

## Reflective Listening

Reflective listening is a “client-centered” technique that comes from the field of counseling and psychotherapy. The technique is used in communicating and focuses on the client’s needs. The listener (counselor) reflects back to the speaker (participant) what the counselor believes the participant has said. This is done in order to verify (or clarify) the counselor’s understanding, thus encouraging the participant to continue elaborating on his point of view.

There are many benefits to using reflective listening in the WIC clinic. This technique can improve the counselor’s understanding of what the participant is saying and help the participant clarify her thoughts. It confirms to the participant that the counselor understands and sympathizes with what she is saying and that the counselor is willing to help the participant resolve her problem. When the participant believes the counselor is truly listening, she may be willing to offer more information and a relationship can begin to develop.

When rapport is established between WIC staff and a participant, the participant is more willing to open up and share her thoughts — to get to the real issues at hand.

There are three basic types of reflective listening: repeating, paraphrasing, and reflection of feeling.

**Repeating or rephrasing** is a technique where the counselor repeats or substitutes synonyms or parts of what the participant just said to check for clarity. Staying close to the participant’s point of view and showing understanding is very useful in checking for clarity. For example, if the participant states, “My 3-year-old daughter won’t eat any vegetables and I don’t know what to do about it.” The counselor will repeat by saying, “Your 3-year-old daughter won’t eat vegetables and you don’t know what to do about it.”

In **paraphrasing**, the counselor summarizes the words of the participant while keeping the meaning intact. The participant says, “I don’t have enough money to pay my bills and feed my family. I don’t know what I am going to do once I finish using my WIC benefits.” The counselor paraphrases by saying, “You are concerned about how you are going to feed your family once you’ve used your WIC benefits because you do not have any more money.”

The final type of reflective listening is **reflection of feeling**. In this technique the counselor emphasizes and reflects the emotional aspects of communication through feeling statements. This is considered to be the deepest form of listening. For example, a participant states, “My baby wants to breastfeed all day and night and I don’t get any rest. I want to start giving her formula so she won’t eat so often.” The counselor will use reflection of feeling to let mom know she understands how she is feeling. The counselor may say, “It can be exhausting to feed a newborn infant. You feel if you give your baby formula you will be able to get some rest and feel much better.”

How do you think the participants would feel if you started to use reflective listening in your counseling sessions? There may be a change in how the participant interacts with you. How would you feel if your healthcare provider started to really listen to you? Would you feel you were more clearly understood? Validated? Would you be more willing to open up and voice whatever issues you might have? I challenge you to implement one type of reflective listening next week. Start by listening to what the participant has to say and before you respond, stop and think about how you could repeat, paraphrase or provide a reflection of feeling. This will get the conversation started on the right foot. For practice, try it at home. The more you practice the easier it becomes. You will see a difference in how people respond to you. In time, this way of communication will become second nature.

## How to get a client to participate in the VENA conversation

The following are a few ideas from local agency staff in getting the client to talk.

When clients are informed they will be provided an opportunity to have their concerns addressed, they are more likely to prepare ahead of time. Here are ways this can be done:

- When clients arrive at the clinic, inform them of the changes in WIC, i.e. WIC no longer takes a diet recall for children and women during certification, and the Nutritionists' will answer any questions concerning their child's/family's diet or health or anything else they would like to discuss today. This allows the clients time to think about their concerns. OR
- The changes in WIC may be explained by the support staff prior to obtaining the anthropometric, blood draw and health history. This allows the clients time to think about their concerns. OR
- When clients arrive provide them with a handout that explains the changes in WIC and has a space for them to document their concerns.
- Educating people and giving them time to process the information helps.