

TELEPHONE AND ON-LINE COUNSELLING:
A PRACTICAL GUIDE

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Telephone and on-line information and counselling services are a fast and accessible tool for those who use them. Ease and speed are the main advantages offered by these services and because of this, they are very efficient. Early intervention resources allow to increase access to information and to channel citizens' demands so that they save time and travel.

The creation of new ways of giving support to clients allows to develop more helpful channels. This also allows professionals to have a space for the problem to be looked at and to be able to rethink about the situation that produced the request.

This type of resource can open up a possibility which is hard to replace, whose objective is to participate in new preventive tendencies and actions that are more effective and that meet more the needs of the community.

For the public administration to keep responding better to the demands of the citizens, we have thought that it would be appropriate to offer this Telephone and On-line Counselling: A Practical Guide to be used regarding drug use issues.

This guide is a tool that can help professionals to reflect about how they work and to try new ways of attending clients. In short, it can contribute new ideas so that the professional can give a better service to clients no matter their situation.

From the Sub-Directory General of Drug Addictions we would like to thank the professionals who have made this guide possible and to recognize all those people who work so hard in these types of services.

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0 - INTRODUCTION TO THE TELEPHONE AND ON-LINE COUNSELLING GUIDE

WHO IS THIS GUIDE FOR?

To any professional (or volunteer) who works in on-line and telephone counselling on the topic of substance use and abuse.

WHAT IS THE OBJECTIVE OF THIS GUIDE?

Its objective is to offer information on how to establish a helping relationship with the client, whether it is a person who uses substances, a family member, a friend, a teacher or any other person, and whatever may be the reason for the demand (information, substance abuse problem, anxiety, family dynamic problems, etc).

HOW HAS IT BEEN WRITTEN?

In order to develop this guide, other national and international experiences in on-line and telephone counselling have been taken into account, as well as the opinion of those who are working in this type of service. We have included theoretical content which gives the necessary information, a lot of examples to explain the ideas, as well as tables and summaries to allow for quick and practical reading.

WHAT WILL YOU FIND IN THIS GUIDE?

Chapter 1 gives a general introduction with the basic methodological aspects of on-line and telephone counselling: what type of clients use the service, what to take into account when receiving a demand, what to keep in mind when answering.

In **Chapter 2** you will find definition, objectives and possible problems in the communication in the helping relationship which characterizes this kind of services.

Chapter 3 describes the process of preparing to attend the client: thoughts, skills and attitudes that are useful for the professional.

In **Chapter 4** we develop aspects related to what the client asks for and how to listen or read: the demand, active listening and empathy.

Chapter 5 deals with the client's emotions. You will find ideas and examples regarding the different emotions (anger, sadness and anxiety) as well as possible interventions.

In **Chapter 6** you will find ideas and examples about what to say and what to do in various situations (how to give support to a family member, how to offer information and help, how to close the conversation, etc).

Finally, in **Chapter 7** you will find a step-by-step summary of how to attend the client.

2 - INTRODUCTION TO ON-LINE AND TELEPHONE COUNSELLING SERVICES

1.1. Who can be helped by on-line and telephone counselling services?

In the past few years there has been a growth of on-line and telephone counselling services. On-line and telephone counselling not only are they fast and objective ways to give information, they are also two new ways of establishing a helping relationship between a professional and a client.

It is an easy access resource, a low demand one (as it does not demand any commitment from the client or any personal information) and which, therefore, allows for anonymous client participation and confidentiality. It also allows the clients to have more control over the helping relationship, as it is the client who decides when to initiate the contact, when to end it, how many times to contact, what information about him or herself to give, etc. Also, it helps the client to communicate his problem or concern in a quick manner, so that he or she can verbalize it when needed.

This way of relating to professionals can be useful for:

People who are in a crisis situation who want quick help (it is often young people who demand immediate help).

People who have problems to go get help in person because of:

- their personality (introverted, phobias)
- physical limitations and mobility problems (illnesses and disabilities)
- social reasons (economic problems, work problems, transportation problems, fear of being discriminated, etc).

People who are not sure about having a problem or who are not yet ready to admit it and commit themselves to starting a therapeutic process (contemplation phase).

Those who have had bad experiences with helping professionals.

Those who are having difficulties to admit that they are using substances again.

Those who are not aware of other services.

Those who want to be sure that their contact will be confidential and anonymous.

Those who cannot or do not want to commit themselves to starting a treatment but who want to solve quickly a concrete doubt.

Those under age.

Those who want to talk about issues that are very intimate or difficult to talk about face to face.

On the other hand, on-line and telephone counselling also involve certain inconveniences. One of these is that, to access the services, the clients have to have the technical access: in the case of telephone counselling it can be easier (especially if it is free), but the on-line counselling is more complicated for a good part of the population.

1.2. What does the professional have to keep in mind?

In these two counselling forms, it is important to keep in mind some basic methodological aspects regarding the relationship between a professional and a client.

A. Non-verbal language

It is necessary to remember that the person who contacts us for help and with whom we establish a helping relationship might be a drug user, or a family member, friend or teacher of a person who uses drugs. As it is not a face to face relationship, a lot of the non-verbal information is lost, information about the person and about the way the person communicates (facial gestures, body posture, etc) and even more is lost in on-line counselling (age and gender, silences, tone of voice during the conversation, etc). So it is more important than ever to not jump to conclusions about the client. On the other hand, not having non-verbal information can have some advantages such as that neither professional nor client is influenced by making judgements based on the gender, skin color, physical appearance, social status, etc, of the other one. In any case, to not see nor be seen by the client does not mean that one can pay less attention during the conversation (the professional who is responding by telephone or on-line should not be doing other things at the same time).

B. Types of requests

It is important to answer each question that the client poses even if it seems like a question about a problem that does not seem real. It might be hard to figure out if it is an honest question or not. On the other hand, the question might be asked in order to “try out” the service, to find the limits (“to what point do they take me seriously”, “how do they react when I tell them something that might seem silly or something very important”, etc).

In any case, whatever might be the question, one has to be very careful not to hurt the client’s feelings, especially because we cannot observe the non-verbal communication (and none in the case of on-line counselling) which confirms how the person is reacting to what we have said.

C. How to answer

It is not appropriate to give ready-made answers as every question and demand comes from a particular situation. Anyone can get information from various sources, but what is really important is the client’s particular situation. We might think that what is important is giving a correct answer from a scientific point of view, but to the person who poses the question, what matters is his or her own situation, more than the latest research in drug addictions. Sometimes, the need for an objective and scientific answer is more ours (to have the feeling that we have given something specific to the person who suffers and whose situation cannot be dealt with a quick solution) than the client’s. As we will see later on, to give too much information or to give it at the wrong time can be counterproductive. Therefore, we must adapt our intervention to the person and this refers to, obviously, not only the content but also the style (it is different if we are talking to a young person than to his or her father, for instance).

At the same time, there should be a certain similarity in what we say. That is to say, that the way we present the service and the way we close the conversation, should be similar and especially in on-line counselling, there should not be a big difference in our attitude, tone and distance between the different answers we give. A way of closing is to thank the client for having taken the initiative of writing us or to say: “I hope that we have been of help to you” or “We are here for whatever you need”. It is a good idea to add these sentences because they encourage the client to continue asking questions and they leave the door open to continue the relationship. It is also important to make sure we do not attend more or only the “nice” clients.

In some cases it may be interesting to combine “scientific” or formal language, with more colloquial one, but it is not appropriate to use just one of these types of language. If only scientific language is used, it can cause confusion. If only colloquial language is used, it puts the professional outside his professional role, which will be uncomfortable for both professional and client (and the client can feel that he or she is being treated in a patronizing way). In the on-line counselling, it is important to read over the text to make sure that there are not spelling mistakes, as this is also part of a professional service.

Some questions that clients have tend to be similar. For this, the on-line counselling service can have a FAQ (frequently asked questions) section to which clients can access directly.

To give a good quality service and to guarantee a good helping relationship (which is the basis of counselling, whatever the mode), it is important, as much as possible, that the same counsellor attend the same client when he or she contacts the service.

In on-line counselling there is a time delay between when the client writes and when he or she gets the answer. This time can be useful for the counsellor, as it can give him or her time to think about what to write or, if necessary, to look for information, to get help from co-workers or to look for more resources.

For the client, this time delay means that when he or she gets the answer, it might be a different moment emotionally. In the counsellor’s answer, this can be taken into account by saying, for example: “In what you wrote you say that you were very worried...How are you feeling now?”

D. Confidentiality

It is very important to keep confidentiality and to not share any information regarding what the client has written, when talking with co-workers or in supervision. Also, the counsellor should keep in mind that there is no guarantee that the client will not share what the counsellor says or writes with others.

In on-line counselling, there are services that hang in their web all exchanges, both what the professional and what the client write. It is a good idea to have an “open” space like that, but it is also important to have a “private” space to which only the client has access. In the case that the topic is important to a lot of people, it can be placed in the FAQ section.

E. Client’s gender and culture

It is necessary to keep in mind gender. If one does not know the client’s gender, the language should be neutral so that both men and women will feel included. Also it is important to use language with which the person can identify, independently of their gender or sexual orientation. For instance, it is better to use the expression “partner”, rather than “boyfriend” or “girlfriend”.

Our socio-cultural prejudices might lead us to think the clients who are labelled as “low cultural level” have more risk practices and less information. Generally we must be aware of our socio-cultural prejudices so that they do not get in the way of our relationship with the client, but in issues like drug use and risk behaviours, it is even

more important to be aware of them, because these issues are especially prone to social views, misinformation, etc. On the other hand, if we understand culture to be the way we feel, think and are in this world, the way we interpret what we are and what happens to us, it does not make sense to discriminate regarding “level of culture”.

As we will see later on, the relationship between the counsellor and the client is always uneven. The counsellor has to attend all clients, whether we find them to be nice or not, whether they are local or from another country. It is important to keep in mind the cultural context (in the large sense of the word) with every client, not only when the person who phones or writes not so well the language that the communication is taking place in. But it is not always easy for the counsellor to give a good quality service to people who are from a different cultural group. It seems easier and more comfortable to attend clients who share our cultural codes.

In any case, we must be conscious of our own prejudices, revise them and try to make sure that they don't interfere with our relationship with the client. We must attend the client without jumping to conclusions about people who are of a certain socio-economic class, ethnic group, country or religion.

Whenever possible, it is important to attend the client in the language that is the most comfortable for the client.

1.3. What personal information do we give and what data do we ask of the client?

In telephone counselling, it is important to think how we introduce ourselves and our service. The person who calls must be sure that they are phoning the right number and this information need to be confirmed. Before answering, we must think about what we want to say and what information the client needs. It might be important to say that it is a service related to drug use, so the client will feel more open to talking if he or she knows that it is a service that is specific to this issue.

It is also important to think of the information we give about ourselves. In telephone counselling, it is important that the client know who he or she is talking with. To give one's name is enough, although one can use a nickname (always the same one) if one wants to differentiate between the professional and the private spheres, especially if one works in a small municipality where the risk of being known is higher.

As we have said, in on-line counselling, the client can make more than one request about the same topic, or one topic might entail more than one email. To facilitate that the same professional be the one to do the follow-up, the professional can sign the information with his or her name and that way the door is open to be able to continue the helping relationship.

It is important to think about what facts we need to ask the client. Given the fact that this type of service is really geared to people who cannot or do not want to have direct contact nor give information about themselves (nor been seen face to face at that particular moment in life), it is important to think some of the following questions: What information about the client is necessary that we know? For whom is it important, for the client or the service? Is it important for the counsellor? How would such

information help me to improve my counselling work? It is important to be able to give the client a coherent and sincere answer when the client asks. And we must also remember that the client might be giving false information.

Often, in this type of service, the professionals ask the clients for information about themselves which is not necessary. The client might phone in an anxious situation and does not want to waste time answering questions for the service's statistics. In any case, the client should know that the information that is asked is not obligatory, that he or she has a choice about answering.

An example of how NOT TO start a conversation in telephone counselling:

Professional: Telephone help-line, may I help you?

Client: Hi, is this where they fix problems for people who take stuff, right?

P: Well, we don't really fix, but if you are referring to counselling services for problems related to drug or alcohol use, this is it. I will ask you some questions: Are you a man?

C: Of course. What would I be if not?

P: How old are you?

C: But see, I am not calling for me, it is my son who has the problem.

P: Yes, but it is you who is calling, no? Wait, I will listen to you later but first I need your age, see I need that data for the statistics.

C: Ah, well, I am 40 years-old.

P: And where do you live?

C: In...Barcelona.

P: Is this the first time you call?

C: Yes, of course, all was going well with my son but yesterday we found some pills...

P: Wait a minute, be patient, I only have a couple more questions...

In this example, in the presentation, the counsellor does not specify that it is a service related to drug problems. The client wants to confirm that he is calling the right place and the answer he is given is done in a way that is too technical and that not everyone understands ("problems related to the use of substances"). The professional does not explain why he is asking the client information, or how many questions he is going to ask. The professional seems more interested in the questions he is asking than in the client.

Example of how to start a conversation in telephone counselling:

Professional: Telephone Drug Counselling Services. My name is Martha. May I help you?

Client: Ah, is this where they are going to fix my son's problem?

P: You seem worried about your son. Yes, this is a telephone service to talk about all these issues. In this service they ask me to pose you three questions to all clients, for the annual report. If you want you can answer them now, or later, or not at all if you wish. What would you prefer?

C: I don't know. Now is okay, I guess.

P: Thank you very much. Is this the first time you are calling us?

C: Yes, all was going well until now and I thought all this stuff about drugs had nothing to do with us...

P: Yes, it is hard to find yourself in that situation. We will talk about your son in a minute. How did you hear about us?

C: I saw a poster in the Health Centre...

P: And lastly, how old are you?

C: Forty.

P: Thank you. Now, you were telling me that you find yourself in a situation with your son that you were not expecting?

In this example, the professional pays attention to the client (“You seem worried about your son...Yes, this is a telephone service in which you can talk about these issues”). The counsellor also specifies what information he is going to ask the caller (three questions), to whom he asks these questions (to all those who call) and why he asks those questions (for the annual report). The professional also gives the client the option of answering or not the questions and when.

When thinking about the data that can be gotten, one must keep in mind that much of the information about the client and the reason for the call or email will come up in the conversation without having to ask, for instance:

- The date of the call or email.
- The time of the call or email.
- The number of calls or emails.
- The reason for the call or email.
- Referral to other services and which ones.
- If the client is contacting for him or herself, for a friend, for a family member, etc.

In the telephone service specifically:

- Number of calls in which the caller hangs up.
- The geographical location of the caller.
- The length of the call.
- Problems to understand the language.

MAIN IDEAS

- **On-line and telephone counselling allow people who cannot or do not want to have direct contact with drug addictions services, to get help.**
- **It is important to answer thoroughly any question posed.**
- **It is important to personalize the answers and to present oneself in order for the client to have a reference person in case he or she wants to continue the helping relationship.**
- **We must take care about the form: the spelling (on the on-line service), the way we greet and close the conversation, to have a kind language but professional (to neither talk as a “buddy” or to “preach”).**
- **Respect the client’s confidentiality.**
- **It is necessary to think carefully about the information we give about the service and about oneself, as well as the data we ask the client who calls and why we ask it. We must limit it to the really necessary. We must give a brief explanation to the client about the need for this data and give him the option of answering it or not and when.**

THE RELATIONSHIP WITH THE CLIENT

2.1. THE HELPING RELATIONSHIP

The relationship which is established with the client who contacts us through telephone or Internet to ask for help or information, is a helping relationship, in which a specific type of communication is used: therapeutic communication. This communication is different from the one we use in our social life. It is as though it was a different country in which the rules and norms are different. To be in a helping role requires a certain way of thinking, listening and speaking, than in social relationships. Any professional who establishes a helping relationship is in that different “country”. It does not matter if the client asks for specific information, or if he or she is worried about a problem related to drug use or he or she is posing questions to “try out” the counsellor – for instance, to verify if the counsellor is going to judge him or not no matter what he says, or to see where the limits are before deciding to go ahead and explain the problem, or just out of curiosity. In all these cases, the client’s probing is not personal; it is in a professional context. What is not to know if the client lying or exaggerating. The important thing is to work well.

The client’s drug use, or doubts or problems are not things that the counsellor has to “fix”, but a situation to be discovered and explored with interest to be able to understand what it means to the client.

Some professionals think to help is to tell the client what he or she should do. This is not very efficient because human beings do not change because someone tells them what to do and how to do it. It is a more complex process for which the professional, through therapeutic communication, creates a helping relationship and helps the client in his or her process of making decisions.

2.2. THE OBJECTIVES OF THE HELPING RELATIONSHIP

- That by having the professional listen with empathy, the client will feel listened to and, in that way, can listen to him or herself (or read, in case of on-line counselling) and will be able to see his or her situation and him or herself more clearly.
- That the client will have the possibility of identifying, feel, know and decided if he or she wants to change and how in order to:
 - go through a challenge that requires decision-making about his or her problematic relationship to drugs
 - improve a problematic situation or potentially problematic
 - find ways of being and personal resources that are more efficient
 - have the client be able to communicate his or her experiences and be listened to
 - have the client feel supported and less alone, to feel that he or she is believed in and is taken seriously.

2.3. WHAT IS THE DIFFERENCE BETWEEN THERAPEUTIC COMMUNICATION AND SOCIAL COMMUNICATION?

In social communication, the responsibility for the quality of the communication falls on both people: two friends, two family members or two co-workers. In therapeutic communication, the responsibility that the communication be as efficient as possible

falls on the professional, as it is part of his or her job. It is not the responsibility of the client, because the client's role in the communication is to be able to express his or her situation and worries in a spontaneous and genuine manner, without having to worry about methodology, so that the counsellor can get to know him or her and be able to help.

When a professional in a telephone or on-line counselling service ask him or herself: "What do I say to the client?", the answer is "first, think". It is necessary to think before speaking or writing, through the following questions that the counsellor poses him or herself:

- What am I thinking and feeling about this client and what he or she says to me? Is there something that keeps me from responding in a therapeutic manner?
- What is happening to the client?
- What does he or she feel?
- What does he or she need?
- What would be the therapeutic objective in this conversation?

If the professional who is doing telephone or on-line counselling, in his or her communication with the client, starts to think as though it was a social type of communication, there is the danger of getting side-tracked, to get confused and not be able to do the job properly.

An example of a professional who, when talking with the client, is thinking, by mistake, from a social communication point of view. This is an example of how NOT to attend a client:

Client (who has called three times in the past hour asking about extasis):

"I call you but you do not tell me what I should do! You are useless!"

Professional (thinks to himself: "What a drag this guy is! He does nothing but call and I have already given him the information. He just wants to bother me."): "Look, I am very busy and I don't like the way you are talking to me. Let's see if you can calm down!"

As we can see, the professional's intervention has not helped the client diminish his discomfort and the professional has not understood the client well. After this intervention, the client feels lonelier and misunderstood, and the professional feels more frustrated and angry, and the helping relationship has not improved.

Example of a drug addictions professional who, when talking with a client, thinks from a therapeutic relationship point of view:

Client (who has called three times in the last hour regarding extasis): "I call you but you do not tell me what I should do! You are useless!"

Professional (thinks: "This person is not feeling very comfortable. He is yelling. Maybe he feels alone or nervous. This situation is not comfortable but I will try to see what is happening"): "I am sorry if we have not been useful for you. Tell me what would help you".

The basic elements for a therapeutic relationship are:

- that the professional think therapeutically
- that the professional show empathy
- that the professional listen in a receptive manner while thinking
- that the professional attend and not ignore the emotions that the client feels
- that the professional observe him or herself and does some self-observation on his or her own interventions.

In order to put into practice these elements, it is important to have specific knowledge, attitudes and practices:

Knowledge about the helping relationship:

- To know how to distinguish between therapeutic communication and social communication.
- To remember that the client is the centre of the professional's work.
- To understand that empathy is the principal tool in therapeutic communication.

Attitudes and self-knowledge:

- The professional needs to ask him or herself: what I say, why do I say it?
- If the professional feels frustrated with the client, it is important to rethink how one sees the client: could the professional see the client in a way that would make more sense within a helping relationship?
- The professional needs to know him or herself better: what situations or behaviours on the client's part provoke the professional's own feelings?
- The professional needs to be aware of what he or she is feeling: his or her own emotions, opinions, expectations and to know that these are his or her own and not the client's. It is important to not project these onto the client and to leave the aside for reflection later on, as in the immediate, it is important to work with what the client is feeling and thinking.

Attitudes and skills to work with the client:

- Focus on the client, listen to him or her and speak in a therapeutic manner.
- Centre the intervention on the client's experience, his or her request, doubts, worries.
- Believe in the client.
- Try to find out what it means to the client and how it affects him or her what he says, feels and lives.
- Realize that the way that we treat the client can increase or decrease his or her discomfort or suffering.
- Work with the client the way that he or she is now, not as you wish he or she was.
- Know how to show empathy, even when the client has behaviours that we do not like.
- Realize that the client is the one who knows him or herself best.
- Respect the client. The counsellor can ask him or herself: "can I respect the client?", "why not?", "can rethink how I see the client?"
- Be receptive to the client's needs.
- Listen calmly and know what is being heard (content, emotions).
- Respect the client's emotions, letting him or her express him or herself freely and attending him or her in a therapeutic manner.

- Do not judge the client's behaviour and understand that it is his or her way of expressing discomfort, and that what is important is what is beneath that behaviour.
- Be aware of the client's defences, respect them and do not reinforce them.

2.2. PROBLEMS IN THE COMMUNICATION WITH THE CLIENT

Some professionals have not been received specific training on the helping relationship nor about therapeutic communication, so they tend to imitate ways of communicating that they have seen in other health workers, many of whom, unfortunately, could be lacking in therapeutic communication skills.

The professional should try to avoid a paternalistic and directive style as we have seen in some health workers, a style in which the professional controls and guides the interaction without flexibility regarding the client's needs. In many cases, we have observed that the professional does not show interest in the concerns of the client nor for the psychosocial aspects of his or her situation. There seems to be no room for the client's opinions and reality or for his or her participation.

It is useful that the professional:

To give importance to the client's experience of his or her addiction.

Listen.

Ask the client about his or her emotions.

Help the client to think.

Offer options and alternatives.

Think and respond.

Encourage the client to consider various options.

Accept what the client is thinking.

Believe the client.

Find out if he or she wants information.

Offer information.

It is not useful to:

Not give importance to the client's experience.

Talk too much.

Avoid the client's emotions.

Talk in a way that the client gets on the defensive and justifies him or herself.

Impose.

React.

Give "solutions".

Try to convince him or her.

Not believe the client.

Give information that he or she already has.

Repeat information.

Show empathy.

“Rescue” the client.

Try to understand the client.

Judge the client.

Set limits with respect.

Get mad at the client.

Set limits with respect.

Criticize the client.

Respect the client as he or she is.

Try to change the client.

Respect and try to understand his or her behaviours.

Label him or her as a “bad client”.

MAIN IDEAS:

- **Communication in a helping relationship is different than other types of communication.**
- **It is necessary for the professional to think in a therapeutic manner the whole time he is attending by telephone or on-line.**
- **To help someone is not to tell the client what he should do. It means to support the client in his or her process of making decisions.**
- **It is important for the client to feel respected and supported by the professional.**

3- HOW TO PREPARE TO ATTEND THE CLIENT?

3.1. THINK ABOUT THE OBJECTIVES

What is the objective of our relationship with the client, that person who calls us on the phone or who contacts us through Internet?, Why do we make an effort to have an efficient communication with each client?

It is important, before attending the clients, that the professional think about why he or she is putting him or herself in a helping relationship.

The general objective of the work in telephone or on-line counselling is to help the client help him or herself. The objective is not that he or she do what we think he or she should do, but to help the client to think, make decisions and to feel less alone.

Although the client might be in a hard situation, our role is not to convince him or her of what should be done. We have to try to be neutral, because if we give our opinion, the client will not feel listened to nor respected and the helping relationship will suffer. Also, telling someone what he or she should do is not efficient. People do not change because someone tells them what to do. People change when they feel more understood and have the space to talk, to be listened to with empathy and to listen to themselves.

Also, giving information is an objective. But it is important to “offer” the information instead of “giving it”, because if it is done in a way that is imposing, the client might reject it. It is necessary to verify, before giving the information, if the client wants to hear it. We must also keep in mind that the majority of the client’s problems are not because he or she lacks information, but due to more complex reasons, which often have to do with internal conflicts within the client.

Objectives in the relationship with the client:

Why have an efficient relationship with the client? To help him or her to help him or herself.

To support the client so that he or she can listen to him or herself, think, and make his or her own decisions.

Listen with empathy.

Offer and give the client information that he or she wants.

Do not try to get the client to do what we want him or her to do.

Do not give our opinion.

Do not tell the client what to do.

Do not give information that the client is not interested in.

3.2. REFLECT ABOUT THE CLIENT

How we see the person who contacts us, a person who might use drugs or who might have an addiction, determines the quality of the help we will give. In our society, people who use illegal drugs are often seen as irresponsible, undesirable or people who have “gotten themselves in that situation”. How do we see the person who phones us or contacts us? To reflect about this question will help us to focus better on our work.

Our role is to try to understand without judging.

3.3. WHAT IS OUR OPINION OF DRUGS?

Substances to alter consciousness have always existed in all societies. From a health point of view, the important thing is if someone uses a substance that alters the consciousness (alcohol, extasis, etc), that they do themselves the least harm possible.

The use of these substances can go from a social and non-problematic use to a problematic use or an addiction. People who have a problematic relationship with substances, probably have gotten to that point due to a combination of various factors, amongst which there are psycho-emotional ones such as unmet needs, losses that have not been grieved or emotional and social conflicts. These unmet needs or conflicts, in many cases, were already present when the client started to use drugs.

The important thing in our work is not so much the substance but the person, the client. And when the client talks about a substance, the important thing is not so much to listen to the how much he or she uses, but the place that the substance has in his or her life (what does he use that substance for? How does she or he see it? What internal conflicts is he or she trying to calm down? What emotional pain does he or she have? What social problems?).

3.4. BELIEVE THE CLIENT

To be able to give support to the client in his or her reflection and decision-making, it is very important to believe him or her. The client, whatever his or her emotions, behaviours, ideas, culture or reality, has his or her own truth. The professional also has his or her truth. There is no universal truth: each person's truth is the product of many factors. Several people who have lived the same event, have different interpretations of it, different "truths".

There are professionals who, mistakenly, think that because they are professionals, their truth counts more than the client's.

To work efficiently, we must work with the client's truth. It is not so important if the facts and events are a hundred percent true. The important thing is the interpretation and impact that such an event or fact has on the client.

To open the door to a good communication with the client, it is necessary to believe him or her. If the client feels that he or she is not being believed, the communication will not be as efficient as it could be.

A way in which we, the professionals, sometimes show that we do not believe the client is when we think that the problem that the client is telling us is not that serious. In such situation, it is common to say: "It's not that serious". The perception that the client has of the problem is his or her own, so it is important to communicate to the client that we understand what this situation means for him or her.

When we say that his situation is "not that serious", it damages the helping relationship.

Sometimes the client feels that he or she cannot say the truth because the professional might scold him. The majority of the clients have not ever met a professional who reacts with understanding and empathy when not agreeing with the client.

It is also possible that the client might not tell the truth because he or she does not want to recognize the situation that he or she is in. In such a situation, the professional accepts that this client must have reasons for saying what he or she is saying. After, we tell the client that we are not going to get annoyed if he or she tells the truth and that we are going to show understanding and empathy. And finally, the professional can invite the client to talk about how he or she is living the situation with the interventions such as:

“Whether you use drugs or not, I will understand the same”.

“I know it is not easy to make such decisions”.

“I respect your decision, whatever it might be”.

“How does this decision affect your life?”

3.5. THE IMPORTANCE OF NEUTRALITY

When the professional speaks (or writes) with the client, it is very important to remain neutral. That means to not give opinions, to not try to convince, to not insist, because if the client feels pressured, he or she will probably react against our opinion and will not find his or her own way.

It is hard for the professional to have an idea of what would be good for the client and not tell him or her because many professionals still think that telling the client what to do is part of their jobs. When we tell the client what to do, it usually sets off a useless dialogue between client and professional in which the client answers with “yes, but” and the professional insists. This, besides being useless, it is a waste of time.

This is an example of a professional that does NOT show neutrality. It is taken from an on-line counselling service:

Client: “I think my brother uses drugs. Should my parents know about this? In some way I feel that I am covering up for my brother and that I am an ‘enabler’”.

Professional: “I don’t know what your parents’ position is, but it is very possible that if you tell your parents, they might get really upset, they might take it as a tragedy and start to hassle your brother and that might make him use more drugs to forget your parents’ reaction. Even though it might seem strange to you, many people when faced with a hard situation, they use more drugs. So think carefully about the consequences of telling your parent. You can talk with them and tell them to be understanding and not to get alarmed. But you must not feel bad nor feel that you enable. He is the one using drugs not you. It’s not your fault”.

The professional is telling the client what he should do: he is telling him how his parents will react if he tells them (“they will get really upset”), what his brother will do “probably” (“make him use more drugs to forget the parents’ reaction”). Also it seems that the counsellor knows how the client will react and jumps ahead to any complaints: “Even though it may seem strange to you”... The counsellor also tells the client what he should tell his parents: “tell them to be understanding and not to get alarmed”. All this,

the counsellor says without knowing the parents, or the client, or the relationship between them. And then he tells the client how he should feel: “you should not feel bad”.

Example of neutrality:

Client: “I think my brother uses drugs. Should my parents know about this? In some way I feel that I am covering up for my brother and that I am an ‘enabler’”.

Professional: “I think that when you wrote, you were worried about the possibility that your brother was using drugs and that by covering up for him you might be causing him harm. You ask yourself if it might help your brother for your parents to know about this. It is really a hard situation in which it must be hard to make a decision because of the consequences that it might have in your relationship with him. If you are still concerned, you could think about what kind of relationship you have with your brother, what relationship your parents have with him and how these relationships might be affected if you tell them about your brother...”

Neutrality is not the same thing as indifference. To respect the client without judging does not mean that we do not care about he or she does, says or feels. To respect the clients self-determination does not mean not caring. It means that we should work from a therapeutic and respectful methodology.

Given that there are still professionals in the health care system who give a not-so-good example (due to their lack of specific training) on how to work with clients, it is normal, sometimes, to be tempted to tell the client what to do. To avoid this, it is important for the counsellor to observe him or herself.

Exercise in self-observation:

After attending a client, write down how many times you felt like giving him or her advice or an opinion. What type of situations were they? About what topics was it? Why did you think you had to give your opinion?

MAIN IDEAS

- **It is important that the professional ask himself which are the objectives of the helping relationship and to reflect about them.**
- **Reflect about how we see the client and how society sees him or her. This might help us to focus better on our work.**
- **In our work, the important thing is not what substance the client is using but how the person feels and perhaps what place does the substance have in his life.**
- **It is fundamental to believe the client when communicating with him.**
- **The professional should be neutral (but not indifferent) when talking to the client and not give advice or opinion nor convince him nor insist.**

4- THE CLIENT'S REQUEST AND HOW TO LISTEN OR READ HIM OR HER

4.1. THE REQUEST

The person who calls or contacts us through Internet about the issue of drugs, does so for, probably, for many reasons. Sometimes he or she has a straight forward question, but sometimes underneath that question there are other issues and requests. The most important thing to keep in mind is that the first request is only the entrance door. Sometimes the request is something that we have to discover. We ask ourselves why he or she is contacting us and why at that particular moment. The majority of requests are motivated by a discomfort or problem which has motivated the person to ask for information or help. It is important to create a good communication so that the client can talk about his or her reality which he or she did not think about talking at the beginning of the conversation.

To clarify the client's request, some of the following issues might be useful:

What situation he or she is living through and how it makes him or her feel.

If he or she has any doubts.

If he or she wants to make changes in life: what type of change?

Why now, what or whom motivates him or her?

What significant events have there been lately?

What goal does he or she want to reach in the short term, in the medium term and in the long term?

How does he or she plan to do it?

How does he or she see the process of change (duration, problems, needs, expectations, resources, etc)?

What support does he or she have right now: who is supporting him or her and how is he or she supported?

What pacts or agreements does the client want to make with him or herself to start making changes?

What does he or she see as positive in him or herself?

What does he or she think is going to be hard about making that change?

What has he or she been able to change in his or her life?

What difficulties does he or she think he or she have right now?

Who can help him or her with these difficulties?

4.2. THE USEFULNESS OF EMPATHY

Empathy is the main tool in therapeutic communication. It is a necessary attitude that can be seen in professional's verbal and non-verbal communication and in the way the professional communicates to the client that his or her situation is of concern to the professional. There are professionals who think that if the client is not "nice", then he or she does not "deserve" empathy. This is a thought from social communication not from therapeutic communication. The professional works with all clients who contact the service without excluding anyone.

If we use empathy, the client will:

Feel more comfortable.

Feel understood.

Notice that he or she can express emotions and live with them better.
Helps him or her to trust.
Increases his or her self-esteem.
Helps him or her to understand him or herself better.
Feels more accepted.

A -How to show empathy?

Example 1:

A young man calls and says: "It is hard to go out with friends and not want to snort some coke. Sometimes I make the decision ahead of time that I am not going to snort any more, but when everyone is doing it, it is hard not to do it myself also".

It is NOT empathy to say:

Professional: "Yes, but you know it is not good for your health".

What this young man needs is not to be told once more what he already knows, but that someone show empathy with the problems he has. After showing him empathy, we can verify if he wants help with these difficulties.

It IS empathy to say:

Professional: "Yes, I understand that this is a hard situation. Tell me more about your doubts".

The professional reflects on what the client feels (that it is hard to handle this situation), to show him that the he is listening and understanding.

Example 2:

A father calls and says: "I am very angry with my son! On weekends he disappears and then he spends a whole day sleeping. I am sure he is doing drugs!"

It is NOT empathy to say:

Professional: "Don't get mad. Getting mad will not solve anything. Calm down".

This sentence tells the caller that we do not accept his feelings, that he should feel something different. There is no "right" way to live or feel when one has a problem. Each person lives their situation as best he or she can. In this example, the father who has called will feel judged and this will stop him from wanting to share his problems with the counsellor.

It IS empathy to say:

Professional: "I am sorry you have to live with this situation. It's normal to feel angry. Tell me what worries you about this".

Example 3:

A man writes through Internet: "I am in treatment for alcohol. But I can't go on with it. I am tired of it".

It is NOT empathy to write:

Professional (writes): "Cheer up, it won't seem so bad tomorrow. There are good days and bad days".

In this sentence, the professional is minimizing what the client feels and he is also judging. The professional is communicating to the client that he should see his situation as he does and that he should change his emotional reaction. Expressions such as "cheer up" or "there are good days and bad days" are superficial and show the client that the professional does not really care about his situation.

It IS empathy to write:

Professional: "Yes, I can see that you are fed up, that you are making a very big effort. Tell me more..."

The professional communicates to the client that he understands what he feels and invites him to write more about the problem he has right now.

Example 4:

A young woman writes through Internet: "I can't stand my parents anymore! They control me all the time. They don't let me go out with my girlfriends. They treat me like a child. They really bum me out."

It is NOT empathy to write:

Professional: "Yes, but you know that they are doing it for your own good."

In this example, the professional does not show understanding, he judges and he takes sides. The professional should be neutral and focus on the issue that client has asked help for.

It IS empathy to write:

Professional: "Yes, I realise this situation is not easy. Would you like to tell me more about it?"

B- Sometimes it is hard to show empathy

It could happen that when the client talks or writes certain things, that the professional might have a hard time showing empathy. This happens when the professional is thinking as though he were in a social situation instead of in a therapeutic one.

Example:

A man has called several times about a family problem he has and he says: "You don't help me solve this situation!"

Professional (thinks: “This bothersome man again...I am working all day and he calls me again and blames me for his situation.”)

These thoughts judge the client and are not compatible with the professional showing empathy. Instead, if the professional interprets the client’s behaviour from a therapeutic point of view, it will be easier to show empathy.

Professional (thinks: “This is not very nice but I am working. This man is obviously very uncomfortable about something. Let’s see if I can find out what is wrong”): “I can hear that you are angry. Tell me, how do you think we could help you?”

Rethink in order to show empathy

When a client calls or writes and we find him unpleasant (he is in a bad mood, or he is “rude”):

It does not help to think: “He is rude”, “if he is going to behave like this, I can’t help him” or “if he does not make more of an effort to communicate better, I am not going to make an effort either”.

To be able to show empathy, the professional could try to have thoughts such as: “The client is uncomfortable”, “he is expressing himself the only way he can, the way he has learned to”, “something is bothering him” and “I am working, I need to see the person as a client”.

When a client shows distrust towards the professional:

It does not help if the professional thinks: “If he does not trust me, I cannot help him” or “I have not done anything for him to mistrust me”.

To be able to show empathy, the professional can try to think some of the following thoughts: “He obviously has reasons to feel uncomfortable”, “I could try to find out how he feels”, “maybe I can do something to help him feel more comfortable”.

When a client seems passive or uninterested:

It will be hard for the professional to show empathy if he thinks: “If he does not show interest, why should I make any effort?”, “he has to do his part”, “I am not going to make an effort with someone like this when I could be answering other calls”.

To show empathy, the professional could think: “for some reason he does not seem very interested; I could ask him about this”, “maybe he is worried about something else”, “perhaps I could find out what he feels, maybe I could help him”.

When the client does not carry out the recommendations that have been given to him for his health (such as to go to a treatment centre, to use less drugs, etc):

It does facilitate empathy if the professional thinks: “He does not want to take responsibility for his health”, “he is irresponsible”, “if he does not do what I say, I cannot help him”.

To show empathy, the professional could think: “If he does not do it, I could find out why”, “maybe at this point in his life he cannot look after himself”, “maybe his self-

destructive tendencies interfere with what he is proposing to do”, “I will find out what he thinks of the advice he has been given”, “it is not easy to make changes”, “maybe I can help him with his difficulties”, “it’s possible that his emotional situation is more important to him than his need to look after his health”.

4.3. LISTENING

A. Why listening is useful

To listen to what the client has to say is at the heart of therapeutic communication. It helps to create an environment in which the client and the professional can work with the client’s experience of his reality and help him transform it into something less difficult.

Also to read the client’s e-mails is a way of listening to the client. We do not have the possibility to respond with words or with silences, but we have more time to think of what we want to answer. Our answer will show the client if we are really listening or simply sending a ready-made answer.

The advantages of listening receptively:

It helps to establish a trusting and respectful relationship.

It helps the professional to get to know the client better.

It helps the client to be able to express himself and to feel less alone with his situation.

It helps the client to work through his emotions when he hears them and recognizes them.

It helps the professional to know how the client experiences his reality.

It helps the professional to know the client’s opinions about the treatment he is undergoing and any problems he might have with it.

B. And what about silence?

There is a lot of communication in silence. Although in our culture we are not comfortable with silence, it is an important part of therapeutic communication.

Silence is not an emptiness. It is a sign that the person is taking the time to think or to interpret what has been said. Silence and calmness are also necessary so that emotions can be felt and transformed.

Time without words is real time, a time without pretensions, pretensions which are used to fill up space with words.

TO LISTEN TO SOMEONE WHO DENIES HIS OR HER REALITY

Remember:

That it is very difficult to accept that one has a problem, to let go of what one was and to adapt to the “new self”.

That it is necessary to “invest” time in helping (listening) the client in his process of adaptation so that afterwards, the rest (health education, treatments, etc) might be more efficient.

How to listen:

For the client to be able to adapt to the changes he or she wants to make, he needs to talk (perhaps in several calls or emails) about how making changes affect:

- his self-esteem and self-image
- his family life and his relationships
- his work and economic situation
- his plans for the future

The professional can ask him or her questions such as:

“How is your situation affecting you?”

“What is the hardest thing for you right now?”

“How does.....make you feel?”

“Tell me more...”

And it is important to listen to him or her without telling him what to do or giving him “solutions”, as the important thing is that he can hear himself.

TO LISTEN TO A CLIENT WHO DOES NOT FOLLOW THE ADVICE GIVEN

Remember:

That if he does not follow a piece of advice it is for a reason, perhaps:

- He does not agree with the advice given to him.
- He is having a hard time adapting to the changes he wants to make.
- He has other worries and challenges in his life more important than what has been recommended to him.
- He does not think that his health problem is that serious.
- He does not feel motivated.
- He has a hard time following the recommendations.
- He does not see the benefits of making an effort.

How to listen to the client:

- Do not reinforce his defences by confronting him; do not judge him or scold him.
- Do not “preach”.
- Ask him his opinion regarding the recommendations he has been given.
- Ask him what worries he has in his life right now.
- Ask him what is the hardest part of the recommendations he has been given. It is important to create a communication in which the client can talk about his fears and obstacles.
- Listen without judging or giving your opinion.
- Put aside the idea that you know what the client is going to say.
- Do not repeat information you have already given the client.
- Do not insist or try to convince the client. Do not tell him what you think he should do.
- Ask the client what he does to help himself.
- Give the client positive feedback (congratulate him or her) for what he does to help himself and tell him that you know that it is not easy.
- Show empathy, acceptance and understanding with the client’s difficulties.

TO LISTEN TO A CLIENT THAT COMPLAINS

Remember:

- That if we do not listen to a complaint (no matter how “trivial” it may seem), the client will get the message that he cannot tell us more important complaints and worries.
- That complaints have information (verbal and non-verbal) which is important to be able to work with the client.
- That when one has conflicts or problems, one tends to express the discomfort in indirect ways, such as making complaints which seem trivial.
- That believing the client is indispensable for an efficient helping relationship. Each human being has his or her truth. If the client notices that the professional does not believe him, he will not trust in the professional and will not share his thoughts and feelings.

How to listen to the client:

- Listen to the complaint with calmness and empathy.
- Say to the client: “Thank you for speaking to me about what bothers you. Now perhaps I can help you better. Tell me how you think I could help you better with this situation”.
- Remember that it is not the role of the professional to “solve” the client’s problems. If you can help the client with something he or she tells you, which is within your role, then do it. If not, you can refer him or encourage him or her to find ideas and strategies.

MAIN IDEAS

- **It is important to clarify and understand the client’s request.**
- **Empathy is the main tool in a helping relationship.**
- **We don’t show empathy only to clients whom we think are “nice”. We show empathy to all clients. It is part of the counsellor’s job.**
- **In the helping relationship, the professional talks very little and listens a lot.**
- **Listening is very useful, especially to help the client hear himself.**

5- WHAT TO DO WITH THE CLIENT'S EMOTIONS?

5.1. EMOTIONS

Sometimes the client who calls or writes through Internet expresses emotions such as anxiety, anger or sadness about the situation he or she is telling us about. For those who work attending people, it is important to have some basic knowledge about emotions and what do to do with the client's emotions.

Emotions are neither "good" nor "bad", neither "positive" nor "negative". They are a necessary expression for human beings. No doubt that sometimes emotions can cause disconcerting sensations. It is important that the client who phones or writes is able to express what he or she feels to be able to unburden him or herself in order to be able to cohabit better with his emotions and that way be able to make decisions in a calmer manner.

5.2. EXPRESSING EMOTIONS

We do not want to cause the client further emotional discomfort. We want to create an environment in which the client is able to express his emotional discomforts and that way feel less alone and more relieved.

To do this, the professional:

- Accepts the client's emotions and does not minimize them nor tries to change them (does not try to calm him down nor cheer him up).
- Invites him to talk about what he feels, asking him how he feels about his situation and what worries he has.
- Shows interest in the client by using expressions such as: "I notice that...", "do you feel...?"
- Avoids closed questions (those that can only be answered with a "yes" or a "no") such as: "You mean it makes you angry when you have to wait?"
- Uses open and neutral questions (questions that don't give an opinion) such as: "Tell me, how do you feel when...?"
- Does not rush to talk when the client has just finished a sentence. It is better to wait so that there will be space for his emotions about what he has just said.
- Shows empathy with all that the client says.

5.3. WHEN THE CLIENT IS DOWN OR SAD

A. The client has reasons to feel like this...

Human beings can feel down and be sad for many reasons: family problems, difficulties with their love live, work situation or for any other reason.

There are professionals who, full of good intentions, try to cheer up the client with interventions that are not very efficient and that can even be counterproductive. Let's see an example:

INEFFICIENT Example

Professional (who is answering the phone): “You don’t sound very happy”.

Client: “How could I be? My parents don’t understand me”.

Professional: “Well, cheer up, you will see that things get better.”

Client: “Better? Things are the same year after year...”

Professional: “Calm down...think of the nice things you have in your life.”

B. Sadness in our culture

In our culture, when someone is feeling down, socially we use expressions like “cheer up”, “don’t worry” and “it’s not that bad”. The person who says this thinks that this is the way to cheer up the person who is down, but actually the person, when hearing these expressions does not feel less sad not happier. Now, besides feeling down, he or she also feels more alone and not understood.

Sadness and discouragement are not well seen in our society. People say that sadness is a “weakness”, as though sadness was a negative personality trait. Yes, it is true that when one feels sad, he feels weaker, more vulnerable. But this is not a bad thing. It is part of being a human being.

All human beings go through moments of sadness and discouragement. The clients that telephone us or contact us by Internet, sometimes are discouraged. The best thing for that person, for his physical and mental health should be to be able to express that sadness. Who can the client express his sadness to? Even if he has a good relationship with his family members and friends, they cannot always be objective and listen with the necessary calmness.

The professionals who attend the telephone or on-line services can have the necessary neutrality and empathy to listen to the client’s discouragement.

TO LISTEN TO A CLIENT WHO IS DISCOURAGED OR SAD

Remember:

That to get over sadness, the person has to be able to express it.

That the client has to be able to express freely what he feels.

That the client probably cannot express his sadness to anyone else (his family members, possibly, would be uncomfortable with such an expression).

That in the time the client has with you, on the phone or on-line, it is more important that he can use the time to express his emotions rather than having you getting all the facts of what is going on with him.

Don’t think that after the client has expressed his feelings, you have to “fix” the situation or make it better. You have already helped the client by having him feel listened to during those minutes (which will last, in his mind, much longer than those minutes). Listening to the other’s feelings is the best help you can give. After being listened to, he will feel relieved, less alone and he will see his situation differently.

Do not try to change what the client is feeling. Emotions are not things to change. They are there to be felt and lived. Remember that there are no “positive” or “negative” emotions. They are all emotions.

Remember that to help the client express what he feels is part of our work.

Do try to cheer him up. You will only make him feel not understood and more alone.

How to listen to the client’s sadness:

Don't minimize what the client is feeling (don't say: "Oh, it's not that bad").
Do not try to change the client's emotion (do not try to cheer him up or calm him down; don't say: "it's not that bad", "calm down", "try to have a more positive attitude", "don't worry", "don't feel bad").
Invite the client to talk about what he feels, asking him how the situation is affecting him and what worries he has.
If the client cries, do not interrupt his cry with questions. Listen in silence.
Tell him: "With me you can cry".
Show interest in what the client feels with expressions like: "I notice that...", "I hear that you feel..."
Try to avoid closed questions (those that can only be answered with a "yes" or a "no") like: "Do you find your situation difficult?" and pose open and neutral questions (which do not judge or give an opinion) like: "Tell me, how does your situation affect you?"
Do not rush into talking right after the client has finished a sentence.

What to do with a client that shows sadness?

EFFICIENT example:

Professional: How are you? How are things going?
Client: Not so good... (he has a sad voice).
Professional: Tell me...
Client: Since my girlfriend and I broke up, I only feel good when I drink.
Professional: Yes...
Client: It's been almost a year and I feel the same.
Professional: (waits a few seconds in silence and then says): It must be hard.
Client: Yes, and when I can't take it anymore, I need to cry, but with my friends I can't cry, they tell me that it's not that bad.
Professional: Well, with me you can cry.
Client: But, what will you think of me? That I am a cry baby?
Professional: I will think that you are having a hard time and that it's good that you can let it out when you phone us.

5.4. THE CLIENT'S ANGER

Anger is an emotion like happiness, sadness or fear. It is part of being a human being. But many professionals feel very uncomfortable when the client shows anger because they take it as a personal attack.

It is important to put oneself in the client's situation and to imagine the reasons why the client might feel anger. Also, culturally, anger is a way to cover up and express fear and fragility indirectly. As in our society it is not well seen to show one's vulnerability, when someone feels vulnerable, they tend to get on the defensive and express anger.

The counsellor who is attending by phone or by Internet should realise that the most important thing to do when the client is angry is to think therapeutically.

WHEN THE CLIENT SHOWS ANGER

Remember:

That the client must have his reasons for feeling like this even though the counsellor might not understand them at that moment.

That it is counterproductive, in a helping relationship, to take personally what the client is saying: he or she is talking to what you represent.

That the way the client is expressing him or herself is the only way he or she can at that moment.

That anger is an emotion like any other and it is not “negative”.

It is good for the client to express him or herself.

The client has the right to feel anger.

That the client is not “being rude”. He is just expressing his feelings.

That anger can be an indirect expression of loneliness, disappointment, embarrassment, etc.

That anger is often a defence mechanism when one feels insecure.

How to listen to the client:

Listen with calmness (breathe deeply, think that it is not a personal attack, think that the client needs to express his anger) to what the client is saying underneath the anger.

Communicate that you follow what he is expressing.

Show respect for the client.

Tell him he has the right to feel anger.

Do not get defensive.

Do not get into an argument with the client.

A. Invite the client to dialogue

Although it may seem like a contradiction, when the client is expressing anger, he is actually opening the door, he is inviting the counsellor to dialogue.

Let's see an example:

Professional (after the client has told him that he has problems with his son on an issue to do with drugs): “How are you?”

Client (screaming): “How do you expect me to be?!!!”

The professional, in this situation, can get side-tracked and think that the client is rude and end the conversation. But a well-trained professional will realize that the client's expression is an invitation for the professional to understand him and support him.

Let's see how this dialogue could continue:

Professional (with a calm voice): “Yes, I can hear that you are angry about this situation. Tell me more...”

When it seems like the client is “throwing” anger at us, what he is actually doing is asking us for help.

When the client stays angry all through the phone call (maybe the client cannot or does not want to let go of the anger), the professional can invite him to call another day and to continue talking to us.

5.5. ANXIETY

It is normal to feel anxiety when faced with something new, with something one feels that one will not be able to control and when one is making a decision.

The client who asks for information or help through telephone or on-line services, might be feeling anxiety about something. The first thing the counsellor can do is to accept and respect that anxiety.

To be able to help the client, it is important to ask him, in each situation: "What do you think might help you feel better?" Interventions used in social communication, such as "It's not that bad" and "Don't worry", are not useful because they make the client feel misunderstood and more alone.

The counsellor can think that giving information to the client will reduce his anxiety. Sometimes that is true. But one must verify if the client already has that information and if he wants information. There are professionals that when they hear the client's anxiety, they repeat the same information over and over again. This does not help the client.

Example of an intervention THAT IS NOT USEFUL with a client who has anxiety

Client (calls full of anxiety because the next day he is going into a rehabilitation centre to which the client has already been to): "I am very nervous about tomorrow."

Professional: "You know that there they are going to help you."

Client: "I already know that, but I am still nervous".

Professional: "Calm down, it's for your own good."

In this intervention, the professional is wasting time in repeating something that the client already knows and in telling him what is good for him (idea which he supposedly already knows as he has agreed to go into rehabilitation). Also telling him to "calm down" ends up having the opposite effect: it makes the client more anxious as he would like to be calmer but being told so does not make it happen.

Example of a USEFUL intervention with a client that has anxiety

Client: "I am very nervous about tomorrow."

Professional: "Do you need more information about the centre and how the work?"

Client: "No, they have already explained everything to me. But I am still nervous."

Professional: "What do you think would be of help to you right now?"

Client: "I don't know...maybe to be able to talk about all this."

Professional: "Tell me what concerns you."

TO LISTEN TO A CLIENT WHO HAS ANXIETY

Remember:

That people feel anxiety when they are going through changes.

That anxiety cannot be taken away, but one can learn to live with it in a more comfortable manner.

That the best way to learn to live with anxiety is by talking about it.

How to listen to the client:

Listen to the client's anxiety and encourage him to talk about it by posing open and neutral questions such as: "What worries you the most about this?", "When does it worry you the most?" These questions invite the client to talk about what is worrying him.

Do not give the client false hopes regarding how things will go.

It is not possible to feel hope until one has lived and expressed the anxiety. Also, the client knows that sentences like "Everything will work out" are not true. We cannot guarantee such things. We wish that all goes well but we cannot say things that the client knows are not true.

Do not try to change his emotion. To feel less worried, he has to be able to express what he feels and thinks. Expressions like "calm down" do not help. They make the client feel like his anxiety is bothering us.

Do not try to distract the client. If the client wants to distract himself from his anxiety, he will do so. But we can help him by creating a space in which he can express himself. Be careful not to generalize or to talk about medical issues when they are used to not talk about the real issues that the client has and the emotions that he has. If the client asks about the anxiety that using drugs produces, you can talk about the medical aspects of anxiety, but also it is an opportunity to open the door to talk about other things. You can talk with the client about which strategies would help him feel better.

5.6. THE COUNSELLOR'S EMOTIONS

To be able to attend to the client's emotions, it is important for the professional to have his own space to talk about what affects him, to look after his own emotions. There are often hard situations that can affect the professional emotionally, so it is necessary for the professional to have a time for this (ideally, supervised by a specialist) where he can talk about what has affected him in his work with the clients and to ask himself about his reactions.

This type of space and reflection are essential not only to be able to give a good quality service but also to improve the well being of the professional and his job satisfaction.

MAIN IDEAS:

- **The professional's attitude regarding the client's emotions should be one of support.**
- **Emotions are neither "good" nor "bad", neither "positive" nor "negative". They are a necessary expression. They are not something to change or "fix".**
- **The healthiest thing a human being can do with his emotions is to feel them, accept them and express them.**
- **Sadness is an emotion to live, to go through and not to "get rid of".**
- **The client's anger is not a personal attack on the professional. It is an expression of his discomfort.**
- **Sometimes the client has anxiety due to his lack of information. But besides giving the client information, it is also important for the client who has anxiety, to be able to be listened to and feel supported.**
- **The professional also needs a space in his own work organization to be able to elaborate his feelings related to his work.**

6- WHAT TO SAY? WHAT TO DO?

6.1. OBJECTIVES

Each service needs to clarify its objectives as an organization and these have to be clear to all professionals.

The objectives of telephone and on-line counselling are that the person who contacts the service:

- Feels that he is not alone in his doubts and difficulties.
- Feel that he is being supported in his thinking process and his decision making.
- That he can get the information he needs.
- That he can feel that we know that making decisions is a lot more complicated than just having information.

6.2. OUR EXPECTATIONS

Example:

Client (who has called on the telephone): “As I was telling you, when we are all out together on a night out, it is hard for me to say know when they offer me some ‘stuff’”.

Professional: “Well, just say no and that’s it”.

“And that’s it”. That sentence shows that the professional in this example thinks that making changes is easy. Actually, making the changes that one is not used to and changing habits are difficult things. It is important that the professional think about how hard it is to make changes and that he have realistic expectations of the clients. Besides, often the changes we expect from the client are not in the client’s priorities.

Sometimes, professionals focus their interventions on two objectives: giving information and trying to convince the client. Information is only a small part of the whole process and to try to convince is counterproductive as it creates tension in the communication and it reinforces the client’s defences and resistances.

The most important thing is that the client, instead of getting defensive regarding the counsellor’s advice, can notice what he is thinking and feeling. That is why it is necessary that the professional not impose or insist.

6.3. WHAT TO SAY? WHAT TO DO?

Ask open questions:

It is NOT USEFUL to pose closed questions as though it was a questionnaire: “You are feeling better, no?”, “Have you done what we have talked about?” These questions only allow for a “yes” or “no” answer. They are called “closed questions” because they close the dialogue instead of opening it up.

It is more EFFICIENT to pose open questions which encourage the client to express himself freely:

- How is the situation affecting you now?
- How long have you had this difficulty and how has it developed?
- What is your opinion of what other professionals have told you up to now about your situation?
- What do you think of the advice they have given you?
- What helps you the most?
- What makes your situation worse?
- How has this affected your family situation, your work and your social life?
- How has it affected you emotionally?
- What worries you the most now?
- What other worries do you have?
- What are your priorities in life?

Pose neutral questions:

It is NOT USEFUL to ask questions which give an opinion because they impose on the client and because they create a feeling of confrontation in the relationship. These are some examples of questions that give an opinion: “Don’t you think that you should...?”, “Do you really think that...?”

It is more USEFUL to ask neutral questions. Neutral questions do not give an opinion but leave the client free to decide, think and feel. Examples of neutral questions are:

- What options do you see in such a situation?
- What is your opinion of what you have been told?
- What advantages and disadvantages do you see of...?
- How do you see your situation?
- How do you feel about...?

When the client, encouraged by the professional’s open and neutral questions talks, begins to know his situation better, he can see what each issue means to him and he begins to define his difficulties better. Through all this, the counsellor’s job is to show understanding and empathy.

When the client speaks of his difficulties, the professional does not give him “solutions” but he encourages him to:

- Clarify what he thinks of his situation.
- Think of possible options.
- Take some time to think about the options he has before trying them out.
- Evaluate how each option has worked out for him.

Offer him information and help

It is NOT USEFUL to impose, to try to convince or advise the client. Examples of this are to say: “No, you should not do that”, “You have to go and see a doctor”, “Calm down”. These sentences impose and when a person feels he is imposed on, it does not help him to think, nor does it help him to change and be involved in his own process. Instead it reinforces his defences. This can happen easily with young clients. Besides, when we impose, we are not respecting the client’s rights.

It is more USEFUL to offer information and recommendations instead of giving them and it is important to encourage the client to give his opinion. For example: “When someone is in your situation, we recommend to go and see a doctor. What do you think

about that?" It is counterproductive to argue with the client about how he sees his situation, his truth. It also does not help to "push" him to do something. This will block the communication and damage the helping relationship.

When there is information that could be of help to the client:

- We make sure that it is not information that client already has.
- That the client wants to hear it (or read it).
- Instead of GIVING information, we OFFER it.

INEFFICIENT example

Client: "My brother has been using cocaine for a few years now. I think that lately, in the past six months, he using it a lot. Not that he has told me himself but I know it through others. And also he is using drugs like extasis. How can I know if he is really addicted to cocaine? I don't see him very often and all the news I have of him are through another family member."

Professional: "The use of cocaine or any other substance goes beyond the dichotomy of being an addict or not. It seems as though your brother is using it a lot, but you don't tell us how often. It is when people use it every day that it is a sign that they are hooked, but many are only addicts on weekends, even though it may not be every weekend. For now you don't have to worry about whether he is an addict or not. You should be worrying about his health and that he does not develop problems related to using drugs. The most important thing is to know what is the dimension of his drug use and what activities it is related to. You should look at you schedule and make a date to see him."

In this example, the professional is telling the client how he should feel right now ("Now you must not worry", "You must not feel bad") and also what he should do ("Find some time to see him"), without knowing if the client is able to see him (it may not be a time problem).

Also the counsellor gives too much general information on drugs, which is not what the client might need right now.

Offer alternatives

The responsibility for the quality of the communication is the counsellor's, but the responsibility of what the client does or does not do (whether the client is a drug user, a family member, an educator, etc) is that person's responsibility. That is why it is important not to give the client "solutions". Also, we must remember that often the decision is already taken and that the person just needs to hear himself verbalize it. But what can be of help is to help the client explore his own resources and to see different alternatives that he has. When a person is right in the middle of a hard situation, suffering or scared (for example regarding making a change), it can be harder to see the possible alternatives.

Example

Client: "I don't know what to do. I am all mixed up. My son is using drugs and I know that I should do something about it but I don't know if I should kick him out of the house because then he will be worse."

The professional can ask the client questions that will help him to see the consequences of his decisions: “It must not be easy for you to be in this situation. What would happen if you tell him to move out? What would happen if he continues to live with you? How would it affect your family?”

Or the professional could help the client look at various alternatives: “In what ways do you think you can help your son?”

Or the professional can help the client see his own resources: “Who could help you carry out your idea? What do you think you need? In other hard moments in life that you have dealt with, what helped you?”

To help the client change his habits, our task is to support him in his reflection instead of “educating” him.

6.4. FAMILY DYNAMICS

Sometimes a person contacts us who is worried about a family member. In such a situation, it is important to remember that:

- Each family has its own dynamic and the counsellor cannot take sides or ally himself with a family member or members. The professional has to be neutral and not judge the relationship between the family members.
- The counsellor has to be careful not to make the person who contacts us feel guilty about how he is with the family member he is talking to us about.
- The counsellor should find out how the person who contacts us feels more than about what he does or does not do the family member about which he is talking to us about.
- Remember that if we can help the person who contacts us to feel better, more understood and less alone, that will improve the family dynamic, as it will diminish somewhat the tension that might exist.

USEFUL example

Client: “My brother has been using cocaine for a few years now. I think that lately, in the past six months, he using it a lot. Not that he has told me himself but I know it through others. And also he is using drugs like extasis. How can I know if he is really addicted to cocaine? I don’t see him very often and all the news I have of him are through another family member.”

Professional: “When you wrote us it seemed that you were worried about your brother. How do you feel now about this? Also you said that you could not seem him very often and that made it harder for you to understand what was happening. This is a complex situation which affects your brother and probably also you. How does it affect you? How does it affect your relationship? (....)”

6.5. ENDING THE CONVERSATION

It is important, when attending by telephone and also on-line, to end the conversation in a personalized manner and not with a general formula the same for everyone. It's best to be more personal and so leaving the possibility for the caller to contact us again or to continue the relationship.

Example of how NOT to end a conversation

Client: "What is this they call an anxiety state related to the use of drugs?"

Professional: "(...) To get the idea: let's say that a person who has this state shows anxiety, a general anxiety, but very uncomfortable, sometimes vague and accompanied by one or more physical sensations like pressure on his chest or palpitations.

And that is it.

Good bye,
The Service."

Example of how to end a conversation

In a telephone session, when the time has run out, the counsellor has to "close" the conversation. This can be done gently:

"I appreciate that you have shared with me your situation".

"I am sorry that there is no more time now, but I will be glad to listen to you at another time".

"You can contact us and continue the conversation another day".

6.6. REFERING TO ANOTHER SERVICE

Sometimes the telephone or on-line contact is a first step towards other resources or services. One of the tasks of the service is to refer to other services when it is needed.

To do a referral

It is important, as we have seen in this manual, not to IMPOSE, but to OFFER the information or the referral. It is important to assure ourselves that the service we are referring to is the one that is the most relevant for the client's needs and not just what WE think he needs.

We must keep in mind that doing a referral is a secondary option. The main work is to listen and to attend to the client. Referring should not be used because to "get rid" of the client or because we do not know what to do with him or her. It should be used because it is what is most relevant at that moment for him.

MAIN IDEAS:

- **The professional has to make sure he is clear about his organization's objectives and about his role.**
- **Instead of giving advice to the client, it is more useful to ask open and neutral questions so that the client can look for his own ideas.**
- **It is important that the professional not judge the client and that he does not take sides, that he stays neutral.**

- **When the client writes or phones about a family member, the professional should not judge or take sides.**

7.0. SUMMARY

It is important for the professional to review his own attitudes, concepts and prejudices towards drug addicts, their families and friends, drug use and drugs, as well as towards “difficult” clients, to have a clear idea of how these attitudes might affect the relationship with the client and also how to rethink these attitudes so they have the least amount of negative effect on the relationship as possible.

Also, the counsellor must think, along with other professionals of his service, about what information about oneself and about the service can be given to the client and what data about the client needs to be obtained.

When receiving a telephone call or an email, it is convenient for the professional to follow these steps:

- Think about what might have motivated the request, about what emotions and thoughts this request brings up in the counsellor and how this might influence the relationship with the client. Also it is important to distinguish between the clients thoughts and emotions and the counsellor’s own.
- Think about the client’s request: “What is he asking me? What needs might be behind this request? What is important for me to keep in mind? What does the client feel? What does he need?”
- Think about the objective of the intervention.
- If the consultation is on-line, look for the relevant information and, in necessary, ask other co-workers if need be.
- Answer the question:
 - o Rephrase the question so verify if we have understood the client well.
 - o Keep in mind that in on-line counselling there is a time delay: refer about how he felt when he wrote the email as perhaps his situation right now is different.
 - o Ask questions that will help the client clarify his situation when listening to himself.
 - o Listen to the client, give him space, respect and keep in mind his priorities, his objectives, his rhythm and emotions. Help the client to see his own resources and various possibilities.
 - o Close the conversation with gentleness, leaving open the possibility for another contact (independently of how the conversation went and also if there was aggressiveness on the part of the client) and personalize the farewell, avoiding standard formulas.
 - o Offer information or referral always relevant to the client’s priorities and needs.
 - o Once the contact is finished, the counsellor should think about what has been hard about the conversation and if we have been able to attend the client keeping in mind his needs, objectives and emotions.
 - o Think about how the conversation has affected us and find a space to be able to talk about it if necessary.

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