Communication Skills for Therapists?

In 2007 my colleague Stephen Ferguson and I set up a training organisation for practicing therapists. Trying to find an appropriate name, Stephen suggested Sahasrāra from the Tantric name for the crown chakra.

In the Hindu Vedas the crown chakra is the “centre of higher consciousness” but it also has to do with thought, awareness and psycho-spiritual integration. This seemed right as it pointed to the integrated background training we felt was lacking in courses currently available for CAM/Holistic Therapy professionals.

It’s now over 15 years since I qualified as a therapist. I studied intensively, passed and qualified well in several therapeutic disciplines and set up Body in Balance, my own complementary therapies practice. I felt sure my clients would benefit from my knowledge and skills and I was enthusiastic and eager to help them.

The “helping” part was (is) the hard part. Few, if any, of the courses I’d attended had said much about helping: what it is, how to do it, the “helping process”.

I am not suggesting that counselling or psychology-awareness units should have been mandatory. However, a great many clients later, I am of the opinion that all therapists need a working model of “helping” that tells them something about communication with their clients.

By this, I mean the kind of effective communication that is the foundation of helping (and healing) - and we can certainly find such models within contemporary counselling theory. Here for example are some of the elements we could consider:

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• the stages and steps that make up the helping process and their appropriateness
• the communication skills therapists need to help clients move through that process
• the resources and skills clients need to collaborate in the helping process and to manage their problems more effectively
• the ability to help clients focus on strengths and achievements and solutions, rather than problems
• helping clients to become more able to make their own decisions about their own lives

By acquiring such skills, the therapist who is not a counsellor or psychotherapist, is better able to help clients challenge themselves; clarify problems; set goals; and determine whether or not the helping is effective i.e. provide ongoing evaluation.

My own way of solving this skills and awareness gap was to find a mentor willing to provide a level of supervision appropriate to the complex social interaction that develops in client-therapist relationships. This is something I have tried to continue in some way whenever possible. It is important to me to have some feedback on my communication with clients and I have obtained this on a consultancy basis - as part of a therapy exchange or in a co-counselling contract with a professional colleague where we meet once a month to discuss treatments, practice issues, courses, to share ideas, and generally to encourage each other. This model of practice is in line with the assumptions, which I believe underlie Good Practice in Complementary and Alternative Medicine (CAM).

I’ve also been involved in teaching therapies at different levels and I know that there is some reference to communication with clients in, for example, the professional standards units of the VQ qualification in most therapies. However, I don’t think professional and regulatory bodies (and training institutes) place sufficient emphasis on the level of communication skills required to meet the demands of the helping process.
I’m suggesting that CAM students learn the importance of communication with both clients (and colleagues) and, most importantly, are made aware of the need to self-monitor this communication. I’m also suggesting that therapists continuously strive to improve their communication skills by accessing training that provides the basics, and some of the links to continuous development.

Thus, over time, we can grow as a professional community, with a reputation for a truly holistic approach, based on honest self-appraisal and professional development grounded in our understanding of the helping process. Some of the areas for review and growth might be:

- Responding more effectively to non-verbal messages from clients
- Empathising with clients whilst also recognising their points of view may be distorted and need to be challenged
- Our tendency to “fix” clients, or judge them, rather than work with them
- Our tendency to self-disclose even when this doesn’t advance the helping/healing process
- Our lack of awareness of the constraints (personal or otherwise) of individual clients when setting them goals
- Displacement activity – needing people with problems to help in order to avoid dealing with our own deep emotions
- Our relationships with colleagues/other professionals

This article is a reflection on the fact that no matter how good a therapist is in their chosen discipline, if s/he is not able to relate to people skilfully, using developed communication skills, s/he is in danger of failing on two levels:

- Disadvantaging his/her clients
- Not maximising his/her business potential

Message boards are packed with practical treatment questions like, “Someone’s coming to see me with Fibromyalgia. What should I do?” It’s less usual to see questions about awareness, approaches and attitudes to the helping process.
A clinical hypno-therapist colleague holds this view: “Doctors treat diseases. Therapists treat people. Colleges major in telling you/us how to treat nail-biting or smoking or panic attacks because, frankly, it’s much easier to do that, and it’s much easier for the students to believe they are getting what they paid for. If a good hypnotee comes to me for nail-biting I can hypnotise them and say, “Leave your nails alone,” and, assuming there are no background psychological drivers, that will be that. But if the person does have stuff behind it, or is not a good hypnotee, or the problem isn’t actually nail-biting then “Leave your nails alone” isn’t going to work. And until I get the person on my couch (after a case history) I don’t know what they are like or how I’m going to help them.” (quote from Barry Thain, member of the British Society of Clinical Hypnosis).

Yet, I am not necessarily advocating that “treat the person – not the problem” should be our mantra all of the time. For example, Solution Focused Therapy comes from a different starting point. And in this model, instead of asking about the problem you might ask, "What are your best hopes from this therapy?" The focus here is on what clients want to achieve rather than what they want to leave behind, the reasoning being that sometimes, beginning to picture a viable alternative is all that is necessary to start the natural process of change. “Probably the most important aspect of any counselling or therapy is the client’s sense of being properly listened to. Instead of listening in order to understand what has gone wrong, it is sometimes better to listen for clues about what going right would look like. (my italics) Instead of discovering the problem and helping someone fix it we can also try to discover a preferred future and help someone reach it.” (http://www.brieftherapy.org.uk/problemsolution.php)

What is common to most approaches is the emphasis on listening and that good therapy depends on knowing how to manage the relationship with the client. There is certainly a need for someone to cover the human interaction skills that underpin the therapies and, as with all professional therapists, acknowledging a need for some form of supervision and feedback on performance.
In fact, since most business and client referrals come from word of mouth, if therapists develop a reputation for being effective helpers/listeners/communicators who offer more than just ‘their therapy’ they will undoubtedly see an increase in referrals.

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[www.sahasrara.co.uk](http://www.sahasrara.co.uk)