Active Listening Skills
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In any emotional circumstance, it can be difficult for people to listen to one another or understand what is happening. HIV antibody test counselors, working with people at moments that are highly charged, must be able to express complex information in easy-to-understand terms, assess client risk history, and help motivate clients to alter often cherished and sometimes compulsive behaviors. The ability to listen—skillfully and actively—is the foundation for success in these efforts.

Active listening requires counselors go beyond the words a client uses, and be aware of body language, communication styles, and inconsistencies in or omissions of information as a part of the assessment and counseling process.

Listening as an Assessment Tool

Active listening involves far more than hearing and understanding the words a client says. It requires observing behavior, attending to meaning, and constantly evaluating the counseling process. Counselors must ask themselves, "Why is this course of events unfolding in this particular session? What information is this client communicating in his or her behavior?"

For example, facial expression often reveals much about clients' emotions. Body language—posture and physical manner—offer further suggestions about state of mind. Are gestures rapid, agitated, slowed, careful, threatening, or thoughtful?

By paying attention to general communication styles, counselors can gain insights about clients and this information can help in planning counseling strategies. Clients who are reticent and tentative may respond well to information delivered in a caring but directive manner, for example, "It is important for you to avoid putting yourself at risk in the future." On the other hand, clients who are forceful and opinionated may be alienated by directive counseling. Instead, they may appreciate being acknowledged for their expertise and being actively involved in the counseling strategy: for example, "You're right, many people are having a hard time maintaining safe behaviors. What do you think might help them or you do better?"

Counselors listen to the content a client shares, but must also "listen" for content that is absent or inconsistent. Does a client avoid mentioning sex? Does he or she deny risk for HIV infection, despite coming in for testing? Does the client mention the loss of many friends to HIV disease and then claim that this has had little personal impact? These inconsistencies may reveal larger issues that influence client motivation and ability to respond to HIV antibody test counseling.

Listening skills help the counselor assess the client's situation—current concerns, past and current HIV-related risks, and understanding of HIV-related information—and help define the types of potential referrals that will be of use. By understanding the larger process of a session—a synthesis of all of these interactions and communications—the counselor may discover a "hook" that will help motivate the client. Attending to the client's own agenda and using it in planning a counseling strategy makes the session more compelling than it might have been if it followed an agenda the counselor had imposed.

Successful Listening and Neutrality

Successful listening requires a position of relative neutrality on the part of the counselor. This does not mean the counselor should present a classic, psychoanalytic "blank face" to the client. Rather, it suggests that counselors can temporarily suspend personal judgments or beliefs to allow open communication with clients.

For example, imagine a seropositive client who says he is not really surprised about his positive test result because he has been having physical symptoms for the past six months. When the symptoms began, his immediate response was to seek out new, young sexual partners. This gave him a sense of invulnerability and strength. On several occasions he lied to his partners, telling them he had recently tested antibody negative and had not had any further risky exposures. In this manner, he was able to persuade three or four people to have unprotected intercourse.

A counselor who expresses shock, outrage, or anger to such a client will immediately lose rapport with him, along with any hope of influencing his behaviors. But for many counselors, it is the feelings of judgment that arise in such a situation that present the biggest stumbling block. "How am I to offer empathic support and understanding when I strongly believe that what this client did was wrong?"

There are no easy answers to this question. One of the skills that develops with experience is the ability to have these natural and understandable reactions, and to set them aside during the session. It is unrealistic to expect antibody counselors not to have judgments about their clients. It is possible, however, to be aware of these feelings and to keep them from interfering with the session.

In the case described above, a counselor expressing relative neutrality would accept the client with sympathy and compassion, even though he has done something most would consider reprehensible. Continuing to be a good listener, the counselor could pick up cues that highlight the client's concerns. Is there any sign of regret for his actions? Is there a way his own concerns can be used to emphasize a prevention message? If so, the counselor can employ those arguments, sometimes with great feeling and expression. For example:

"I see that you feel badly about putting other people at risk. I want to encourage you to figure out how to prevent this kind of event in the future. Now that you know you have HIV disease, it is important for you to do everything possible to take care of yourself. Feeling good about yourself and your actions is an essential part of this. I also have some referrals for agencies and contact people to help you support your behavior change."

Active Listening Techniques

Through active listening, the counselor becomes involved in a session without overtly directing the content. The counselor's expression of interest for the client's concerns engages the
client. A number of fairly straightforward approaches can be used to build active listening into a counseling session.

**Reflection.** In simple terms, reflection involves repeating what the client has said and then expanding upon the topic the client is addressing. Properly done, this helps the client feel heard and understood, invites deeper exploration of the issues at hand, and allows the client to correct the counselor's misunderstandings.

For example, a client says, “I feel hopeless. I don’t know what to do.” A reflective response might be, “It sounds like you don’t know what to do next or even if you did that there’s no use, no hope.”

A comment that **expands on the topic** might be, “I wonder if you could tell me more about this hopelessness. What do you feel hopeless about?” The counselor reflects the topic of hopelessness and invites further exploration of the matter.

**Interpretation.** An interpretive response makes some inference based on the content of the material and the style in which it is expressed. Counselors generally require specialized training to use the technique effectively. In this situation, a counselor who says, “This seems like a frightening experience,” is interpreting the client’s fear even though it has not been directly implied. Interpreting the significance or underlying meaning of what the client communicates, requires the counselor to have a specific framework from which to draw, in this case an understanding of what the client says and what the counselor knows others have experienced before.

**Listening posture.** The counselor’s posture and manner can communicate general attentiveness and willingness to listen. Many of the signals that express these attitudes are culturally determined, and counselors need to be sensitive to individual client styles. Counselors should ask themselves, “Is this working? Am I reaching this client?” If the answer is “No,” or “I’m not sure,” a counselor can make a shift—for example, switch from direct eye contact to avoiding eye contact. Among the postural elements are:

- **Eye contact.** In some cultures, direct eye contact invites further exploration of issues. Properly done, this helps the client feel engaged in the session.
- **Facial expression.** Some clients prefer to have their emotional responses acknowledged. Others feel more comfortable with counselors who show their emotional responses.
- **Use of hands.** Some people respond well to counselors who “talk with their hands,” feeling this expresses interest and enthusiasm. Others find it distracting.
- **Nodding.** Nodding usually encourages people to continue speaking, because it demonstrates interest and engagement. Nodding can be overdone, however, and is best used sparingly.

**Pausing.** Simply allowing an extra “beat” of time—a few seconds in length—after a client finishes speaking can communicate care in listening. This gives clients who operate at a slower pace than their counselors further opportunity to expand on their ideas. Others may feel reassured when counselors continue to listen, rather than immediately jumping in with questions, suggestions, or answers.

**Commenting on the process.** Counselors can comment on something noteworthy about the counseling process to emphasize their attentiveness and presence of mind. This is especially useful when it seems like something is not working about the session. For example, a counselor might say, “I know we’ve talked about how to prevent HIV, and you have agreed with everything I’ve said. But somehow, I feel like I’m not really getting through, like I’m missing something that’s going on here. Can you help me figure out what’s happening?”

**Asking open-ended questions.** The counselor who asks open-ended questions demonstrates interest in the client’s own issues and a willingness to listen. “What HIV-related risks do you think you have?” is likely to gather more information about history, and contribute to a better counseling relationship, than the question, “Have you ever had anal intercourse without a condom?”

Open-ended questions must be used judiciously. There will be times when closed questions, which can be answered “yes” or “no,” will be more practical or appropriate. It is often useful to mix open and closed questions. For example, open questions can reveal the client’s broader issues, and closed questions can gather specific information about those issues.

**Competing Time Demands.**

Active listening may appear to place unreasonable demands on HIV antibody test counselors. The counselor who uses these techniques exclusively will be unable to cover all of the necessary material in the brief amount of time available in most pre- and post-test sessions.

Counselors must consider their skills in a thoughtful manner, and select from a menu of choices. Some skills will be used sparingly to achieve a specific effect. Others will be used throughout the process, giving a more general tone and feeling to the work. Over the course of a brief counseling session, the counselor might begin with active listening, move into a didactic explanation of HIV-related information, engage in a gentle confrontation of a client’s denial, offer directive guidance concerning behaviors or referrals, and then return to active listening.

While this ability to shift from one counseling technique to another demands concentration, it delivers important benefits. First, it keeps both counselor and client engaged in the session. Second, counselors using a menu of skills are less likely to operate on “automatic pilot” and will be less susceptible to burnout even after seeing many clients with similar issues. Finally, and most importantly, it allows counselors to adjust and adapt to the concerns and needs of their clients, and leads to sessions that are more relevant and effective.