Cl: You want me to see my doctor, and she'll tell me which psychiatrist to go to.

Clearly, there is a misconception here. The therapist needs to make a second pass at providing this information. One strategy is to simplify or restate the information or to break the message into smaller pieces.

Th: Close. I'll keep working with you, and here's how I think we should proceed: Number one, get a doctor's appointment to see if there's a physical problem. Number two, based on your doctor's findings, we—meaning you, me, and your doctor—might consider including a psychiatric evaluation.

The therapist uses concise language to identify and enumerate each discrete task.

Cl: Okay, I get it.

Again, the client says that he or she understands; it is time to verify this.

Th: Okay. This is important; I just want to double-check this. Tell me back what I just said.

The therapist requests the next reverse reflection.

Cl: First, I go to my doctor to let her check me out and see if this stuff that's happening is because I'm sick. And then we'll all figure out if I should go to a psychiatrist, but I'll keep on working with you. Right?

The client reflects his or her refined comprehension to the therapist.

Th: Exactly.

The therapist validates the client's more accurate reflection.

D This cycle of clarifying and then requesting reverse reflection should continue until the accuracy of the communication is confirmed. Naturally, you will tune the frequency of this skill depending on your familiarity with each client, taking into account such factors as the complexity of the information and the client's mood, level of attentiveness, intelligence, and self-advocacy. It follows that you may find yourself using reverse reflection less often with clients who have a reputation of actively identifying their misunderstandings or disagreements with the notions that you put forth, whereas reverse reflection may be used more often to elicit the level of comprehension among less articulate clients.

Reverse reflection should be used progressively in sessions. Waiting until the end of the session to verify comprehension may leave little time to provide effective clarification. Additionally, therapeutic concepts may be cumulative. Failing to confirm comprehension in a progressive fashion may confound the client's ability to understand and effectively partake in the path of the therapy. Persistent confusion on the client's behalf is likely to lead to frustration and possible premature termination; therefore, progressive verification of the client's comprehension should be an ongoing process.

S Summarizing

Summarizing is similar to reflecting; however, it covers a little more ground. *Summarizing* entails reflecting a brief synthesis of the client's story.

This playback helps keep you in synch with the client's storytelling, allowing the client to offer corrections, enhancements, or supplements to your accumulating image of the client's scenario. Summarizing also serves to confirm that you understand what the client is saying, that you are really hearing the client.

Summarizing is a verification skill. Think of the client as the expert witness in his or her life, and as such, the therapist's summarizations should be phrased provisionally, as opposed to authoritatively. When summarizing, essentially you are implicitly asking, "*This is what I'm understanding from you. . . . Is that right?*"

An authoritative summary might sound like this: "*You always quit just before you complete a project.*" Although this may be an accurate summary, it uses the word *always*. Because you do not have access to the client's full life history, semantically it would be inappropriate to use the word *always*. The use of the word *always* also suggests that there is no chance for growth or change in the future, that things will "*always*" be this way. A more facilitative summarization might be, "*It sounds like there's a pattern of stopping before you're done.*" This phrasing essentially covers the same ground; however, it is neither accusatory nor judgmental. The tentative phrasing suggests that your conception of the problem is malleable, open to further information and further growth. For example, the client might identify prior successes that could suggest strengths or other resources that might be useful in the therapeutic process.

When proposing a summary to the client, you need not be timid, but consider using tentative language ("*typically,*" "*usually,*" "*tend to,*" "*sounds like,*" "*seems that,*" "*there's a history of*") as opposed to more definitive language ("*always,*" "*never*"). Remember, summarizing involves proposing and then verifying your overall impression, not unilaterally imposing your perception of the client's story.

If the storyline starts becoming complicated or difficult to follow (extensive details, scenarios, time lines, multiple characters), it is advisable to summarize your understanding of the story up to that point and then incrementally as the story advances.

Summarizing enables the client to hear what the story sounds like from another point of view. Providing an opportunity to gain a different perspective on his or her story may facilitate insights that may serve to advance the mutual understanding of the problem and suggest possible solutions.

In a broader sense, summarizing may also span several stories or even sessions; feel free to think broadly. You may be able to plausibly link events together. Correlations among related events in the client's life may reveal key patterns in the client's behavior, thought process, or feelings, which may become the focus of therapy.



TC2 3.09 Summarizing.mp3

Cl: Yesterday I was at Justin's house, and there were some pictures lying on the counter, so when he went to go answer the phone, I just started looking through them, and there was shot after shot of Megan and Justin at our favorite restaurant.

Th: You mentioned Megan and Justin before—your two best friends . . . the “Triple Threat”?

Summarizing acknowledges that the therapist is familiar with the characters in the client's life. This is emphasized by the therapist including the client's nickname for the threesome: “*Triple Threat*.”

Cl: Right. We do everything together. I was looking at the pictures. I noticed that in the corner of the picture, it has the date, and those pictures were taken just this last weekend and 2 weeks before that. So I don't get it. Why would they leave me out? I was so mad when I saw those pictures.

The client provides further emotional storytelling spanning several events.

Th: So you typically think of yourself and Megan and Justin as a trio.

The therapist begins to summarize.

Cl: Right—best friends.

The client confirms this part of the summary.

Th: . . . best friends, so you felt bad when you found out that Justin and Megan were spending some time without you?

The therapist continues the summary, citing facts and feelings.

Cl: Exactly. I felt totally betrayed.

The client acknowledges the accuracy of the therapist's recap and also appends further (emotional) expression.

D As with reflection, summarizing demonstrates that the facts and feelings of the client's story are being received accurately. In listening to the therapist's recap of the story, the client has the opportunity to correct any misconceptions and provide supplements to the story.

In addition to recapping the basic story, the therapist begins to (speculatively) identify the feelings and put them in synch with the events. ("So you felt bad when you found out that Justin and Megan were spending some time without you.")

Summarizing may be confined to recapping one or several events *within* a session, or it may involve linking similar sounding story segments together that may span multiple prior sessions. Such summarizing may congeal in a meaningful manner; these correlations may point the way to identifying a source problem that may become the focus of the therapeutic intervention. Similarly, recurring strengths and positive adaptations may also emerge.

S Clarification

Clarification takes summarizing to the next level. *Clarification* entails requests for further details to address vague, confusing, or discontinuous storytelling. Occasionally, the client may use an expression or even an isolated word with which you are unfamiliar. This may be a phrase, expression, or syntax (the arrangement of words within a sentence) that is unique to a particular cultural background (Wilkinson & Spurlock, 1986). If it is not immediately clear from the context precisely what the client means, then request clarification promptly. Remember, your fundamental goal is to understand the client.

TC2 3.10 Clarification A.mp3

Cl: So I was half asleep when I got a call from my best friend at 11:30 last night. Get this: We wound up going for a moonlight hike until around 2:00 a.m. It was completely kloooby!

Th: It was “completely klooby”? How do you mean? What made it so klooby?

At this point, the word *klooby* is unclear; we do not know if the oddly timed hike was good, bad, peculiar, dangerous, or boring. The therapist immediately requests clarification.

Cl: It was the most amazing thing ever! I’ve never heard an owl hoot until that night. It sounds totally different than it does in movies. And the moonlight and shadows and the air was so soft. The crickets were chirping. It’s like these amazing sounds were just coming from everywhere. It was just one of those times when you see and hear and feel this incredible combination of stuff that you’ve never seen before. Something that I just never really knew was there.

Further detail is provided.

Th: So being “klooby,” this was a unique and wondrous experience?

The therapist pitches his or her understanding of what *klooby* appears to mean.

Cl: . . . that I never knew was possible! Yes. Yes. Totally klooby!

The client provides further elaboration.

Another technique to achieve clarification when the storytelling becomes unclear is to recap the parts of the story that you do understand and then ask about the elements of the story that are unclear to you. It is possible that the client may have a well-organized mental image of the story: $A \rightarrow B \rightarrow C \rightarrow D$, but when converting the story from a mental image to verbalization, the client may unintentionally skip from point B to point D. The client already knows all about point C, so the skip may appear seamless to the client, but this leap may leave you feeling lost. In such a case, it is appropriate to pause the storytelling, summarize your understanding of the story thus far, and then request clarification regarding the missing link in the chain of events. (“*I understand that first A happened, which led to B, . . . but I’m not getting how you got from B to D.*”)

Clarification can also be used to gather further details about critical sounding points that may have gone by too fast or seem under- or overstated in the storytelling.

Details gathered from clarifications help reduce the likelihood of inaccurate assumptions that may unintentionally mislead the course of the therapy.



TC2 3.11 Clarification B.mp3

Th: Tell me about your living conditions at this time.

Cl: Right now, I'm living with my Aunt Reva.

Th: Was there a problem at home?

The therapist requests clarification about what brought about this move.

Cl: Oh no, nothing like that. I always stay with Aunt Reva on school breaks.

Th: Your Aunt Reva, is she your mother's sister or your father's sister?

The therapist requests clarification regarding the family structure.

Cl: Well she's kind of from my mom's side of the family. I mean, technically, she's not really my aunt; but Aunt Reva and my mom met in third grade, and they've always been best friends together, so she's pretty much family to me. I mean, I've known her all my life. It's kind of like having a second mother.

The therapist now sees that Aunt Reva is not a blood relative but a key player in the client's life nonetheless.

Th: What do you mean "a second mother"?

The therapist seeks clarification on what the client means. Is having a second mother a good thing or a bad thing?

Cl: Well, it's like I love my mom, but I really have to watch what I say to her or even ask her. She's mostly okay, but on some stuff, she can go off like a bomb! Like with the bass guitar, that was definitely an Aunt Reva thing.

Th: The bass guitar? What makes that an "Aunt Reva thing"?

The therapist asks for clarification regarding the guitar that was mentioned briefly. This real-life example may help illuminate the contrast between the client's relationship to the mother and the client's relationship to Aunt Reva.

Cl: Okay, I've always loved the sound of the bass. The bass on my stereo is always turned all the way up. I love how when the music is turned

up good and loud, you can feel a good clean bass like right in the gut. Anyway, about 3 years ago, I decided I wanted to learn to play the bass. Now my mom thinks that the bass guitar is a rock instrument that leads straight to death.

Th: Rock music leads to death?

The therapist requests clarification regarding the client's mother's thought process: How does rock music lead to death ($A \rightarrow D$)?

Cl: My mom thinks that basses are only in rock bands; rockers do drugs; then they overdose; then they die. I know . . . it's stupid. Anyway, about 3 years ago, I went to a pawn shop and I picked up a bass and amp, and ever since then, I've been taking lessons and practicing and loving it. Of course, all of this is at Aunt Reva's house, and fortunately, my mom hasn't got a clue!

The client elucidates the sequence of the mother's fearful thought process ($A \rightarrow B \rightarrow C \rightarrow D$). Additionally, the therapist gains valuable information regarding the different types of relationships in the client's life (client-mother; client-Aunt Reva).

D This type of progressive clarification serves to paint a richer, more detailed picture. Through clarification, the therapist gains a more comprehensive image of the people in the client's life and the nature of their roles and relationships.

Clarification can be used to gather further detail on many levels, such as thought processes, feelings, priorities, tastes, preferences, life condition, and key players in the client's life, including their roles and relationships. Therapeutically, such detailed information may be used to identify such things as sources of stress, roadblocks, facilitative resources, significant relationships, or meaningful goals for the client.

Clarification can also be used in cases when the client's storytelling is comprised of too many pronouns (she, he, her, him, they, them). Overuse of such pronouns can lead to confusion about who's who in a shifting storyline. In such cases, openly cite this confound and recommend that the client use people's first names. If the client does not know the names or is hesitant to disclose actual names, then you may suggest that the client assign fictitious names. Alternatively, you may consider taking the lead in helping the client attach respectable monikers to identify the people described in the story ("*the white shoe girl*," "*the gold tooth guy*," etc.). This helps keep each character's role in the storyline straight.

Role-Play Exercise 3.1

Car Crash Conundrum

Erin was recently involved in a serious automobile accident involving two other cars. Several people, including Erin, sustained various levels of injuries. Since then, there have been multiple stressors involving complications with insurance companies, doctors, attorneys, auto mechanics, and the other parties.

Client

- Provide a detailed description of the accident and whose fault you think it was.
- Convey that as a private person, it is hard dealing with the repercussions of the accident (physical therapy, paperwork, phone calls, appointments, etc.).
- Refer to several people in pronoun form (she, he, her, him, they, them, etc.).

Therapist

- **Nonverbal attending** (p. 65)
Use appropriate nonverbals such as facial expression and body language to express your attentiveness (compassion, comprehension, confusion, curiosity, etc.).
- **Summarizing** (p. 78)
Periodically, summarize your understanding of the story.
“Let me see if I’m getting all this . . .”
- **Clarification** (p. 80)
If Erin’s use of pronouns causes you to lose track of who’s who, request clarification.

Role-Play Exercise 3.2

A Lot to Kerry

Sean has been involved in a close relationship with Kerry for about 6 months. Sean comes to the session alone, discussing how over the past several months Kerry has become depressive and persistently needy. There is little joy left in the relationship. Sean is beginning to suspect that this is Kerry's genuine personality and is now wondering if the first few months of their relationship might have just been "good behavior."

Client

- Present as torn between wanting to cut the relationship and concern that Kerry may be too vulnerable to handle the break-up at this time.
- Spend most of your time talking about your recent dissatisfaction but also include some of the good things that the relationship used to provide.
- Mention that this is not the first time this has happened to you.

Therapist

- **Observational cues** (p. 62)
Provide observational commentary.
"I notice when you say Kerry's name, you look (or sound, seem) . . ."
- **Brief verbals** (p. 67)
Use brief verbals to advance the storytelling.
"Mm-hmm."
"Yeab."
- **Reflection/Paraphrasing** (content and feelings) (p. 72)
Ask about what the relationship was like initially and reflect the contents and feelings.
[Content] *"You used to go camping?"*
[Feelings] *"It sounds like you really enjoyed your time together."*

Role-Play Exercise 3.3

Family Funeral

Dale initially entered into therapy about 3 months ago to address stress related to an uncle's struggle with cancer. This week, Dale's uncle passed away. Dale is appropriately saddened by the loss and is dreading seeing certain family members at the funeral.

Client

- Speak at a moderately slow tempo.
- Request assistance on how to deal with contentious people in a funeral setting.
- When the therapist provides you with step-by-step assistance, repeat it back with some parts missing or distorted (once).

Therapist

- **Pausing** (p. 68)
Pause, leaving some space, about 3 to 5 seconds, before responding to Dale. If Dale has more to say, then listen; do not interrupt. You may use nonverbal skills (nodding gently, etc.) during pauses to demonstrate attentiveness in your silence.
- **Reverse reflection** (p. 75)
If Dale requests guidance in dealing with difficult relatives, provide several simple steps:
 1. Greet them in a civil manner.
 2. If they insist on a confrontation, tell them you're there to pay your final respects and that you would be willing to discuss your differences some other time.
 3. Walk away.Next, request reverse reflection to verify comprehension.
- **Clarification** (p. 80)
Request clarification about the problem between Dale and the relatives.

Role-Play Exercise 3.4

Riley to the Rescue

Over the past few months, Riley's mother has been experiencing what seems to be a cognitive decline (wandering and getting lost, leaving the stove on, losing things, memory problems, etc.). Riley feels that something must be done to compensate for her deficits.

Client

- Present with some reasonable ideas (hire an in-home sitter, transfer to an assisted living facility, have her move in with you, etc.), but be indecisive.
- Discuss your mixed feelings: You want your mother to have her independence, but you are also concerned about her safety and well-being.
- Solicit recommendations from the therapist. If the therapist uses reverse reflection, consider distorting your playback once.

Therapist

- **Summarizing** (p. 78)
Review Riley's story: mother's condition, Riley's feelings, and options.
- **Nonverbal attending** (p. 65)
Use appropriate variations in facial expressions, nodding, gestures, and posture to unobtrusively demonstrate your attentiveness.
- **Reverse reflection** (p. 75)
Provide some recommendations:
 1. Riley's mother should be assessed by a geriatric psychiatrist.
 2. Based on the findings and recommendations of the psychiatric evaluation, we can discuss options.
 3. We should also address the emotional impact that each option will have on Riley, Riley's mother, and other family members. Next, request Riley to replay your recommendations to verify comprehension.

Role-Play Exercise 3.5

Lay Off

Corey has been at the same job for the past 5 years and has been advancing nicely. Corey is professionally competent and well liked at work. Three weeks ago, Corey's boss and two colleagues were laid off with no notice. Corey has been reassigned to a supervisor who has a reputation for being incompetent and unreasonable.

Client

- Discuss how well you got along with your laid off peers and how the day-to-day experience at work has changed for the worse.
- When talking about your new supervisor, show your anger physically (make a fist, pound the chair, fold your arms, alter your voice tone, etc.).
- Talk about steps that you are taking to look for employment elsewhere, although you know you will miss some of your coworkers.

Therapist

- **Brief verbals** (p. 67)
Provide concise comments as Corey conveys the unfortunate story.
"Mm-hmm."
"Sounds unfair."
- **Observational cues** (p. 62)
Comment on any physical changes that you observe. Relate your observations to specific components in Corey's storytelling.
"When you talk about your laid-off coworkers, you seem . . ."
"As you tell me about your new supervisor, you look/sound . . ."
- **Reflection/Paraphrasing** (content and feelings) (p. 72)
Discuss your perception of Corey's circumstances and emotional reaction concerning the recent events at work.