

Interpersonal Helping Skills Instruction in Undergraduate Psychology Internship Courses:

Introduction to Resources and Background (Part 1)

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**Introduction to Resources and Background**

**Overview**

Most undergraduate psychology departments now provide practicum and internship courses for students, but the classroom-based content of such experiences varies widely. This resource advocates a curriculum focused on the instruction of *interpersonal helping skills*, defined here as communication strategies that demonstrate a listener’s attention, interest, understanding, self-awareness, and ability to help.

Pairing helping skills training with fieldwork experiences is a natural fit. In the classroom, students learn and practice interpersonal skills necessary for internship success; at their placements, students can hone these skills. Developing proficiency in the use of helping strategies has many potential long-term benefits, including increased post-baccalaureate job readiness and employability, stronger preparation for helping profession graduate programs, and improved relational abilities that can positively affect personal lives.

Building on the work of Barber and Bailey (2015), authors of an OTRP guide on internship course benefits, organization, and design, the present resource provides instructors with the tools needed to integrate a helping skills curriculum into practicum-centered courses. First, I summarize research establishing the theoretical and empirical basis of a helping skills curriculum (Part 1). Second, I provide a set of handouts, which can be distributed to students, summarizing each of 10 specific helping skills (Part 2). Finally, I offer an instructor’s guide for faculty teaching internship courses containing background information, pedagogical strategies, and resource suggestions pertinent to the teaching of each skill (Part 3).

**Why Interpersonal Helping Skills?**

Nearly two thirds of contemporary undergraduates participate in an internship or co-op experience prior to graduation (National Association of Colleges and Employers [NACE], 2014), a high-impact educational practice especially encouraged for students hoping to enter the job market upon completion of their degrees (e.g., Shoenfelt, Stone, & Kottke, 2013). In support of this trend, 90% of psychology departments now offer practicum or internship courses to undergraduates, three times the number that did just 20 years ago (Norcross et al., 2016). This emphasis is encouraged by the American Psychological Association (APA)’s recent revision of the undergraduate psychology major guidelines, in which departments are urged to seek curricula that “optimize the competitiveness of their graduates for…the workplace” (APA, 2013, p. 16). Of course, psychology internships offer students both academic and developmental benefits beyond job preparation, for example, the opportunity for experiential learning, practice in applying psychological principles, and increased career insight (Barber & Bailey, 2015).

One challenge for instructors of the psychology internship course is the design of an associated classroom component. In contrast to core psychology classes, where the subject matter is presumably consistent across universities, the classroom content of internship classes is far from uniform. Instructors may choose to focus their syllabi on general career preparation (e.g., Peterson, Wardwell, Will, & Campana, 2014), best practices in service delivery (Grayson, 2010), a capstone integration of psychology and research methods (Weis, 2004), or individualized learning objectives tailored to each student’s placement (Barber & Bailey, 2015). Some departments depend on community supervisors to guide student learning; however, given the many demands on service professionals’ time, reliance on site supervisors to provide content expertise may not be feasible.

Training in interpersonal helping skills is consistent with the APA’s (2013) undergraduate learning emphasis on communication, one of five overarching goals that make up the revised guidelines. In particular, this focus is embodied in Learning Outcome 4.3, “interact[ing] effectively with others” (p. 16). According to the guidelines, indicators of interaction abilities include effective listening, accurately decoding others’ verbal and nonverbal communication, recognizing cultural differences, skillfully communicating with diverse individuals, and asking helpful questions – all qualities encompassed in helping skills instruction.

Interpersonal and communication skills are highly valued by employers (NACE, 2016), and if popular accounts are to be believed (e.g., Barnwell, 2014), many current college students struggle with them. For students who expect to pursue graduate degrees in helping-oriented careers, helping skills are broadly applicable to professional fields ranging from counseling and social work to speech pathology and medicine (see, e.g., Boudreau, Cassell, & Fuks, 2009; Doucet, Buchanan, Cole, & McCoy, 2013) - in short, the wide variety of occupations that contemporary psychology students pursue.

Proficiency in helping skills both supports and supplements students’ experiential learning, better equipping student interns for the challenging settings in which they may be placed (e.g., medical and psychiatric clinics, criminal justice agencies, nonprofit service organizations, programs and group homes for at-risk youth, school counseling offices), sites that can be daunting for students without prior helping experience. Although practicum experiences can themselves assist students in developing interpersonal and communication skills (Hund & Bueno, 2015), students who are provided explicit helping skills training concurrent with their internships are more likely to feel prepared for and comfortable at their placements.

**Helping Skills: Background and Breadth**

The helping skills outlined in this instructional resource overlap in part with beginning counseling skills commonly taught in graduate-level professional programs (e.g., Egan, 2014; Hill, 2014; Ivey, Ivey, & Zalaquett, 2014) as well as with Rogers’s (1951) concept of empathic listening, from which most counseling training models evolved. However, it is not my intention to duplicate these excellent and influential references, and I view the present resource as distinct in at least two ways. First, I attempted to design a set of skills that would be appropriate for undergraduate learning and use, given that undergraduate students should not, ethically or legally, be engaged in the practice of counseling. Although teaching helping skills at the baccalaureate level may seem unusual, Hill, Spangler, Chui, and Jackson (2014) noted that a handful of psychology departments offer undergraduate classes in helping skills. In addition, college students are often trained in *active listening*, an approach closely related to helping skills (see Weger, Bell, Minei, & Robinson, 2014), in preparing for positions as resident assistants, campus peer counselors, or hotline volunteers.

Secondly, because present-day psychology majors pursue a broad range of occupations upon graduation, I wanted to broaden the applicability of helping skills beyond only counseling and psychotherapy, demonstrating the relevance of interpersonal effectiveness to a variety of careers, including medicine and nursing, allied health professions, education, and business. To ensure that the final set of helping skills selected for this guide fairly represented a variety of disciplines, I began this project by conducting a literature search on helping skills. I employed three search engines, ERIC (education-focused), PubMed (health-focused), and PsycInfo, and I adopted search terms both broad (e.g., listening skills, interpersonal skills, active listening, empathic listening, communication skills training) and narrow (e.g., nonverbal listening skills, paraphrasing, transference). I also limited my review, with rare exceptions, to articles published within the last decade, focusing on U.S. or Canadian populations.

Although the resulting articles are too numerous to summarize fully here, Table 1 provides an overview of professions in which the general concept of helping skills was commonly discussed. (Resources pertaining to specific skills are discussed in the *Instructor’s Guide* [Part 3].) Although the precise meaning of communication skills varies across these occupations, encompassing in some cases presentational skills (e.g., well-organized speech, confident demeanor), there is a good bit of consistency as well. For example, nearly all definitions of communication skills incorporate a focus on listening; most include nonverbal as well as verbal skills; and many address fundamental aspects of relationship building, such as developing trust and demonstrating caring and empathy. These findings helped inform my final list of 10 helping skills incorporated in Parts 2 and 3 of this resource.

Table 1

*Interpersonal Helping Skills in Varied Helping Professions*

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| --- | --- |
| Helping Profession | Description of Helping Skills in Representative Publications |
| Business/  Management | Bedwell, Fiore, and Salas (2014)  “Leaders in virtually every industry have expressed a need for strong, effective interpersonal skills” (p. 172). Interpersonal skills are defined as communication skills (active listening; oral, written, assertive, and nonverbal communication) and relationship-building skills (cooperation, trust, intercultural sensitivity, service orientation, self-presentation, social influence, and conflict resolution). |
| Dentistry | Hottel and Hardigan (2005)  “Training in communication techniques can be beneficial in improving the scope of dental education by providing the future practitioner with the increased capacity to understand and respond to the needs of patients” (p. 281). Expressive and receptive communication include presenting questions and information clearly and listening and responding appropriately to patients. Nonverbal communication includes noticing and addressing patient nonverbal cues and maintaining eye contact. |
| Education | Vostal, McNaughton, Benedek-Wood, and Hoffman (2015)  “In order to promote collaboration, special educators must develop communication skills” (p. 5). Active listening is a critical aspect of communication and is defined by three elements: demonstration of attention, paraphrasing of content and feelings, and asking questions. |
| Medicine | Boudreau, Cassell, and Fuks (2009)  “The major complaint that patients have about their encounters with physicians is that doctors do not listen” (p. 1). The authors define eight qualities of attentive listening, including that listening is active, involves a focus on both verbal and nonverbal cues, and requires receptiveness.  Henry, Holmboe, and Frankel (2013)  “Improving doctor-patient communication has become a national priority and is now recognized as integral to improving the quality, safety, and cost-effectiveness of American healthcare” (p. 395). The authors propose 12 communication competencies for medical education, ranging from basic skills (taking accurate patient histories, communicating with other doctors) to complex strategies (establishing patient rapport and demonstrating empathy, managing conflict and negotiating with patients, patient counseling skills). |
| Nursing | Kelley and Kelley (2013)  “When a nurse can verbally communicate his or her understanding of what a patient is experiencing, he or she is enacting an empathetic connection to the patient, which has transformative and healing power” (p. 321). Skills believed to enhance empathic communication are described: nonverbal skills, active listening skills (using transitional phrases, parroting, paraphrasing, and reflecting feelings) and compassion-based skills (pity, sympathy, compassion, consolation, commiseration, and reassurance). |
| Pharmacy | Lundquist, Shogbon, Momary, and Rogers (2013)  “Pharmacy graduates must be able to communicate and collaborate with prescribers, patients, caregivers, and other involved healthcare providers” (p. 1). Communication skills are defined in terms of rapport (confidence, attentiveness, respectful tone, and absence of nervousness) and presentation (professional phrasing, individualized approach, preparation, and ability to be concise and articulate). |
| Physical and occupational therapy; speech/ language pathology | Davis, Asuncion, Rabello, Silangcruz, and van Dyk (2013)  “Occupational therapists use active listening behaviors such as reflection, validation, or reframing to understand patients and improve their patients’ quality of life and overall life satisfaction” (p. 14). Participants in a qualitative study of occupational therapists described key listening behaviors, noting that development of listening skills was “a lifelong process” (p. 17).  Mai et al. (2014)  “The development of interpersonal skills is critical for the professional development of physical therapist (PT) students” (p. 81). Interpersonal skills include both receptive (e.g., checking for understanding, reflecting) and expressive (e.g., providing information) communication believed necessary to interact effectively with patients, as well as appropriate nonverbal behaviors (e.g., head nod, eye contact, forward lean).  Thistle and McNaughton (2015)  “Pre-service training programs in speech-language pathology…address the skills needed for effective collaboration” (p. 45). The authors suggest adopting a four-step active listening training, consisting of listening with empathy and respect, asking questions, focusing on the issues, and developing a plan for follow-up. |
| Social work | Gockel and Burton (2014)  “Helping skills training…is central to the development of an effective social worker” (p. 101). The article introduces a foundational practice course in social work in which helping skills are defined as basic counseling skills (e.g., reflection, asking questions, exploring concerns, and responding with empathy). |

**Are Interpersonal Helping Skills Evidence Based?**

Does research support the usefulness of helping skills in interpersonal situations? Perhaps equally important for faculty teaching this course, can helping skills be learned or improved as a result of classroom instruction?

In regard to the first question, Hill and colleagues (2002, 2008) have demonstrated the impact of helping skills in counseling, showing their positive impact on client ratings of therapy session quality and therapist empathy. To learn about the benefits of helping skills in other professions, or in nonpsychotherapeutic interactions, I conducted further literature reviews, linking previous search terms with such phrases as “effectiveness,” “evidence-based” and “empirically supported.”

I found a considerable body of research demonstrating the effectiveness of helping skills, broadly construed, on respondents’ satisfaction; perceptions of being listened to and understood; and outcomes. For example, studies support the efficacy of active listening or supportive communication in producing conversational satisfaction and social attractiveness among strangers (Bodie, Vickery, Cannava, & Jones, 2015; Weger, Castle, & Emmett, 2010; Weger et al., 2014); of helper empathy on satisfaction in nutrition consultation (Goodchild, Skinner, & Parkin, 2005); of client change in substance abuse treatment (Moyers & Miller, 2013); and of the doctor-patient relationship in patient satisfaction, treatment adherence, and treatment outcome (Eveleigh et al., 2012). This information, coupled with the excellent work of the interdivisional APA Task Force (Norcross, 2011) demonstrating the importance of several elements of the therapist-client relationship (e.g., individual therapy alliance, empathy, goal consensus, collaboration, and positive regard), provides a rich evidence basis for helping skills.

Where possible, I have included brief summaries of studies demonstrating each discrete skill’s efficacy in the *Instructor’s Guide* (Part 3). I have tried to draw from research conducted in differing disciplines with the intent of illustrating the broad applicability of the skills.

Related to the question of whether students can develop interpersonal helping skills as a result of classroom instruction, research findings are encouraging. Based on a meta-analysis of 18 controlled studies of empathy-training programs, Teding van Berkhout and Malouff (2016) reported an overall moderate effect of such interventions. Of relevance to the present resource, university students and health professionals appeared to gain more from the instruction than children, teens, or nonstudent adults. In addition, training that was behaviorally focused, as is the approach of the teaching strategies described in Part 3, was especially effective.

A study by Hill and colleagues (2016) is even more closely tied to this resource’s target group, undergraduate psychology majors. They found that students enrolled in a one-semester training course in helping skills significantly improved in their ability to implement specific skills as well as in their self-efficacy for using them. Outside of counseling or psychology, two systematic reviews of medical student training indicated that several educational interventions are associated with increases in empathy (Batt-Rawden, Chisholm, Anton, & Flickinger, 2013; Bearman, Palermo, Allen, & Williams, 2015). Even motivational interviewing ability, an advanced helping skill, has been found to improve in physical and occupational therapy students after just three training sessions (Schoo, Lawn, Rudnik, & Litt, 2015) and in nursing students after eight instructional hours (Nesbitt, Murray, & Mensink, 2014).

It is clear that internship instructors can incorporate helping skills in their curricula with confidence, taking comfort in the empirically demonstrated, positive impact of the skills. Based on my own experience, I will add one more encouragement: Students *enjoy* learning helping skills! Psychology majors pursuing applied careers are typically eager to help others, and the skills provide them with a tangible means for doing so. I have found teaching them to be one of the most rewarding instructional experiences of my career.

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