

# Helpful Conversations

## (Part 2)

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## CHAPTER 2:

### *Social & Helping Conversations*

#### **Social conversations**

Most of our conversations are probably everyday 'social' interactions. They are essentially two-way exchanges in which we talk about our own concerns or those of others, voice our personal opinions, etc. We may express sympathy, or give advice. Such conversations are characterised by their rules, their skills mix, and their range of conversation topics.

#### **Rules**

We know the rules implicitly, though might be hard pressed to spell them out. The rules that govern social conversation are essentially those of the individuals' social roles. They shape who talks to whom first, who talks more, who listens more, and so forth.

#### **Topics**

These comprise those that are socially acceptable, which traditionally once excluded the discussion of sex, religion, and politics. In short, given a transcript of any conversation, it is fairly easy to identify whether or not it is social.

#### **Skills Mix**

The full range of communication skills may be employed, but the 'mix' (that is the proportion of different kinds of skills used) and the sequence in which they are used will show a pattern characteristic of social conversation.

When we looked in detail at Sally's conversation with Tom, we identified how choosing particular responses shaped the nature of the conversation. Similarly, we could compare social conversation to the range of helping conversations and identify their differences. They are set out in the table overleaf.

The table below compares and contrasts these different kinds of helping conversations.

### Social and Helping Conversations

Every Day Interactions	Advice & Guidance	Counseling Conversations	Therapeutic Counseling	Psychotherapy
Give and Take Between equals	"Two People Looking at One Person's Problems"			
May include: Comparing notes Sympathy Advice Practical help Prescription Suggestions.	Tailoring Information To meet the Individual's Needs.  In Guidance More exploration and some use of Influencing Skills. May be main or subsidiary role.  Usually some contracting	Using a counseling approach as part of one's (different) Role, e.g. in Employee & Organisation Support.  Increasingly explicitly contracted.  Practitioner paid for their primary role, e.g. Welfare, HR etc.	Single Role Practitioner. Focus on Current Client Life Issues	Single Role Practitioner. Focus on Reconstruction of the Personality, Deep work, The Past & the Unconscious
No explicit contracting	Explicit, Contracted, Professional Counsellor or Therapist. Usually Paid.			
Client-centred approach. Client resolves own problems by Information, Exploration, Insight. Practitioner uses Empathy, Reflections, Understanding. Mix varies. Frame of Reference increasingly internal rather than external.				



## Helping Conversations

Helping conversations are essentially those where two people look at one person's problems. They are then differentiated by the kind of problems that are looked at and how those problems are approached. Helping conversations vary in their focus. Some are concerned with the external practical world of resolving a problem and some with the internal world of feelings, meanings, thoughts and inner experience in general.

### External world / managerial helping conversations

Here the practical issue is taken at face value and moved on as swiftly as possible. The focus is on outcome and resolution of the immediate issue. They include:

- Managerial
- Some Advice and
- Problem-solving kinds of conversations.

Typically, the practitioner will be ascertaining a fair amount of practical information from the client, in particular about the nature of the problem and what attempts the client has made to solve it. The practitioner is likely to suggest or explore options to move the problem forward or resolve it. Strategies or action plans may be used.

### Internal world / counseling type helping conversations

These conversations focus on the client's inner experience of the external issue, which may be called 'the presenting problem'. The range of such conversations includes:

- Some Advice
- Guidance
- Coaching
- Advocacy
- Mediation
- Consultancy
- Counseling
- Psychotherapy.

The practitioner tends to act more as facilitator to:

- Empower the client
- Explore any underlying issues
- Help the client find their own solutions.



*Task No 2*

In your own words, what are the differences between social and helping conversations?

## CHAPTER 3:

### *Directive and Non-Directive Helping Conversations*

In Chapter 2, we differentiated social conversations from helping conversations. We also identified that some helping conversations are about resolving problems in the real world, others focus on the client's inner world and are not necessarily aimed at finding a solution to a problem.

We can also differentiate conversations as to whether they are 'directive' or 'non-directive'. By 'directive' is meant that the practitioner largely leads the conversation. The practitioner sets the agenda, asks information-gathering questions, explores an array of solutions and possibly even suggests an action plan. 'Non-directive' means taking the opposite kind of approach as the table below illustrates.

	<i>Directive</i>	<i>Non-directive 'client-centered'</i>
<i>Practitioner</i>	Leads the conversation	Follows the client
<i>Practitioner Role</i>	Solving the problem.	Facilitating the client's exploration.
<i>Agenda</i>	Set by practitioner	Set by client
<i>Skills used</i>	Leading skills that structure the conversation and reach a goal.	Following and exploratory skills that stay with the client, wherever they take you. The destination is unknown.
<i>Desired Outcome/ Result</i>	Important. Kept in view by practitioner.	Not necessarily known at the outset. It may emerge in the process of the conversation.

Directive conversations are usually used for managerial, problem-solving kinds of issues; they are misplaced in the world of feelings, emotions and inner experience. Holding those kinds of conversations usually requires the adoption of a non-directive style. They are often also referred to as 'client-centered' conversations because the pace and the direction of the conversation are set by the client. See the table overleaf.

<i>Focus of Conversation</i>	<i>Kind of Conversation</i>	
	<i>Directive</i>	<i>Non-Directive</i>
<i>External World, e.g. Managerial Problem-solving</i>	Usually	Occasionally
<i>Internal World, e.g. Personal experience Feelings Meanings</i>	Rarely	Usually


### **The shift required from holding managerial conversations**

Practitioners used to holding managerial conversations will need to adjust their style considerably once they embark on holding helping conversations that explore the client's inner world. Learning to hold this kind of conversation entails a major shift from our customary social or managerial problem-solving approach and takes practice. Its value lies in establishing rapport and greater openness and depth. It also takes the pressure off the practitioner to have to try to find solutions. It makes for much more collaborative working.

### **The magic ingredient**

In that way, the ability to hold non-directive conversations is a magic ingredient. Most helping conversations will be enhanced by being more non-directive. The practitioner follows where the client goes, obviously while trying to make sense of what they client says. The rationale to this approach is the assumption that as human we are in some way trying to make the best of our lives, and that each





person knows best about themselves. It is up to the practitioner to understand the client and help them think through issues, not to suggest what they should do.

So the more as practitioners we can follow the client down their particular route, while remaining on task in keeping with our job description, role & remit, the better.

### **The experience of non-directive work**

Being client-centered truly is magic, as the client feels 'seen' and 'heard' as a person, and not simply as someone with a problem. In addressing the client rather than the problem, the practitioner works *with* the person and their resourcefulness to solve the problem. Being client-centered does not necessarily mean spending a lot of time or being too personal; it does mean acknowledging the person. In counseling speak, the relationship becomes one of 'I-Thou' rather than 'I-It'. This means is that the practitioner:

- meets and works with the client as a peer, fellow human being
- underpins their work with an awareness of the common human condition by practitioner and client.

Conversely, the practitioner does not view the client as:

- a means to an end, or
- someone to be manipulated into a particular course of action.

### **How it works**

To hold a non-directive client-centred conversation means that as the client tells their story, the practitioner's role is to follow, that is to let the client know they have understood and are with the client. The practitioner accompanies the client, but does not get in the way. The practitioner has no agenda of their own, e.g. of specific questions they want answered or of introducing remarks which throw the client off track. As a result, with each part of their story followed and acknowledged, the client feels encouraged that the practitioner has understood. Therefore, the client carries on to say more.

### **Demands on the practitioner / Experience of the client**

At the outset, for the practitioner, not doing anything in the conversation and not making a contribution as such feels strange. Perhaps the best way to appreciate the value of such a kind of conversation is to be on the receiving end of it.

Invariably, the experience one has as a client is that of feeling 'heard' and 'seen'. It feels as though there is time to set out all your concerns and they are not hurried. You can explore the world of your feelings, concerns and worries at leisure without fear of interruption, rather just being supported in the process.

**The 'person-problem' gradient**

Any helping conversation is somewhere located between addressing the person and addressing an issue or problem. There are pros and cons to both.

*The 'Person - Problem' Gradient*



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**Advantages and Disadvantages of Addressing the Person and Addressing the Problem**

	Addressing the Person	Addressing the Problem
<b>Advantages</b>	Person feels 'seen' & 'heard'. Person also feels valued and empowered. People resolve their own problems.	Usually quick. Problem is resolved.
<b>Disadvantages</b>	Takes time to establish depth of rapport. Problem may remain unresolved for longer.	Problem may not be the real (underlying) issue. Problem likely to reoccur, perhaps in a different form.



*Task No 3*

How would you describe the differences between a directive and non-directive helping conversation?

## CHAPTER 4:

### *Counseling Conversations*


So far we have thought about social versus helping conversations and then differentiated helping conversations further, according to whether they are directive or not and focus on the client's external or internal world. Counseling conversations are a particular kind of non-directive, internal world conversations.

#### **What is a counseling conversation?**

In social conversation, we maintain our own position as individuals. That means we may compare notes, express opinions or sympathy, and so forth. Counseling conversations differ in that the practitioner enters the client's internal world and sees things from the client's perspective. It is as though the practitioner is standing side-by-side with the client and therefore seeing the world from the client's perspective rather than from the practitioner's. This subtly changes the communication skills used; certainly, it changes their mix. Instead of, for example, expressing sympathy by saying: "I'm so sorry you lost your mother," a counsellor might pick up much more directly on the client's expression of disbelief and express this sense from the client's perspective by saying "...it just didn't seem real..." The table below compares and contrasts these differences.

	<b>Empathically Aware Social Conversation</b>	<b>Counseling Conversation</b>
<b>Managing feeling</b>	Own feeling expressed socially as sympathy, thus connecting with the other.	Client's feeling perceived and put into words as a way of enabling client to understand more about themselves.
<b>Practitioner's Frame of Reference</b>	From the outside, as a sympathetic, caring person who brings their own perspective to bear on things. "External Frame of Reference".	From the inside. Steps into the client's shoes and articulates what the client perhaps cannot say or, maybe, needs to hear. "Internal Frame of Reference".

#### **Counseling as a particular kind of helping conversation**




Counseling & psychotherapy conversations are particular forms of helping conversations as the table in the previous chapter shows. The further we go towards the psychotherapeutic end of the spectrum, the greater the emphasis on the client's inner world and self-exploration. The client's inner world remains the focus even in less formal counseling conversations. In a workplace setting, counseling conversations are adapted to context, so they will be shaped by the requirements of practitioner (and client's!) role, remit, and so forth.

### **'Internal' versus 'External' Frame of Reference**

These two terms are important to understand. 'Internal frame of reference' refers to adopting a stance (as practitioner) of understanding how the client experiences their life = "walking in another man's moccasins." An internal frame of reference is invariably adopted in counseling conversations. Another way of putting that would be to say that the practitioner's primary focus is the internal, experiential, subjective world of the client. In any counseling conversation, it's essential to get a sense of how the client experiences their life and the world - irrespective of whether this is objectively true from an external frame of reference or not.

### **Underpinning Psychological Theory**

Counseling, as we know it, was strongly influenced by the work of an American Psychologist, Carl Rogers (1902-1987). He came to prominence in the 1950's and continued to work until he died. I recall the time of his death particularly as he was engaged with large-scale work with groups in South Africa - the year I returned from there to England. Of the various schools of thought of counseling and psychotherapy, Carl Rogers represents the 'client-centred' approach. We will learn more about counseling theories later. Briefly, client-centered practitioners hold that people are basically good and embarked on a path to self-actualisation. Psychological difficulties arise because very early on in life, 'conditions of worth' are put onto the child. A parent's 'unconditional love' soon gives way to 'conditional love': I'll love you if... This leads the developing child to deny, suppress or contort their natural impulses and organismic needs in order to gain love. Over time, a false self is built up.



Counseling seeks to undo this harmful process. It stands to reason, therefore, that the conditions under which it takes place must avoid any hint of conditional acceptance. In order for the client to rediscover their true self and become more of who they actually are, certain core conditions to counseling are deemed essential. Practitioners must demonstrate:

- Empathy
- Congruence or Genuineness and
- Unconditional Positive Regard (Non-judgmental Warmth / Acceptance).

➤ **Empathy**

Em-pathy literally means in + feeling. So, it's about the practitioner being able to feel as though they were in the client's shoes. This is different from sympathy = with + feeling. It's not about me as practitioner expressing how I feel, rather my being able to sense and convey to the client that I understand how they feel.

➤ **Congruence**

This is about being real as opposed to being phoney or operating from a false self. There's a sense of being touched in the core of one's being when this occurs interpersonally, as opposed to the superficial contact of polite facades. The challenge to the practitioner in being congruent is that of appropriateness. Ultimately, the conversation is for the benefit of the client, and the practitioner is responsible for its course. The practitioner will need to judge how congruent they can be given the practical circumstances.

➤ **Unconditional Positive Regard**

The opposite of conditional acceptance, this requires of the practitioner to accept and appreciate the client's being without reservation. This does not equate to unquestioning endorsement of everything the client does. It is important to differentiate between actions or behaviour and the core of the person.

## Counseling and values

Counseling conversations can also be identified and differentiated from other seemingly similar kinds of conversations by their underpinning values as the table following shows.

<b>Pure Counseling Relationship</b>	<b>-----Mixed Relationship-----</b>			<b>Pure Commercial Relationship</b>
	<b>More Counseling</b>		<b>More Commercial</b>	
<b>Situation A</b>	<b>Situation B</b>	<b>Situation C</b>	<b>Situation D</b>	<b>Situation E</b>
Relate counsellor talking with client whose marriage is in serious difficulties	Nurse asked by ward sister to calm a patient before an operation. Helps patient to express fear and anger	Case worker helping client towards getting a job	Supervisor coaching an employee to raise job performance	Salesman persuading prospective customer to buy
<b>Value System</b>	<b>Value System</b>	<b>Value System</b>	<b>Value System</b>	<b>Value System</b>
Respect for the other person. Non-exploitation of the other person.	Respect for the patient is slightly tempered by the need to 'keep the system running.'	Even where practice is client-centred, the service provided is in line with agency policy and may not meet all the client's wishes.	Respect for the employee as a person is likely to be outweighed by the need to meet goals set by management.	The salesman's job is to sell; the customer is expected to defend himself and can be exploited for the salesman's benefit.



### **Counseling conversations as 'intrapersonal integration'**

Although there are many schools of thought in counseling, for instance the client-centred, psychodynamic, and cognitive-behavioural, all ultimately aspire to a similar goal, namely that of enabling the client to live life more fully. That means, being able to integrate parts of life or of the self that had been 'disowned' or split off as 'not belonging to me'. "I'm not nasty and mean, only other people are." The truth is we can all be nasty and mean in our own way and under particular circumstances. Accepting such disowned parts of ourselves heals the splits, makes us a richer person, more able to empathise rather than criticise or point the finger at others. All counseling approaches seek to achieve this.

In everyday applied counseling conversations, this strategy of enabling the client to achieve greater intrapersonal integration is present to a greater or lesser extent. In therapy, it is the set agenda. We can also say that to the degree that everyday conversations move over into enabling the client to achieve greater intrapersonal integration, to that extent they are counseling conversations.

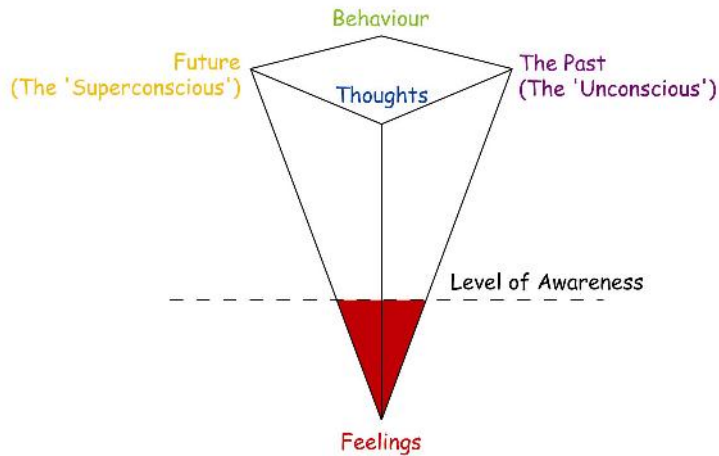
### **Forms of intrapersonal integration**

In our society, and especially at work, intrapersonal integration has generally meant becoming more aware of feelings. The stiff upper lip culture has meant that it was OK to talk about thoughts and behaviour, but feelings were left out of the picture. That meant the picture (the problem) was incomplete. Neither the manager, nor the client themselves, necessarily, were aware of the underlying feelings, and so solutions might not fit the actual problem, because the extent of this remained unknown. We can represent this as a pyramid as follows:

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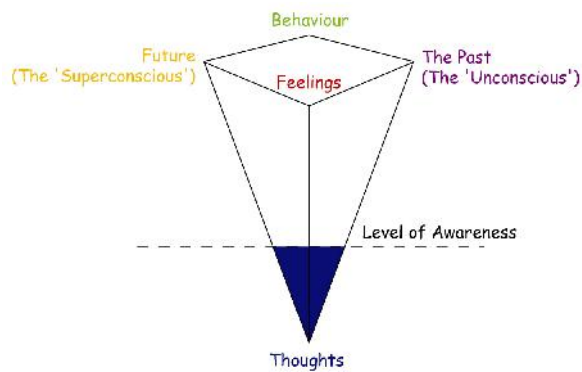


*Feelings beyond Awareness*



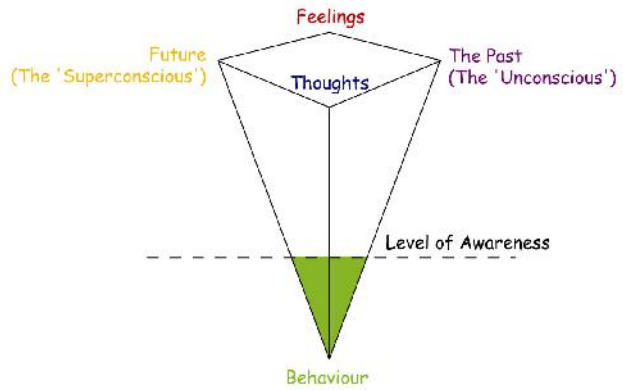
However, it is not only our feelings, which may remain unconscious. Some, very emotional, clients need to be able to integrate their thinking capacity, for others with difficult behaviour it is their behaviour. Some lack awareness of the influence of the Past (or the 'Unconscious' - see glossary), others have little sense of the Future (or the 'Superconscious' - see glossary).

Thoughts beyond Awareness



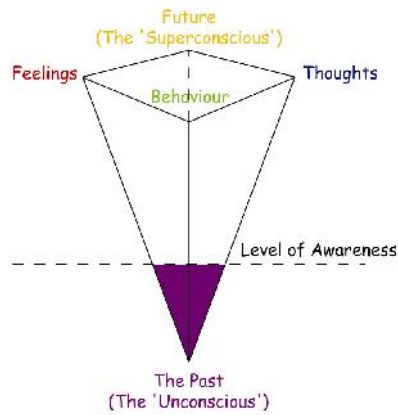
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Behaviour beyond Awareness



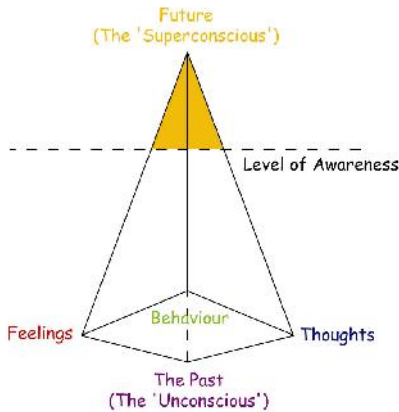
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Past beyond Awareness



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Future Pyramid



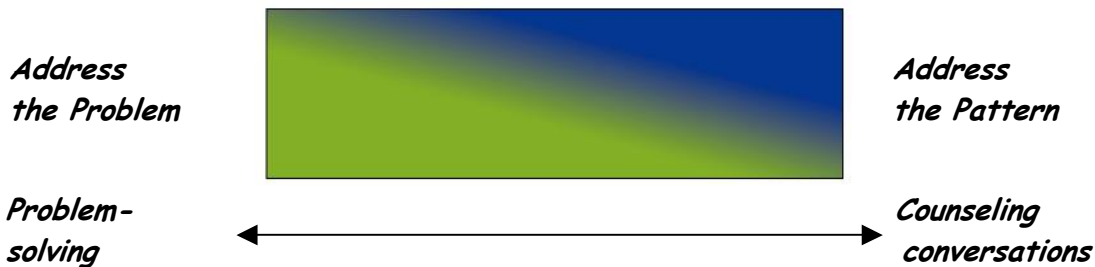
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**Seeing patterns & making connections**

When we listened in on Tom's conversation with Sally, we briefly considered the options of focussing on the problem, the person, or the pattern.

Another way in which counseling conversations differ from ordinary conversations is that they view the problem only as an example of a wider, underlying issue. This presupposes that there is a pattern, i.e. that this kind of problem has occurred variously. It also requires the practitioner to work with a theoretical underpinning to allow them to make the conceptual leap from 'a problem' to 'an issue' or a 'pattern'. So the practitioner needs to know relevant psychological and counseling theory, for example about psychological development, mental health conditions, emotional dynamics, and so forth. Working with patterns rather than individual problems means that the practitioner has a 'Fast Forward' button. They can pick out relevant instances over a longer period of time and invite the client to address the overall pattern, thus increasing the likelihood of interrupting that pattern in the future. A counseling conversation may be located at any point in the 'problem pattern gradient'.

*The 'Problem - Pattern' Gradient*



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**Advantages and Disadvantages of Addressing the Problem and the Pattern**

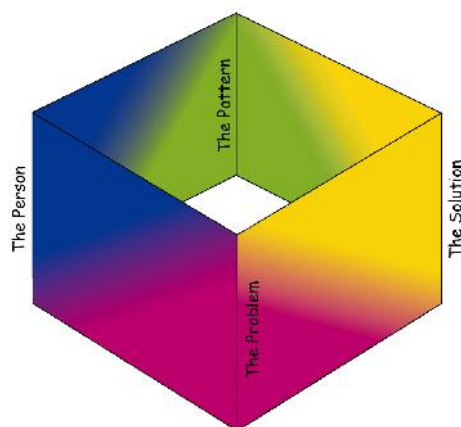
	<b>Addressing the Problem</b>	<b>Addressing the Pattern</b>
<b>Advantages</b>	Usually quick. Problem is resolved	Client gains insight into own patterns. Problem less likely to reoccur. If so, client more likely to manage better.
<b>Disadvantages</b>	Problem likely to reoccur next time.	Takes more time. Client may be reluctant to unpack.

### Counseling versus managerial / problem-solving conversations

So, just to recap there is a whole array of client-centred conversations that focus to a greater or lesser degree on the person and on the underlying psychological pattern. These kinds of conversations can be contrasted with those that focus on the problem or on the solution to the problem, i.e. managerial / problem-solving type conversations. Such conversations can be located anywhere on the problem - solution gradient.

### The conversation 'quadrangle'


We can combine the four different gradients we introduced to see the interrelationships. The 'conversation quadrangle' mainly differentiates counseling-type from managerial-type conversations.



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Beginning with 'the problem' the practitioner decides whether to focus primarily on the person (the counseling route) or the solution (the managerial / problem-solving route).

Interestingly, underlying both is the pattern. On the person side this would lead to an underlying psychological pattern, on the solution side, it might uncover a pattern of recurring similar problems (which in turn might lead on to person issues!).



The gradients merge into one another and there is a wide range of different potential conversations. The diagram does not show this, but we could also imagine cross-connections within the quadrangle. For example, a managerial conversation might be focussed on the problem and the solution, but also consider some person issues, so it would be located somewhere in the front right of the interior quadrangle 'court'.

Similarly, a counseling type of conversation might be exploring person issues, but mindful of a practical solution, so we could plot it somewhere in the left interior.

### **Duty of Care & Permission to Enter the Client's Private World**

Entering a client's inner world and working with their mental structures and patterns is a task of responsibility that requires the practitioner to be duly trained and competent. Undertaking any psychological work with clients requires their consent. It is unprofessional and unsafe to play amateur counsellor. Not only should the practitioner gauge the appropriateness of any psychological intervention, they should contract explicitly with the client, explaining the process of counseling work as necessary. We will look at contracting with clients in greater detail in a later chapter.

### **Confidentiality**

Clearly, there are also issues of confidentiality to be considered in conversations where clients expose themselves and entrust the practitioner with personal information. We look at these issues in greater depth later on.

### **Role and Remit**

Finally, all counseling conversations are shaped by the practitioner's Role and Remit. Again, this constitutes a major topic of its own in Employee & Organisation Support and a later chapter addresses the issues in detail.



### **CHAPTER SUMMARY**

We have considered the nature of counseling conversations and what identifies them as particular, namely their:

- Internal Frame of Reference
- Observance of the Core Conditions
- Underpinning Values
- Aim of Intrapersonal Integration
- Emphasis on Identifying Patterns and
- Issues re Duty of Care, Contracting, Confidentiality, Role & Remit.



### **Task No 4**

**Please explain what distinguishes a counseling conversation from others.**

## CHAPTER 5:

### *Choosing the Kind of Conversation*

So far, we have looked at the range of different kinds of conversations that arise in employee & organisation support work, and their similarities and differences. Given such a wide range, how does one choose? How does one know in advance what kind of conversation to hold?

#### **Client and practitioner expectations of the conversation**

The situations of such conversations vary depending on how clear each party to the conversation is in their expectations. Both may be entirely clear, or neither may be very sure at all. This gives us four basic combinations of the Client or Practitioner each being 'clear' or 'unclear'. In each situation, the practitioner would adopt a different approach.

#### **What is 'contracting'**

'Contracting' is originally a legal term and refers to an Agreement between two parties, one of whom provides a service or goods in exchange for 'the consideration' (= usually money) given by the other party. In counseling speak 'contracting' refers to the explicit agreement between client and practitioner about the nature of their work together and what will be expected of either party. This applies not only to counseling conversations; it applies to any kind of helpful conversation. It is important that both client and practitioner are agreed on what kind of conversation they are having, whether it is information giving, advice, referral, support, and so on. For example: does a recently bereaved client who has just walked into your office want a counseling conversation or advice on probate? How do you know?

You only know through listening, clarifying, and contracting. The table overleaf gives the four basic situations and suggests how one might proceed in each. Please note that some of the terms it uses are explained later on in this chapter and in the Glossary.

**The need to contract**

Originally a legal term, the notion of 'contracts' soon became popular in the counseling and psychotherapy world. For a good period it was held that one of the main differences between formal therapeutic counseling and what was then called 'the use of counseling skills' - e.g. by a nurse or teacher- was the absence of any formal contracting. Increasingly, that is no longer the case. Other legal concepts such as 'informed consent' and the 'duty of care', together with awareness of bullying tactics and the pursuit of 'dignity at work' have resulted in professional conversations becoming more formal and 'boundaried'. This protects both the client and the practitioner: both know where they stand.

*Decision Matrix for  
Choosing and Agreeing the Kind of Conversation*

	<i>Practitioner clear</i>	<i>Practitioner unclear</i>
<i>Client clear</i>	Example: Follow-up meeting. Action: Confirm pre-understanding of agenda.	Example: the unexpected client. Action: Pre-contract. Listen, assess, and contract. Mini-contract as needed.
<i>Client unclear</i>	Example: Welfare Report. Action: Explain procedure. Contract.	Example: complex referral. Action: Pre-contract. Listen, clarify, assess, prioritise, and contract. Mini-contract throughout as needed.

**Benefits of contracting**

Contracting is of major benefit to the busy practitioner, who is engaged in many different conversations at any one time. Being clear about the nature and expectations of each individual conversation simplifies the practitioner's life. It reduces uncertainty, vagueness, and stress. Each conversation is clearly defined, it is held, it is ended, and the practitioner can move on to the next one without being hung up on the previous one.



## Levels of Contracting

In practice, we can differentiate three levels of contracting: pre-contracting, contracting, and mini-contracting.

### ➤ **Pre-contracting**

As the name suggests, this is an initial contract that is made at the outset of or before a conversation in order to facilitate the conversation itself.

Typically, a home visit would be preceded by a pre-contract, most likely made over the telephone, covering such issues as the need for privacy and uninterrupted time.

### ➤ **Contracting**

This is usually taken to mean the basic framework of the conversation, in particular covering confidentiality and its exceptions, the time available, and so forth. It may or may not at an early stage address the content of the conversation. Another contract may be made later in the meeting about how to work together with the client's concerns.

### ➤ **Mini-contracting**

I think of this as a fork in the way. A point in the conversation is reached offering several options and it is not clear which to pursue. Typically, this arises when the client has various issues that need to be prioritised, or there is a range of ways they might be addressed, or perhaps the practitioner is not sure how far the client wishes to take a certain issue, whether to go into depth or not. When in doubt, collaborate with the client and mini-contract. Negotiate that fork in the way together.

## Assessment

The kind of conversation you have with a client is further determined by your assessment. This applies particularly to the initial meeting and how you propose to work with the client's issues. It is important as it is hard to close something down once it has been opened up. We go into assessment in greater detail later in the training. Here are some pointers for the first meeting. Again, this table includes terms that are explained in greater detail in a later chapter. We refer to them as 'procedural elements,' that is the way the practitioner proceeds, systematically. Most of the terms are self-explanatory, but please refer to the glossary for definitions.

**Decision Matrix of  
Practitioner Competence and Client Issues**

<b>PRACTITIONER COMPETENCE</b>	<b>CLIENT ISSUES</b>		
	<i>Simple</i>	<i>Complex</i>	<i>Unclear</i>
<i>Within</i>	Acknowledge Contract Explore Resolve	Acknowledge, Explore, Prioritise Contract Resolve	Acknowledge, Gather Data Defer Consult Contract Explore Resolve
<i>Outside</i>	Acknowledge, Understand, Refer	Acknowledge, Understand, Differentiate / Prioritise Refer	Acknowledge, Gather Data Defer Consult Refer
<i>Unclear</i>	Acknowledge, Understand, Defer Consult Refer/Resolve	Acknowledge, Understand, Differentiate / Prioritise Defer Consult Refer/Resolve	Acknowledge, Gather Data Defer Consult Refer/Resolve

### **The Focus of the Conversation**

In earlier chapters, we considered various choices in structuring a conversation. Should we focus on:

- The problem,
- The person, or
- Underlying recurring patterns

These issues are not mutually exclusive. For each kind of conversation, there will be a mix that obtains best results. By being aware of the advantages and disadvantages of each choice, we can shape the conversation for best outcome.

## Dimensions of Life and Living

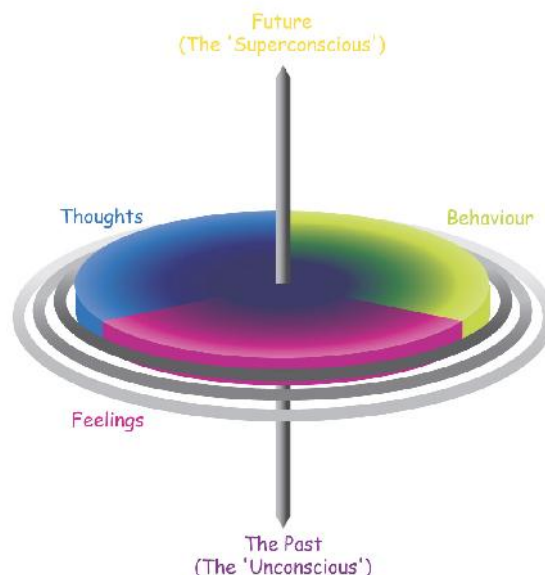
A further important factor to bear in mind is that of the different human dimensions of life and living. The main ones are those of:

- Our feelings,
- Our thoughts,
- Our behaviour,
- The unconscious (the past) and
- The 'super conscious' (the spiritual dimension).

To each of us, some aspects are more important than others. That means that the view clients take may be dissimilar to our own. Experience may have taught us that if we are upset, it helps to express our feelings. For others, if they are upset it may help them to examine their negative thoughts or to go back to similar situations in the past.

We can diagram the various dimensions of living thus.

### *The Dimensions of Living*



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We each have a preferred dimension, but then so does everyone else! Choosing the kind conversation to best suit the client entails being aware of these dimensions

and being able to move freely enough among them, setting aside our own preferences, in the interest of the client.

### ***CHAPTER SUMMARY***

Choosing the kind of conversation to best suit the client requires that we:

- Contract appropriately to match client need with what we can provide
- Assess and work within our level of competence
- Meet the client on their preferred dimension of life.



### ***Task No 5***

**Please explain why it is necessary to choose the kind of conversation to have with a client.**