Toolbox Training:

A Substance Abuse Educational Series for Mental Health Professionals

First Edition

Module 2

Basic Counseling Skills

Unifying science, education and service to transform lives

Goals and Objectives

Listed below are the goals and objectives of the module and the corresponding TAP 21 competencies.

<table>
<tr><th>Module 2
Goals and Objectives</th><th>SAMHSA CSAT
TAP 21 Competencies</th></tr>
<tr><td>Goal: Address cultural implications and competencies from a micro- and macro- co-occurring counseling perspective.

Objectives:
1. Introduce the counselor development model from a co-occurring perspective
2. Utilize micro-counseling skills to enhance cultural sensitivity
3. Discuss implications
4. Address cultural/ethnic issues pertaining to clinician boundaries.</td><td>The Professional Practice of Addiction Counseling
V. Counseling
A. Individual Counseling
1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
2. Facilitate the client's engagement in the treatment and recovery process.
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.
9. Facilitate the development of basic and life skills associated with recovery.
10. Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.
12. Apply crisis management skills.
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.</td></tr>
</table>

Agenda

September 12, 2007		September 13, 2007	
Day One		Day Two	
8:30 am	registration	8:30 am	registration
9:00 am	The Addiction Complex Simplified	9:00 am	Basic Counseling Skills
10:30 am	break	11:00 am	break
10:45 am	The Addiction Complex Simplified	11:15 am	Professional and Ethical Responsibilities
Noon	lunch (served)	Noon	lunch (served)
1:00 pm	The Addiction Complex Simplified	1:00 pm	Professional and Ethical Responsibilities
2:15 pm	Basic Counseling Skills		
3:30 pm	break	3:30 pm	break
3:45 pm	Basic Counseling Skills	3:45 pm	Professional and Ethical Responsibilities
4:30 pm	close	4:30 pm	close

Pre-session Assignment

Module Two: Basic Counseling Skills

Pearson, Q.M. (2001). A Case in Clinical Supervision: A Framework for Putting Theory into Practice. *Journal of Mental Health Counseling, 23(2)*, 174-183.

Elective article:

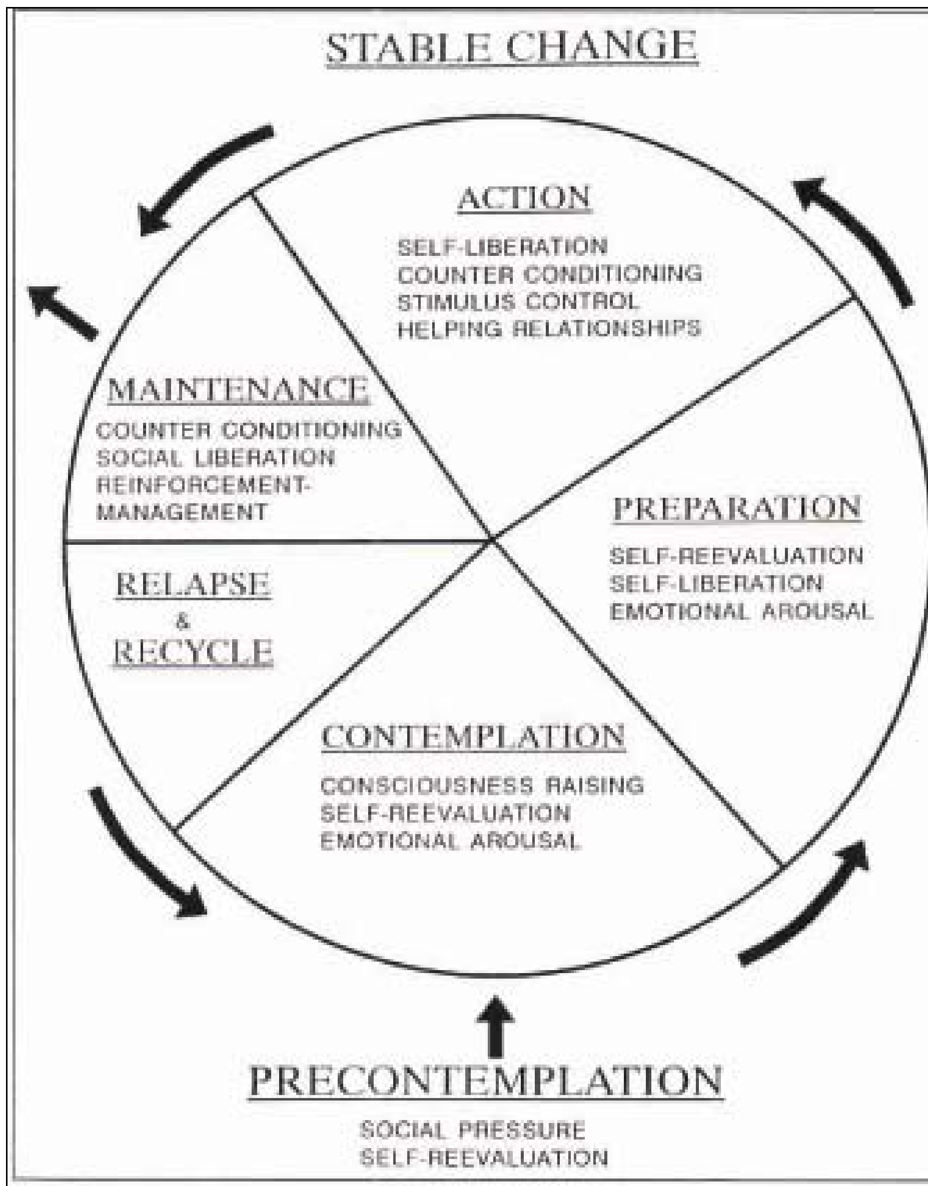
Culbreth, J.R., & Borders, L.D. (1999). Perception of the Supervisory Relationship: Recovering and Nonrecovering Substance Abuse Counselors. *Journal of Counseling & Development*, *77*, 330-338.

Prochaska & DiClemente: Stages of Readiness to Change

Stage	Description	Objectives
Pre-contemplation	Not considering change Do not see their behavior as being a problem	*Identify patient's goals* *Provide information* *Bolster self-efficacy*
Contemplation	Ambivalent about change Acknowledge the possibility that there is a problem	*Develop discrepancy between goal & behavior* *Elicit self-motivational statements*
Determination/ Preparation	Committed to change Have made a decision to change	*Strengthen commitment to change* *Plan strategies for change*
Action	Involved in change Actively implementing a plan.	*Identify and manage new barriers* *Recognize relapse or impending relapse*
Maintenance	Behavior change High confront level with new behavior	*Assure stability of change* *Foster personal development*
Relapse Cycle, and Recycle	Undesired behaviors	*Identify relapse when it occurs* *Reestablish self-efficacy and commitment* *Behavioral strategies*
Termination or Graduation	Change is very stable Problem behavior is resolved	*Assure stability of change*

A Stage Model of the Process of Change

DiClemente, C.C. (1993). Changing Addictive Behaviors: A Process Perspective. *American Psychology Society,* 2(4), 101-106.

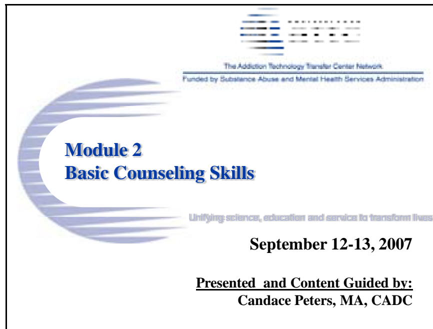


Group Exercise – Video Clip

1. Review video.
2. Each group will focus on one component of "O.A.R.S."
3. Divide into groups of 2-3 persons.
4. Share outcomes with small groups
5. Determine spokesperson to report back to group-at-large.

OARS Coding Sheet	
"**O**"pen-Ended Questions	
"**A**"ffirmations	
"**R**"eflections	
"**S**"ummaries	
What did the interviewer do especially well?	
What did you notice about the speaker's responses?	

Slide 1



Toolbox Training: A Substance Abuse Educational Series for Mental Health Professionals

Module 2 - Basic Counseling Skills

September 12-13, 2007

Presented by: Candace Peters, MA

Slide 2

Agenda

Day One		Day Two	
8:30 am	Registration	8:30 am	Registration
9:00 am	Modules 1, 4, 7, 10	9:00 am	Modules, 2, 5, 8, 11
10:30 am	Break	11:00 am	Break
10:45 am	Modules 1, 4 , 7, 10	11:15 am	Modules 3, 6, 9, 12
Noon	Lunch (served)	Noon	Lunch (served)
1:00 pm	Modules 1, 4, 7, 10	1:00 pm	Modules 3, 6, 9, 12
2:15 pm	Modules 2, 5, 8, 11		
3:30 pm	Break	2:45 pm	Break
3:45 pm	Modules 2, 5, 8, 11	3:00 am	Modules 3, 6, 9, 12
4:30 pm	Close	4:30 pm	Close

Prairielands ATTC Toolbox Training September 12-13, 2007 Module Two

Agenda

See participant guide.

Slide 3

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Review Activity

Review list of questions collected at the end of module one.
Pass out questions amongst tables.
At each table discuss response to questions.
Choose one question and present response to group at large

Slide 3

Module Two: Goals and Objectives

Goal: Address cultural implications and competencies from a micro- and macro- co-occurring counseling perspective.

Objectives:

- Introduce the counselor development model from a co-occurring perspective
- Utilize micro-counseling skills to enhance cultural sensitivity
- Discuss implications
- Address cultural/ethnic issues pertaining to clinician boundaries.

Prairielands ATTC Toolbox Training September 12-13, 2007 Module Two

Goal and Objectives

Address cultural implications and competencies from a micro- and macro- co-occurring counseling perspective.

Objectives:

1. Introduce the counselor development model from a co-occurring perspective
2. Utilize micro-counseling skills to enhance cultural sensitivity
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Slide 4	**Error! Not a valid link.**	**Counselor Development**
Slide 5	**Error! Not a valid link.**	**Integrated Developmental Model** **Stoltenberg, McNeill, and Delworth (1988)** ● Counselors are seen to move through three levels of development in a relatively orderly fashion relevant to professional activities. ● The model allows for brief regressions when counselors are faced with new or ambiguous tasks. ● Counselors develop in a step-by-step approach.
Slide 6	**Error! Not a valid link.**	**Levels of Counselor Development** ● Level One: counselors are full of trust and hope ● Level Two: confusion stage, striving for independence, less imitative, sometimes frozen attitudes, ambivalence, instability ● Level Three: calm after the storm, able to concentrate, demonstrates development, learning is a life-long process

Slide 7	**Error! Not a valid link.**	**Three Overriding Structures** - Self and Other Awareness - *Counselors can be seen as accommodators in relation to their supervisors but as assimilators with their clients.* - *They are characterized by their extreme self-focus and difficulties in hearing their client's view.* ● Motivation - *Counselors tend to over accommodate clients, losing for a time their own ability to assimilate or form their own structures.* - *With supervisor, counselors may exhibit overly tight assimilations, often evinced as a premature independence in which they focus almost exclusively on their own view.* ● Autonomy - *The two processes of accommodation and over assimilation begin to work in a more reciprocal fashion, and a new data can be accepted and utilized to develop more complex assimilations.*
Slide 8	**Error! Not a valid link.**	**Tasks & Functions for Supervisors** ● Administrative - An emphasis on conformity with administrative and procedural aspects of the agency's work. ● Evaluative - Evaluation is a part of both clinical and administrative supervision, and is an on-going process that is central and essential to everything a supervisor does. ● Clinical - An intensive, interpersonal, one-to-one relationship in which a supervisor is designated to facilitate the development of the therapeutic competence of a counselor

Slide 9	**Error! Not a valid link.**	**Group Exercise** Journal Article Review
Slide 10	**Error! Not a valid link.**	**Journal Article Review** **Required Reading:** Pearson, Q.M. (2001). A Case in Clinical Supervision: A Framework for Putting Theory into Practice. *Journal of Mental Health Counseling, 23(2)*, 174-183. **Optional Reading:** Culbreth, J.R., Borders, L.D. (1999). Perception of the Supervisory Relationship: Recovering and Nonrecovering Substance Abuse Counselors. *Journal of Counseling & Development, 77*, 330-338.
Slide 11	**Error! Not a valid link.**	**Microcounseling Skills**

Slide 12	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** ● Attending: - *Demonstration of the counselor's concern for an interest in the client by eye contact, body posture, and accurate verbal following. Also the process of establishing a physical and psychological presence in the helping relationship. A way to convey the counselor is listening to the client and interested in what the client is saying.* ● Paraphrasing: - *A counselor statement that mirrors the client's statement in exact or similar wording.* ● Reflection of Feeling: - *The essence of the client's feelings, either stated or implied, as expressed by the counselor.* ● Summarizing: - *A brief review of the main points discussed in the session to ensure continuity in a focused direction.*
Slide 13	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** ● **Probing:** - *A counselor's response that directs the client's attention inward to help both parties examine the client's situation in greater depth.* ● **Counselor/Self-Disclosure:** - *The counselor's sharing of his/her personal feelings, attitudes, opinions and experiences* - *CAUTION: "Always" ask yourself who will benefit from self-disclosure and is there another method that can be used that will achieve a similar goal. Once a counselor has self-disclosed the distribution of power shifts and the therapeutic relationship is strongly altered.* ● **Interpreting:** - *Presenting the client with alternative ways of looking at his/her situation.* ● **Confrontation:** - *A counselor's statement or question intended to point out contradictions in the client's behavior and statements or to induce the client to face the issue the counselor feels the client is avoiding.*

Slide 14	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** ● Empathy - *Communicates an initial understanding of what the client is experiencing. The counselor uses his or her own words to convey an understanding of fairly explicit client experiences.* – ***The skills listed above are focused on, not simply because of their fundamental nature, but also because they represent the core of communication skills necessary for the largest number of helping professional activities in one-to-one client interaction.***
Slide 15	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** The major activities in one-to-one client interaction can be expressed in a variety of ways. In one such listing, the helping professional: 1) Establishes and maintains a climate for counseling. 2) Interviews the client to gather case history information. 3) Provides safeguards for maintain confidentiality and ethical standards. 4) Prepares and uses necessary client reports and records
Slide 16	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** 5) Seeks consultation on the client's case when needed. 6) Negotiates an individual treatment plan that is tailored to and acceptable to the client. 7) Plan strategies for intervening in the client's crisis situations outside of the counseling setting. 8) Increases understanding of the severity of the abuse by explaining the nature of alcohol and drug abuse. 9) Informs and assists the client in establishing necessary contacts with community services.

Slide 17	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** 10) Coordinates involvement of other resource persons in accordance with a mutually acceptable individual treatment plan for the client. 11) Increases the client's ability to recognize the possible need for counseling assistance in the future. 12) Prepares for and conducts aftercare activities with the client.
Slide 18	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** 13) Evaluates the client progress and assists the client in doing the same so that individualized treatment plan goals can be redefined if necessary. 14) Given the client's expressed desire to discontinue participation in the treatment process, the counselor leads the client in a review of the accumulated gains of the treatment process.
Slide 19	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** **POSSIBLE ATTENDING BEHAVIORS** - Minimal encouragers ("uh-huh", "sure", "tell about that", "I see") - Paying attention to pace-matching the client's pace and volume - Not responding too quickly or too slowly - Speaking in a moderate tone and adjusting if appropriate - Being on the same level physically - Facing the client
Slide 20	**Error! Not a valid link.**	**MICROCOUNSELING SKILLS** **POSSIBLE ATTENDING BEHAVIORS** – Comfortable eye contact – Open body posture – Leaning forward slightly – Being fairly relaxed—taking time to respond – Nothing between you and the client (desk, chair, too great a distance)

Slide 21	**Error! Not a valid link.**	MICROCOUNSELING SKILLS ● <u>FUNCTIONS OF EMPATHY</u> – Build the relationship – Stimulate self-exploration by the client – Provide support – Focus attention ● <u>Common Problems in Conveying Empathy</u> – Not responding to what the client has said – Forcing own interpretation onto the client's experiences – Missing the feeling in what the client has said – Using clichés that minimize the client's pain – *Distorting what the client has said* – *Pretending to understand* – *Rushing your responses* – *Talking too much*
Slide 22	**Error! Not a valid link.**	Prochaska & DiClemente Stages of Readiness to Change
Slide 23	**Error! Not a valid link.**	Prochaska & DiClemente: Stages of Readiness to Change What happens to people as they go through Behavior change? Experiential: a person experiences an event that creates a new way of thinking and feeling that, in turn, leads to change. ▪ *Consciousness raising (awareness)* ▪ *Emotional arousal (intense event)* ▪ *Self-reevaluation (experiences causing reflection)* Behavioral: consisting of activities that reinforce the changes that people are making. ▪ *Stimulus control (managing barriers)* ▪ *Self-liberation (creating a plan)*

Slide		
Slide 24	**Error! Not a valid link.**	**Prochaska & DiClemente: Stages of Readiness to Change** • Precontemplation • Contemplation • Determination/Preparation • Action • Maintenance • Relapse and Recycle • Termination or Graduation
Slide 25	**Error! Not a valid link.**	**Prochaska & DiClemente: Stages of Readiness to Change** See Module Two Handout 1 for details.
Slide 26	**Error! Not a valid link.**	**Prochaska & DiClemente: Stages of Readiness to Change** See Module Two Handout 1 for details.
Slide 27	**Error! Not a valid link.**	**Prochaska & DiClemente: Stages of Readiness to Change** See Module Two Handout 1 for details.

Slide 28	**Error! Not a valid link.**	**A Stage Model of the Process Change** See Module Two Handout 1 for details.
Slide 30	**Error! Not a valid link.**	**Motivational Interviewing** William R. Miller, PhD Stephen Rollnick, PhD
Slide 31	**Error! Not a valid link.**	"If motivational interviewing is a way of being with people, then its underlying spirit lies in understanding and experiencing the human nature that gives rise to that way of being. How one thinks about and understands the interviewing process is vitally important in shaping the interview". W.R., & Rollnick, S. (2002). *Motivational Interviewing, Second Edition: Preparing People for Change.* New York: The Guildford Press. (pg 34)
Slide 32	**Error! Not a valid link.**	**Motivational Interviewing** ● client-centered approach - enhances motivation to change - explores and resolves ambivalence ● increases clients' adherence to treatment ● improves treatment outcomes

Slide 33	**Error! Not a valid link.**	**Rationale** ● Clinicians commonly think that they are already practicing Motivational Interviewing *since most clinical training encompasses basic counseling skills such as active listening, use of open-ended questions, use of affirmation, and summarizing.* ● What makes Motivational Interviewing a unique counseling approach is how its skills are employed by clinicians. ● Motivational Interviewing requires attention to timing issues, specific strategize and application methods, and maximizing the effectiveness of these skills.
Slide 34	**Error! Not a valid link.**	**Two Phases Assist in Client Change** ● Building motivation for change - Open-ended questions - affirmation - Reflections - summary ● Strengthening commitment to change - Build on the clients' motivation - Resolve to change
Slide 35	**Error! Not a valid link.**	**Motivational Interviewing** ● Fundamental Approach - Collaboration - Evocation/Suggestion - Autonomy/Self Rule ● Four Principles - Express empathy (not sympathy) - Develop discrepancy - Roll with resistance - Support self-efficacy
Slide 36	**Error! Not a valid link.**	**Rationale and Basic Principles: Implementation of Skills** ● Express empathy ● Develop discrepancy ● Avoid argumentation and direct confrontation ● Roll with resistance ● Support self-efficacy and optimism TIP 35, pgs 41-49

Slide 37	**Error! Not a valid link.**	**Two Phases Assist in Client Change** ● Building motivation for change - Open-ended questions - affirmation - Reflections - summary ● Strengthening commitment to change - Build on the clients' motivation - Resolve to change
Slide 38	**Error! Not a valid link.**	**Principles of Motivational Interviewing** ● Advice: - Target advice to stage of change; - *Give advice only when individuals will be receptive*. - Limit advice giving. ● Reduce Barriers: - Bolster self-efficacy; *Address logistical barriers* ● Provide Choices: - It's the individual's choice; *Whether* to change; *How* to change
Slide 39	**Error! Not a valid link.**	**Principles of Motivational Interviewing (continued)** ● Decrease Desirability: - Help individuals--Decrease their perceptions of the desirability of the behavior; - *Identify other behaviors to replace the positive aspects of alcohol use* ● Empathy: - Develop and communicate an understanding of the individual's situation and feelings around the behavior; - *Explore pain around the behavior* ● Feedback: - Help the individual identify and understand relevant--Risks of the behavior; - *Negative consequences of the behavior*

Slide 40

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Motivational Interviewing -- Review

- Fundamental Approach
  - Collaboration
  - Evocation/Suggestion
  - Autonomy/Self Rule
- Four Principles
  - Express Empathy (not sympathy)
  - Develop Discrepancy
  - Roll with Resistance (avoid argumentation)
  - Support Self-Efficacy

Slide 41

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Group Exercise

Slide 42

GROUP EXERCISE

1) Review video
2) Each group will focus on one component of "O.A.R.S."
3) Divide into groups of 2-3 persons
4) Share outcomes with small groups
5) Determine spokesperson to report back to group at large

Prairelands ATTC Toolbox Training   Module 6 Basic Counseling Skills

Group Exercise

1) Review video
2) Each group will focus on one component of "O.A.R.S."
3) Divide into groups of 2-3 persons
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5) Determine spokesperson to report back to group at large

Slide 43

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Assessing Readiness To Change

Slide 44	**Error! Not a valid link.**	**Assessing Readiness** ● Ask permission: "Would it be OK if we spent a few minutes talking about _______?" ● Ask about readiness: "On a scale of 0-10, how ready are you to consider _______?" ● Encourage elaboration: "Why a ______?" ● Listen, listen, listen?! - *Employ positive non-verbal* - *Listen with curiosity* - *Listen without judgment* - *Listen without interruption* - *Use attentive silence* - *Use minimal encouragers: Mm-Hmm, I see, And?, Go on, For instance?, What else?*
Slide 45	**Error! Not a valid link.**	**Group: Assessing Readiness** ● Summarize ● Ask: "Did I get it all?" (Do I understand?) ● Ask about the next step - "I wonder what you're thinking about ______ at this point" - "What's the next step?" - "Where does ______ fit into your future?" ● Show appreciation: "Thank you for your willingness to talk with me about ______." ● Support self-efficacy: "I'm confident that if and when you make a firm decision and commitment to ______, you'll find a way to do it!
Slide 46	**Error! Not a valid link.**	**Self-Disclosure and Keeping Clear Boundaries**

Slide 47	**Error! Not a valid link.**	**DSM-IV-TR Criteria for Substance Dependence (three or more required)** ● Self-disclosure is the sharing of personal, emotional and experiential feelings and experiences. *Self-disclosure material is personal and unique to the counselor. It can enhance the opening up process. It can increase treatment communication between the counselor and clients or among clients. It can help the client feel more at ease knowing that the counselor has had very real and human feelings and experiences.* Evidence that self-disclosure on the part of the counselor has worked can be noted in several ways: - The client continues to share at a deeper and more personal level. - The client begins to utilize some of the personal approaches the counselor has used in his/her problem solving and conflict resolutions. - The client expresses greater acceptance of his/her own feelings and problems. *Criminal Conduct and Substance Abuse Treatment*, Wanberg & Milkman 1998
Slide 48	**Error! Not a valid link.**	**Self-Disclosure and Keeping Clear Boundaries** ● Self Disclosure Barriers - Slow down or even stop the opening up and sharing process - If the counselor indicates having been through such and such and experience, the client may internally reflect that there is no reason to go on; the counselor already knows what I've been through - Client may lose confidence in the counselor client may move away from self-focus and focus *Criminal Conduct and Substance Abuse Treatment*, Wanberg & Milkman 1998

Slide 49	**Error! Not a valid link.**	**Cuural and Ethnic Issues**
Slide 50	**Error! Not a valid link.**	**Culture** A Key Element which Enhances Opportunity to Change
Slide 51	**Error! Not a valid link.**	**What is culture?** Culture is… - Everything that people have, think, and do as members of a community or society - Material objects, ideas/values/attitudes, and behavioral patterns - A template that shapes behavior and consciousness within human society - Dynamic - Shared - Learned
Slide 52	**Error! Not a valid link.**	**Our culture is shaped by…** ● History ● Religion ● Ethnicity/Race ● Geography ● Group membership (subculture)

Slide 53	**Error! Not a valid link.**	**Hispanic/Latino** ● Hispanics are the youngest, largest, and fastest growing ethnic population in U.S. ● One in 10 Hispanic youth 12–17 years old report using illicit drugs in the past month, *according to the latest National Survey on Drug Use and Health* ● Hispanic eighth graders tend to have the highest rates of past-year drug use for most illegal drugs, *including marijuana, cocaine, and heroin* Image from www.mediacampaign.org/hispnc_yth/substance_use.html (2004)
Slide 54	**Error! Not a valid link.**	**Image – Cultural Awareness** Image from www.theantidrug.com (2004)
Slide 55	**Error! Not a valid link.**	**Native American/Alaska Native** ● In 2002, the rate of substance dependence or abuse was highest among American Indians and Alaska Natives ● Center for Substance Abuse Prevention's National Survey on Drug Use and Health reported that from 1999 to 2001 American Indian's and Alaskan Native's aged 12 to 17 had higher rates of past month binge drinking, cigarette use, and illicit drug use than any other racial or ethnic group ● Incorporation of Native Americans culture into substance abuse treatment www.health.org/seasonal/aian/aianheritage2003.aspx (2003)

Slide	Slide image	Notes
Slide 56	**Error! Not a valid link.**	**Treatment Modalities** ● There are now more than 8 million African Americans who smoke ● Each year, more than 47,000 Black people in the United States die from diseases they get just because they smoke - Black men are 50% more likely to get lung cancer than white men www.cdc.gov/tobacco/quit/pathways.htm (2004)
Slide 57	**Error! Not a valid link.**	**Asian Americans** ● Smoke more cigarettes per day than any other group ● Abuse of prescription drugs tripled from 1999 to 2000 ● Heavy alcohol use (5 binges in past month) in Asian youth nearly doubled from 1999 to 2000 - Largest increase in any ethnic group http://ncadi.samhsa.gov/govpubs/prevalert/v5/3.aspx (2004)
Slide 58	**Error! Not a valid link.**	**Tips for the Clinician** ● Be aware of the many ways of perceiving, understanding, and approaching health ● Be careful not to misinterpret, stereotype, or otherwise mishandle encounters ● Be aware that ethnicity is used to stereotype diversity and can lead to distrust ● Assess the degree of acculturation in the target group ● Seek to become more culturally competent and sensitive ● **Take the risk to discover own biases and stereotypes**

Slide 59	**Error! Not a valid link.**	**Cultural Considerations** ● **Consider individual clients Culture** ● **<u>Culture</u>**: Shared meaning system, *found among those who speak a particular language dialect, during a specific historic period and in a definable geographic region (Triandis, 1994)* ● Collectivist vs. Individualist cultures - Vertical vs. horizontal cultures - Vertical: accept hierarchy as a given, people are different from each other - Horizontal: accept equality as a given ● Active vs. Passive culture - Active: Individuals try to change the environment - Passive: Individuals change themselves to fit the environment
Slide 60	**Error! Not a valid link.**	**Cultural Considerations – Stages of Miscommunication** ● Unconscious incompetence - Communicate with members of other cultures but are not aware of their miscommunications. Tend to think others are more or less like they are ● Conscious incompetence - Realize communicating incorrectly, but not what they are doing wrong ● Conscious competence - Know more about the other culture and begin communicating correctly, but have to make an effort to do so ● Unconscious competence - Develop a habit of communicating correctly with members of a different culture

Slide 61

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Cultural Considerations

- Tips for achieving multicultural competence
  - Primary source of cultural information should be your client
  - Multicultural skills must be personalized
  - Learn from your mistakes
    - Acknowledge intrapersonal difference within each culture
  - Learn to reframe problems
    - Considering the individuals cultural background
  - Recognize your prejudices and cultural perceptions
  - View psychological problems as social constructs

Slide 62

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Summary

- Counselor Development
- Micro Counseling
- Stages of Change
- Motivational Interviewing
- Self Disclosure, Keeping Clear Boundaries
- Cultural Considerations