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Article 30

Counselors' Questioning Skills Repertoire: What We Use and What We Don't

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Questions are the primary tool counselors utilize to learn about their clients' experiences. Counselor competency can be divided into content and process competency. However, counselor content competency (i.e., suicide risk assessment) is a function of the counselor's process competency (i.e., questioning skills repertoire). Thus, the main purpose of the article is to examine which aspects of Brown's (1997) question cube counselors utilize when posing suicide risk assessment questions in response to a case vignette.

Counselor Process Competency in Questioning Skills Repertoire

Most counselors are formally trained in questioning skills during their graduate counseling skills course. Ivey and Ivey (2003), a primary text in counseling skills, as well as other texts (Murphy & Dillon, 1998), only focus questioning skill development on two questioning formats: open and closed questions. Similarly, the Counseling Interview Rating Form (CIRF) (Rusell-Chapin & Sherman, 2000), used by counselor educators to evaluate the microcounseling skills of their students, only includes open and closed questions and omits rating, ranking, and forced choice questions from Brown's (1997) question cube. Unfortunately these omitted question formats were not flagged during the content validity process of the CIRF.

Brown's (1997) question cube is a very teachable model for the development of counselors' questioning skills repertoire. Brown developed a three-dimensional model for teaching questioning skills that includes question format, question subject, and question orientation. Question formats include open, closed, forced-choice, ranking, and rating/scaling. Question subjects include behaviors, feelings, beliefs/thoughts, meaning, and relationship. Question orientation is whether the question is seeking the client's perspective (self-orientation) or another person's perspective (other orientation).

In terms of format of questions, open and closed questions are so ubiquitous to counseling that they do not warrant further discussion. However, other less utilized question formats do require more elaboration. "Ranking questions require a client to rank people, usually family members, on various qualities, and these qualities could be on specific behaviors, feelings, and beliefs (thoughts), or on their understanding of particular events or relationships" (Brown, 1997, p. 31). Rating questions are essentially similar in format to scaling questions (De Jong & Berg, 1997) from solution-focused therapy. Rating or scaling questions are used primarily to anchor vague client language about problems and potential solutions to number scales to facilitate more concrete therapeutic discussion. De Jong and Berg indicated that scaling questions are very important in highlighting small but significant shifts in clients' perceptions of their presenting problem that occur as a result of the therapeutic conversation. Thus, scaling questions can be adapted to assess severity of presenting problem, coping abilities, and establishment and progress toward treatment goals. Forced-choice (multiple-choice) questions "are also highly structured, but they require a client to respond with one of the choices presented rather than yes or no" (Brown, 1997, p. 30). An advantage to forced-choice questions is that they are helpful with sensitive issues where clients may be reluctant to respond or may have difficulty expressing their views/feelings. However, forced-choice questions are less useful for clients eager to express themselves because the question limits their response to the choices provided.

Murphy and Dillon (1998) described a critical principle of questioning that pertains to the "counselor being aware of what they are not asking" (p. 114). Thus, counselors need to be cognizant of the aspects of the questioning repertoire that they tend to underutilize or omit altogether. This study aims to identify those underutilized aspects of the questioning repertoire and provide practical applications to fully utilize the repertoire.

Methods

Participants

Thirty-eight counselors completed the suicide case vignette. The participants were an average age of 39.7 years (range 24.0–63.0 years) and two thirds (66.7%) of participants were female. The vast majority (85.7%) of participants' highest earned degree was a master's counseling degree followed by counseling graduate student (5.7%), doctoral degree-other (5.7%), and master's degree-other (2.9%). The participants were experienced counselors with an average of 5.6 years (range 0.0–20.0 years) of clinical practicing experience. The slight majority of participants worked in school settings (51.4%) followed closely by community settings (40.0%). The other work settings included university clinic (2.9%), vocational (2.9%), and other settings (2.9%).

Procedures

Participants were selected from conference attendees at an annual state counseling association conference. Participants were first given the study's informed consent form and were asked to read and ask any clarification questions. Once the informed consent form was signed and a brief demographic form was completed, participants were given a case vignette that described a female adolescent client uttering a veiled suicide threat. Participants were told (via written instructions) that the counselor had only had 15 minutes left in the session to ask a few questions to complete the initial clinical assessment of the client. Participants were instructed (via written instructions) to write the most important questions that would be critical to the clinical assessment of the client.

Data Analysis Methods

Each participant's written questions were first read thoroughly and then analyzed using Brown's (1997) question cube as a classification system. Brown's question cube is comprised of three dimensions: *question format* (open ended, closed ended, ranking, rating, and forced choice); *subject of question* (behaviors, feelings, beliefs/thoughts, meaning, and relationship); *orientation of question* (self or other). Thus, each participant question was categorized based on Brown's three-dimensional question cube model. The second researcher also read each participant's written questions and the first researcher's analysis of the questions (in the margin) based on Brown's question cube and either concurred with the initial analysis or wrote a different analysis of the particular question (also based on Brown's model). All participants' questions and their corresponding analysis were returned to each participant as part of the member check process. Participants were instructed to reread the case vignette, their written questions, and the corresponding analysis of their questions and either agree with the analysis of the first and/or second researcher or write the analysis that better fits their intentions (Brown's question cube was briefly explained as part of the member check process). The vast majority of participants concurred with the researchers' analysis of the questions (using Brown's question cube), and only a small minority requested minor revisions.

Results

Table 1. Frequency of Brown's (1997) Question Dimensions in Participants' Questions

	f	%
Question Format Dimension		
Open ended	60	40.3
Closed ended	85	57.0
Ranking	0	0.0
Rating (scaling)	0	0.0
Forced choice	4	2.7
Subject of Question Dimension		
Behavior	18	12.1
Feelings	8	5.4
Thoughts/beliefs	83	55.7
Meaning	28	18.1
Relationship	12	8.0
Orientation of Question		
Self-orientated	142	95.3
Other orientated	7	4.7
Total	149	100.0

Participants posed an average of 3.92 questions each with 149 total questions posed in regards to the case vignette. Table 1 shows the frequency of Brown's (1997) question dimensions represented within the participants' questions. It is noteworthy that closed-ended questions (57.0%) were the most commonly utilized question format followed closely by open-ended questions (40.3%), but forced-choice questions were employed sparingly (2.7%) while ranking and rating/scaling questions were completely absent. In terms of the subject of questions, thoughts/beliefs (55.7%) were by far the most common followed significantly by meaning (18.8%) and then behavioral-focused questions (12.1%). Both feeling (5.4%) and relationship questions (8.0%) were significantly underutilized question subjects. The vast majority of participant questions posed were self-orientated (95.3%) as opposed to other orientated (4.7%).

Discussion

It is not difficult to pinpoint how counselors could use such a narrow range of their potential questioning repertoire when responding to a case vignette scenario. Most counselors are only taught the questioning formats of open and closed questions (Ivey & Ivey, 2003), and only counselors who had received coursework in solution-focused therapy would have had training in the use of rating/scaling questions. Neither ranking nor forced/multiple-choice question formats are taught in most counselor education programs. Thus, the potential question combinations were significantly limited by the participants utilizing only two of the possible five questioning formats. Similarly, participants overutilized thoughts as the subject of their questions and underutilized feelings and relationships, although suicide risk assessments do require counselors to assess suicide ideation and planning, which tends by nature to require cognitively focused questions. However, Carrier (2004) also identified hopelessness as a suicide risk factor that requires feeling-orientated questions, and in order to assess social isolation as a suicide risk factor, the counselor needs to pose relationship-focused questions. Overall, nearly half of the 50 potential question combinations were eliminated by the participants' seldom employing other-orientated questions. It seems that the counselors were too individually focused and need to increase their emphasis on the client's relationships that could yield significantly different information, thus enhancing their suicide risk assessment. Basically, counselors are overutilizing questions based on the client's perspective and underutilizing questions based on the client's perspective of what another person thinks, feels, and means. For school counselors, it is particularly vital that other-orientated questions (usually pertaining to family members) are employed as school counselors often conduct more group and individual therapy sessions where family members are not present to provide their perspective. Thus, if counselors employ only a restricted range of their questioning skills repertoire, their clinical assessment (suicide in this case) will be similarly restricted.

Practical Applications

The best opportunity to train counselors to better utilize their questioning repertoire is during their counseling skills course (questioning skills class) or practicum. Main, Boughner, Mims, and Schieffer (2001) developed a clever experiential "rolling the dice" exercise to help counseling students develop their questioning skills. Main et al. based their rolling the dice experiential exercise on Brown's (1997) questioning cube. Main et al. utilized a die to correspond to each of Brown's three questioning dimensions (format, subject, and orientation). Thus, the question format die included open, closed, rank, scaling, forced, and wild. The question subject die included behavior, feelings, beliefs/thoughts, meaning, relationship, and wild. The question orientation die included three sides of self-orientation and three sides of other orientation. Main et al. provided students with a case vignette, and students were required to roll the dice and pose a clinical question based on the dice's results. The inherent difficulty with Main et al.'s experiential exercise is that it does not guarantee that students will practice all parts of Brown's (1997) question cube. To remedy this problem, counselor educators could utilize another experiential exercise that presents small groups of counselors a case vignette and requires them to pose 10 clinical assessment questions with the following requirements from Brown's (1997) question cube dimensions:

- must use all of the questioning formats twice (open, closed, ranking, scaling, and forced choice);
- must use all of the question subjects twice (behavior, feelings, thoughts, meaning, and relationship); and
- half of the questions must be self-orientated and the other half other orientated.

This accomplishes several tasks: counselors learn to analyze their clinical questions in terms of Brown's question cube dimensions (increases self-awareness of questioning patterns); counselors more fully develop their questioning repertoires in a safe small group environment by being required to employ the full questioning repertoire; and counselor educators are able to assist/facilitate the small groups develop the underutilized aspects of their questioning repertoires.

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