

## Counseling Education in Audiology

### Basic Terminology

**Active Listening:** is a process and includes use of encouragers, paraphrasing, and summarizing. Active listening helps your patients know that you hear what they say, see their point of view, and feel their world as they experience it.

**Attending Behavior:** audiologist's verbal (vocal qualities [tone, speaking rate]; verbal tracking) and nonverbal behavior (visual/eye contact; body language) that supports patients individually and in a culturally appropriate manner.

**Closed Questions:** can facilitate obtaining specific information and can typically be answered in very few words. Closed questions typically begin with *is, are, or do*.

**Counseling:** focuses on listening to and understanding a patient's challenges, and jointly developing strategies for change and personal growth.

**Empathy:** understanding and being with the patient; not necessarily agreeing with or supporting actions that will be harmful. Empathy requires entering the world of your patient and communicating an understanding of their world as they see and experience it. Active listening is one way to demonstrate empathy.

**Empathic Understanding:** comes from attending behavior combined with observation and is the foundation for a working alliance. Showing warmth, respect, and caring are needed for empathic understanding.

**Encouragers:** are verbal and nonverbal, and include head nods, gestures, phrases such as uh-huh or simple repetition of one, two, or three key words the patient used.

**Goals:** are concrete accomplishments or behaviors. They are clearly operationalized, such that an observer would be able to determine if a goal is completed or not.

**Interviewing:** the basic process for gathering and providing information, providing advice to patients, and for suggesting alternative workable solutions for resolving their concerns.

**Observation:** focus on patients' specific nonverbal and verbal behaviors.

**Open Questions:** can facilitate a deeper exploration of issues, and typically cannot be answered in a few words. Open questions typically begin with *what, how, or why*.

**Paraphrasing:** reflecting content back to the patient about the essence of what was said. Paraphrasing is short and is used to clarify a comment by using some of your own words and using exact key words the patient said.

**Reflection of Feelings:** involves identifying emotions of a patient and reflecting them back to clarify their affective experience. This process helps patients understand their emotional state more fully and to talk more in depth about what they are feeling.

**Summarizing:** is similar to paraphrasing except that it covers what the patient has said over a longer period. Checking with the patient at the end for accuracy is an important part of summarizing. Summarizing includes facts, thoughts, and emotions.

**Unconditional Positive Regard:** refers to acceptance of patients as they are, with an attitude that values patients, even knowing their failings. Accepting the person does not mean you accept the thoughts or behaviors that you are addressing with the patient.

**Validation:** the concept of validation is about telling the patient what they are feeling is normal. You validate emotion not actions.

**Values:** are freely chosen life directions or qualities of action that are meaningful or important to the individual. They can be instantiated in any moment and are not necessarily tied to cultural norms. For example, spending quality time with family and being kind are values.

**Working Alliance:** relationship with the patient that is based on five common factors, including caring, empathy, acceptance, affirmation, and encouragement.