

Assignment 2

**Critical Reflection on Foundation Skills
of Counselling Essay**

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Due to the COVID pandemic my sessions with CR have been taking place online, although this is not a new concept and “web counselling” has been taking place for many years. As a result of social distancing restrictions imposed on meeting face to face clients, many therapists and helpers have found it necessary to change from face-to-face counselling to video link and telephone counselling. There are some arguments that video or telephone counselling is less effective than face to face counselling in terms of building a strong therapeutic relationship. However, there is a growing body of research which indicates that the same degree of intimacy, relational depth and therefore therapeutic change can occur in these online sessions (Baker and Ray, 2011; Hanley, 2009; King *et al.*, 2006).

The session I have chosen to critically explore and reflect on in this essay is the third session I had with CR on Monday 19th of April 2021. The duration of this session was 34 minutes and was facilitated and recorded on Teams. In this essay I will critically explore the foundation skills of counselling I have used in the session which include contracting, immediacy, non-verbal communication, responding, empathy and the therapeutic use of silence.

I opened the session welcoming the client back warmly before demonstrating the application of contracting. I have followed Reeves (2018) definition of contracting as the agreement between counsellor and client regarding the parameters of therapy. Contracting is an ethical standard considered by many national associations (Bond, 2010) and therefore a prominent activity I wanted to include within my sessions. Contracting is usually discussed and agreed in the first session with a client (Reeves, 2018); however, I feel it also provides structure (Sills, 1997) and serves as a reminder to the client at the beginning of each session whilst also acting as an ethical imperative. The contracting I use at the beginning of the session (0.22s) assists me in setting up the client for a good session, the client in this case, CR, is made aware that there are observers in the room which could pose ethical and confidentiality issues and therefore is given the opportunity to decide if he would like to continue, he is made aware the session will be recorded and it can therefore be reviewed by myself or the observers, I also provide an estimated length of the session, in this case it is around thirty minutes.

I am very aware that clients may have topics they do not wish to discuss and therefore I also address this with CR, asking him how he would like to let me know we are exploring a topic he is not comfortable with, he decides he will let me know verbally. I believe in my contracting I provide good boundaries and expectations for myself and for the client and he was able to provide informed consent. However, in a real-life counselling scenario there would be a written contract given out prior to or discussed at the beginning of the first session. In this case I believe that was what was missing from my first session with CR. Re-watching and reflecting on the session there was one thing I failed to mention to CR which I perhaps should have is the fact I was not wearing headphones; this could have been seen as a breach of confidentiality and an ethical issue. Although I was home alone and took extra precautions such as ensuring the door to my office and the office window was closed CR would not have been aware of that and therefore this is something I should have discussed.

Following contracting I began the session by asking CR “What’s on your mind?” (1.10s) I believe this was a good open question to begin our session as it allows the client to take control which is preferred in a person-centred approach. Questioning is one skill demonstrated throughout the session, two styles of questioning were used; open questions which probe the client to provide their own answer and closed questions which usually encourage a yes or no answer. Effective questioning helps to guide the conversation and is usually used in the information gathering stage.

The client provided a plethora of information during the session and I felt it was important and appropriate to ask useful questions, for example at 12.56s I asked “What’s the difference now, how do you feel about cycling now, what do you think about now?” This was an attempt to determine the difference between his mindset in the past and present which would help the client think about the changes that had taken place. Around 18.58s the client becomes repetitive and stuck in a loop so leading questions were used to encourage the client to begin to explore a solution. Leading questions are those which lead the client to an answer (Sanders *et al*, 2009). Although, I believe I maintained a emotion focused style of therapy throughout the remainder of our session.

Questions are utilised more in Behavioural Therapy (Sanders *et al*, 2009) and therefore leading questions would be deemed as intrusive or ineffective in the person-centred approach as I guided CR in order for our session to progress rather than allowing CR to lead me. From the outset of our discussion, I was quickly able to recognise a contradiction in what CR required from the session, which was coping strategies. However, it appeared that he truly believed there was no way he would be able to make any changes. Therefore, at the appropriate opportunities during our session, I used leading questions which enabled CR move forward and set an obtainable goal.

I used other open questions to pose *what if* scenarios to the client, at 23.20s I asked, “What would be the result if you stopped and enjoyed your break?”. The purpose of this approach is to allow the client to consider what his life may look like if he took a break although on this immediately. The client’s inability to consider “What if” was proving to be a barrier to my helping role, so, I gently challenged CR as I continued my attempt to help the client understand how changes would impact his life by asking (25.03s) “If you were able to do what you want to do, what difference would you see then?” and “If you were to implement breaks, how would that affect your work?” As the client seemed unable to imagine these concepts I highlighted the contradiction between what the client was saying which was that exhaustion is affecting his work, and the fact that he is reluctant to implement this change in case it had a negative impact on his work. Although this was not a question per say, it provided the opportunity to use the skill of therapeutic silence for the client to reflect.

During my session with CR, I used “why” questions, for example “Why do you think that is?” (03.57s). I also made a conscious attempt to avoid the use of “why” as they often invite an “I don’t know” response. According to Culley and Bond (2006) and Trower *et al* (2016) avoiding the use of “why” questioning as this invites the client to move away from feelings and emotions and promotes intellectualising. This method

also encourages the client to look outside himself or herself for cause which takes away from the purpose of the session being about the client, which is predominantly the purpose of Person Centred Therapy (Culley and Bond, 2006). For these reasons, if I were able to return to the session with CR and record it again, I would make a more conscious effort to avoid the use of “why” questions. However, there are some theorists who believe “why?” questions to be a useful tool for therapists (Branch and Dryden, 2005). They believe, along with Nelson-Jones (2005), that “why?” questions encourage intellectualising and are therefore an important part of the problem-solving process.

Whilst conducting further research, I discovered Albert Mehrabian’s 7-38-55 Theory (1971) relating to communication. Mehrabian’s theory (1971) suggests that only 7 percent of meaning is communicated through spoken word, 38 percent through tone of voice and 55 percent through body language. This suggests that non-verbal communication, such as tone of voice and body language is of vital importance. Although, practicing non-verbal communication in this session was very challenging, since it was online and therefore CR was only able to see a small portion of my body and my face. As a result, I was conscious of the importance of body language, so I focused on eye-contact and sincere facial expressions. I used minimal encouragements like nodding, smiling to demonstrate engagement in the session and genuine care and consideration for the client.

In preparation for this session, I conducted further reading on Rogers (1967) SOLER Theory, a method of actively listening to clients in a counselling situation. During my session with CR I practiced Rogers (1967) SOLER theory by firstly, (S) sitting squarely, by demonstrating an (O) open posture, when I felt it appropriate I practiced (L) leaning forward, throughout I feel I provided good (E) eye contact, and upon reflection, I believe I displayed (R) relaxed body language. Utilising Rogers (1967) SOLER model allowed me to demonstrate effective non-verbal communication.

I am aware of the importance of congruence during the helping process and feel that this was evident throughout the session. Observational skills were also used (21.20s) to assess and understand the client’s feelings via his body language. I was able to distinguish changes in the clients own non-verbal communication and I was able to identify when CR became more relaxed which was evidenced by his facial expression (31.08s); furthermore, he altered his position to a more comfortable one, the sides of his mouth dropped, and his eyes softened (32.00s). As discussed previously in the document I performed a verbal check in with the client. I did this as I recognised a change in body language and wanted the client to compare how they felt at the beginning at the end of the session.

Midwinter and Dickinson (2015) suggest that body communication is an integral part of active listening. Active listening is the process of listening to the client and providing feedback on what the client is saying to demonstrate an understanding. Although I have discussed above the difficulty, I had demonstrating full body language (also discussed as body communication) online, I did practice the skill of active listening and subsequently responding. Active listening is a skill that must be practiced by counsellors as it is not simply listening to the client, but also acting on what the client

has said (Sanders *et al*, 2009). I used paraphrasing during my session with CR, to summarise I took what the client had said, selected some of the words he had used and repeated it back to him. This allows the client to feel that they have been listened to and understood (14.05s).

I also used clarifying as a method, defined as seeking clarification of another's world for your own understanding (Sanders *et al*, 2009). I clarified with CR throughout our session to ensure I had a good understanding of his world and so I could respond accordingly. An example was when my client said, "I feel bleughhhh" (27.10s) and I repeated what had been said and asked him to clarify how he was feeling; the client was then able to label the emotion. This intervention was successful in helping us explore his feelings further. I could have improved the clarification process by encouraging the client to expand, for example "Tell me more about this". This would ensure a more accurate understanding of the clients' experience.

Summarising is another tool at my disposal to demonstrate active listening. As the session progressed, we arrived at a point (11.15s) where I believed it would be beneficial to summarise where we were at that time. During the summary I drew the client's attention to feelings he had made clear. The summary provided was quite lengthy, I repeated the same words, tailored to the client as English was not his first language. This was an attempt to demonstrate understanding to the client, so he feels seen and heard. Judging by his reaction, I believe this was implemented successfully; however, had the client been a native English speaker, I would have made the summary short and to the point.

Empathy is a core building block of any meaningful counselling conversation and has been of great importance in counselling since Carl Rogers proposed it as a major component in the efficacy of a therapeutic relationship in the 1950s (McLeod & McLeod, 2011). Empathy has been conceptualised in a variety of ways, usually involving a cognitive and an emotional component (Preston and de Waal, 2002; Lamm *et al.*, 2007; Decety and Meyer, 2008). Cognitive empathy is the ability to take the perspective of another person and infer their mental state, whereas emotional empathy refers to the observer's affective response to another person's emotional state (Dziobek *et al.*, 2008). In my session with CR I demonstrated cognitive empathy at (8.05s) whilst also demonstrating immediacy.

Immediacy can be defined as discussing the therapy in the relationship in the here and now (BACP, 2020). Immediacy involves disclosing how a counsellor feels, e.g. sharing a hunch or sharing what you sense about how a client is feeling then encouraging the client to think about what is going on in the relationship. Immediacy was used during my sessions with CR by checking how he was feeling in that present moment; an example of this is during the end of the session check in when I ask, "How do you feel now compared to how you felt at the beginning of the session?" (30.22s). I could have practised more immediacy during my session with CR if I had shared my own feelings. Although, I was hesitant at using immediacy as was aware that it may have been interpreted as self-disclosure, which is appropriate in certain situations but would have been unhelpful on this occasion (Hill *et al*, 2019).

According to Herrmann, Kaal, and Krennmayr (2010) metaphors are commonly used in communication. Metaphors are not simply a linguistic or literary device as they also play an important role in learning and cognitively organizing an understanding of the world (Aragno, 2009; Evans, 2010; Lakoff & Johnson, 1980). In this session, CR came up with some of his own metaphors which I then used to allow me to explore CR's issues. The metaphor "Toxic Relationship" (4.14s) was put forth by CR and I did have some difficulty using this to add depth to our discussion. Although this first attempt of the use of metaphors was difficult, the client then discussed his love for cycling, and we successfully used this metaphor to explore his life further (15.06s). At the end of the session, as the client seemed to respond well to my successful use of metaphors, I finished with a juggling metaphor (28.34s) to describe the client's overwhelm. When using this metaphor, I was able to link it to the previously mentioned feelings and emotions. After finishing the metaphor, I used silence for the client to pause and reflect.

As the end of the session was imminent, I began to lay the foundation for some strategies, by exploring what the client had tried before and is currently trying (25.06s). This links to his expectations that he set at the beginning for coping strategies. Unfortunately, I found the client's mindset very negative as he appeared reluctant to implement any changes. The client came to the session seeking coping mechanisms; however, throughout the session the client was not receptive to trying anything new. I recognised this as an opportunity to set a SMART goal (Doran, 1981). It appeared that the prospect of introducing goal setting captured the client's curiosity. Working together, we set a SMART goal (Doran, 1981). It was a Specific, Measurable, Attainable, Realistic, Time Measured. The goal was for the client to take one hour a day with no technology or distractions for seven days and we would review the goal at our next session (33.53s).

As our session drew to a close, around the 33.14s mark I began the process (Bond, 2010) of ending our session. I made sure to clearly summarise the themes and feelings we had discussed during the session, I reviewed the small SMART (Doran, 1981) goal that we had set and ensured the client knew we would meet again next week and review how he was getting on with his goal. We also highlighted a theme we would discuss next session. I believe I closed the session successfully and to a high standard.

To conclude, after critically reflecting on my use of the foundation skills of counselling namely; contracting, immediacy, non-verbal communication, responding, empathy and the therapeutic use of silence, I have found my application of these skills to be successful in most instances. For example, I have found my application of the counselling contract to be good practice during my session, although the preparation of creating and providing a contract to the client beforehand fell short.

Questioning within my session with CR was successful, I used both open and closed questions to explore key themes within the client's session. I also introduced a behavioural approach using leading questions within the session, although these are discouraged in person centred counselling, I believe within this session it was necessary to move the client on.

I believe I have successfully demonstrated empathetic responses and atonement through my use of paraphrasing, clarification, and non-verbal minimal encouragement. I also believe I demonstrated a knowledge of self-awareness as well as an awareness of ethical issues that could arise in practice, such as issues relating to confidentiality when working online and from home.

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