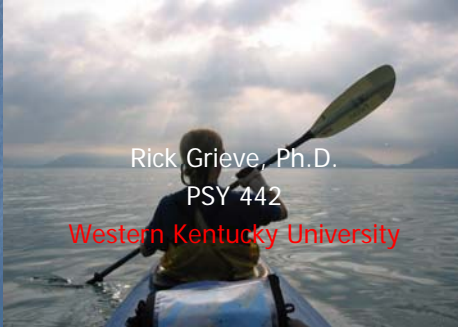


## Chapter 5 Directive Listening Skills



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### Chapter Orientation

- Sometimes, as in Chapter 4, tracking or pacing the client is your most important job
- Other times you'll want or need to be more directive
- In this chapter you'll learn about different directive listening skills

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### Learning Objectives

- This chapter will help you be able to:
  - Describe the purpose of directive listening behaviors
  - Apply directive listening behaviors during clinical interviews
  - Apply direct questioning in an ethical manner, empowering clients to explore specific actions
  - Identify ethical and cultural issues that can arise when using directive listening skills

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## Directive Listening Behaviors

- Directive listening behaviors are considered skills for encouraging insight
- These are advanced interviewing techniques that encourage clients to examine and possibly change their thinking or behavior patterns

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## Directive Listening Behaviors II

- Feeling validation
- Interpretive reflection of feeling
- Interpretation (psychoanalytic or reframing)
- Confrontation
- Immediacy
- Questions

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## Feeling Validation

- Always remember: Validation is different than reflection
- Validation occurs when you acknowledge and approve of the client's emotional state
- Feeling validations help clients accept their feelings as normal or natural
- Feeling validations can enhance rapport but also foster client dependency

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## Interpretative Reflection of Feeling

- Sometimes this is called “Advanced empathy”
- It goes beyond surface feelings or emotions to uncover deeper feelings
- This technique can produce strong emotional insights or client defensiveness

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## Interpretative Reflection of Feeling II

- When using interpretative feeling reflections, wait until:
  - You have good rapport
  - Your client feels heard
  - You have supporting evidence
- Interpretative feeling reflections also should be stated tentatively and offered collaboratively

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## Interpretation

- There are two main types of interpretation
  - A classic psychoanalytic technique designed to produce client insight
  - A cognitive-behavioral or solution-focused technique designed to help clients see their problems from a new and different perspective

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## Interpretation II

- Remember, Fenichel (1945) wrote:
- “The unprepared patient can in no way connect the words he hears from the analyst with his emotional experiences. Such an ‘interpretation’ does not interpret at all” (p. 25).

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## Interpretation III

- A trial interpretation is a statement that tentatively connects present behavior to past behavior
- The focus is usually on repeating interpersonal relationship patterns
- Be sure to:
  - Ask permission
  - And state your trial interpretation gently

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## Interpretation IV

- Reframing or Post-Modern Interpretations
- Reframing is used when you believe your clients are viewing the world in a manner that’s inaccurate or maladaptive.
- Effective reframing should be based on a reasonable alternative hypothesis

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## Confrontation

- Confrontation is a reflection or feedback statement that articulates clients' perceptual inaccuracies or inconsistencies.
- It often involves pointing out discrepancies
- Confrontation works best when there is a positive working relationship or high interviewer credibility
- Confrontation can be anywhere on the continuum from gentle to harsh

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## Immediacy

- Immediacy involves an integration of here-and-now self-disclosure, feedback, and confrontation
- It's a very flexible therapist response that can be used for many different purposes
- It's also risky in that it's intense and therapists may focus too much on themselves and their reactions to clients

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## Immediacy Examples

- As I listen to you talk about the abuse you've experienced, I feel admiration for the strength I hear in your voice and in your stories
- You say you want your roommate to be neater and more respectful of you and your space and yet as you talk about it in here, it feels almost like you're a helpless child instead of the competent and resourceful adult I've come to know
- How are these examples different?

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## Questions

- Questions can be used to:
  - Stimulate client talk
  - Inhibit client talk
  - Facilitate rapport
  - Show interest in clients
  - Show disinterest in clients
  - Gather information
  - Confront clients
  - Focus on solutions
  - Ignore the client's viewpoint

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## Question Types

- Open questions
- Closed questions
- Swing questions
- Indirect or implied questions
- Projective or presuppositional questions

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## Open Questions

- Designed to facilitate client talk
- Usually begin with "how" or "what"
- Because "why" questions can incite defensiveness, mostly interviewers avoid using why questions

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### Closed Questions

- Questions that can be answered with a "yes" or "no" response
- Restrict verbalization and lead clients to more specific responses
- Usually begin with words such as do, does, did, is, was, or are.

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### Open and Closed Question Samples

- (Open) "How are you feeling about therapy?"
- (Closed) "Are you feeling good about therapy?"
- (Open) "How do you feel?"
- (Closed) "Do you feel angry?"

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### Swing Questions

- Can be answered with a "yes" or "no," but are designed to produce a more elaborate discussion
- Usually begin with could, would, will, or can
- Are best used if you have some rapport
  - Would you describe how you think your parents might react to your plan to leave?

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## Indirect or Implied Questions

- Usually begin with "I wonder" or "You must"
- Are leading, but speculative
- Can feel manipulative if overused

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## Projective or Presuppositional Questions

- Help clients identify, articulate, and explore unclear conflicts, values, thoughts, and feelings
- Usually begin with "What if" and invite client speculation
- Can be used to evaluate client values and judgment

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## Therapeutic Questions

- Therapeutic Questions
  - The pre-treatment change question
  - Scaling questions
  - Percentage questions
  - Unique outcomes or redescription questions
  - Presuppositional questions
  - The miracle question
  - Externalizing questions
  - Exception questions

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## Pre-Treatment Change Question

- The Pre-Treatment Change Question is used to get new clients focused on the successes they've already started; for example:
  - What changes have you noticed that have happened or started to happen since you called to make the appointment for this session (de Shazer & Dolan, 2007, p. 5)

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## Scaling Questions

- Scaling Questions help clients envision potential improvement more precisely; for example:
  - On a scale of 1-10, with 1 being the "very worst possible" and 10 being the "very best possible," how would you rate how well you've been handling your anger this past week? (SF & SF, p. 89)

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## Percentage Questions

- Percentage Questions also direct clients to focus on how their improvements might look, sound, feel, and smell; for example:
  - How about if you were 50 percent less depressed? What would that look like? (SF & SF, p. 89)

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## Unique Outcomes or Redescription Questions

- Unique Outcomes or Redescription Questions are designed to direct clients toward describing the unique ways in which they've accomplished a specific task; for example:
  - How did you beat the fear and go out shopping? (SF & SF, p. 90)

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## Presuppositional Questions

- Presuppositional Questions are questions that presuppose a positive change has already occurred; for example:
  - What do you imagine will have changed when you start staying calm even when other students try to make you mad? (SF & SF, p. 90)

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## Miracle Question

- The Miracle Question is a presuppositional question, but it's also the most famous of all solution-focused therapeutic questions; for example:
  - Suppose you were to go home tonight, and while you were asleep, a miracle happened and this problem was solved. How will you know the miracle happened? What will be different? (de Shazer, 1988, p. 5)

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## Externalizing Questions

- Externalizing Questions are designed to place the cause and presence of negative symptoms outside of the self; for example:
  - What exactly are you doing when you're free from that fog of depression? (SF & SF, p. 92)

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## Exception Questions

- Exception Questions are designed to help clients talk about times when their symptoms were gone or less severe; for example:
  - When is your anxiety less present?

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## Guidelines When Using General Questions

- Prepare Clients for Questions
- Don't Use Questions without Nondirective Listening
- Make Questions Relevant to Client Concerns and Goals
- Use Questions to Elicit Concrete Behavioral Examples
- Approach Sensitive Areas Cautiously
- Avoid Asking Inappropriate Questions

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## Ethical and Multicultural Considerations when Using Directive Listening Skills

- Curiosity, Culture, and Professional Ethics
  - Have you ever had an impulse to ask inappropriate questions? What made them inappropriate?
  - What's the difference between appropriate and inappropriate questions? Is there a clear line?
- The Ethics of Directing Clients
  - Some questions clearly lead clients toward specific action
  - What will help you be aware of when to lead and why to lead with questions?

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## Ethical and Multicultural Considerations when Using Directive Listening Skills

- Prepare Clients for Questions
- Don't Use Questions without Nondirective Listening
- Make Questions Relevant to Client Concerns and Goals
- Use Questions to Elicit Concrete Behavioral Examples
- Approach Sensitive Areas Cautiously

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## Summary Discussion

- What felt most important to you from this chapter?
- What do you want to remember?
- How can you apply the ideas from this chapter into your clinical work?

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