MODULE 7

Skills Development

Readings

Cover Reading: "Attitudes" by Charles R. Swindoll

1. Understanding Crisis

1-1. What is A Crisis?

2. The Helping Relationship

2-1. *Client-centered Therapy – What is It? What is it Not?* by Barbara Temaner Brodley

2-2. *How Helping Relationships Develop*

3. Effective Communication

3-1. *Effective Communications and Healthy Relationships* by Phil Rich, Ed. D., MSW

3-2. *Communication Leads* by Linda Shaw

3-3. Communication Stoppers

3-4. Active Listening Skills

3-5. The Process of Listening

3-6. *Managing Emotions, Handling Others* by the Conflict Resolution Network

3-7. *Co-operative Power* by the Conflict Resolution Network

4. Problem Solving

4-1. *Thinking About Conflict: A Personal Inventory* by Cultural Bridges

Continued on back

MODULE 7 continued

5. Crisis Intervention

5-1. *Maslow's Hierarchy of Needs* by William G. Huitt

5-2. Guidelines for Crisis Calls

5-3. Common Misperceptions About Suicide

5-4. *Suicide Intervention: Questions You Should Ask* by the Michigan Coalition Against Domestic and Sexual Violence

5-5. What Battered Woman Have to Say about How They Would Like to be Treated

6. Safety Planning

6-1. *Assessing Dangerousness* by Duluth Domestic Abuse Intervention Project

6-2. Excerpts from Model Protocol on *Safety Planning for Domestic Violence Victims with Disabilities* by the Washington State Coalition Against Domestic Violence

7. Goal Planning

7-1. PCADV Sample Survivor's Planning Form

7-2. PCADV Sample Survivor's Planning and Update Form

Attitudes

Words can never adequately convey the incredible impact of our attitude toward life. The longer I live the more convinced I become that life is 10 percent what happens to us and 90 percent how we respond to it.

I believe the single most significant decision I can make on a day-to-day basis is my choice of attitude. It is more important than my past, my education, my bankroll, my successes or failures, fame or pain, what other people think of me or say about me, my circumstances or my position. Attitude keeps me going or cripples my progress. It alone fuels my fire or assaults my hope. When my attitudes are right, there's no barrier too high, no valley too deep, no dream too extreme, no challenge too great for me.

Charles R. Swindoll

Module 7 – Reading 1-1

What is A Crisis?

1. *Definition:*

A crisis is when there is some upset in the normal balance of an individual and where her/his usual ways of solving problems don't work; an emotionally significant or radical change of status in a person's life.

2. *What happens to people when they are in a state of crisis?*

A. The stressful situation and the inability to get things back to normal lead to a HIGH STATE OF TENSION.

B. People see the crisis as a serious threat to their future and have strong feelings of helplessness and vulnerability. Remember that they are in a crisis because they do not feel able to handle it the way they usually do.

C. People can get confused. They literally may not be able to think clearly, and sometimes have trouble recognizing or identifying feelings, and may have strong feelings of fear.

D. People's behavior may become disorganized as they become more and more frantic to resolve the problem and get themselves back together. Their behavior may begin to make less and less sense.

3. *A crisis can be resolved in three possible ways:*

A. **Negative** - People, even with the best help, may not be able to restore this balance, and may become even more disorganized. This is going to be true for some people no matter what help is offered.

B. **Neutral** - People may return to their normal state, restore their balance and go on as before the crisis.

C. **Positive** - People may put themselves back together in a new, more healthy way. In other words, because of the experiences they are stronger and better able to handle any new crises that may occur.

Module 7 – Reading 2-1

Client-centered Therapy - What Is It? What Is It Not?

Barbara Temaner Brodley

August, 1986

Carl R. Rogers, the originator of client-centered therapy, did not intend to found a school of psychotherapy with a set practice. Instead, he worked with his clients, reflected on the therapy process and, at a certain point, he advanced a set of hypotheses (1957) about the causes of constructive personality change. He presented the theory so it could be tried out by others and so it could be used as a basis for further research on psychotherapy.

The Person-Centered Approach

Rogers has recently stated the basic hypothesis and the therapeutic conditions that distinguish the person-centered approach as follows:

The central hypothesis of this approach can be briefly stated. It is that the individual has within him or her self vast resources for self-understanding, for altering her or his self-concept, attitudes, and self-directed behavior--and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided.

There are three conditions which constitute this growth-promoting climate, whether we are speaking of the relationship between therapist and client, parent and child, leader and group, teacher and student, or administrator and staff. The conditions apply, in fact, in any situation in which the development of the person is a goal. I have described these conditions at length in previous writings (Rogers, 1959, 1961). I present here a brief summary from the point of view of psychotherapy, but the description applies to all of the foregoing relationships.

The first element has to do with genuineness, realness, or congruence. The more the therapist is him or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner.

The second attitude of importance in creating a climate for change is acceptance, or caring or prizing--unconditional positive regard. It means that when the therapist is experiencing a positive, nonjudgmental, accepting attitude toward whatever the client is at that moment, therapeutic movement or change is more likely.

Presented at the First Annual Meeting of the Association for the Development of the Person-Centered Approach which met in Chicago, Illinois at International House on the University of Chicago Campus September 3 - 7, 1986. A portion of the original paper is provided here.

The third facilitative aspect of the relationship is empathic understanding. This means that the therapist senses accurately the feelings and personal meanings that are being experienced by the client and communicates this acceptant understanding to the client. (Rogers, 1986).

Additional assumptions, beliefs and hypotheses that are central to the person-centered approach are the following:

1. Belief that human nature is basically constructive.
2. Belief that human nature is basically social.
3. Belief that self-regard is a basic human need and that self-regard, autonomy and individual sensitivity are to be protected in helping relationships.
4. Belief that persons are basically motivated to perceive realistically and to pursue the truth of situations.
5. Belief that perceptions are a major determinant of personal experience and behavior and, thus, to understand a person one must attempt to understand them empathically.
6. Belief that the individual person is the basic unit and that the individual should be addressed, (not groups, families, organizations, etc.), in situations intended to foster growth.
7. Belief in the concept of the whole person.
8. Belief that persons are realizing and protecting themselves as best they can at any given time and under the internal and external circumstances that exist at that time.
9. Belief in abdication of the pursuit of control or authority over other persons and, instead, a commitment to strive to share power and control.
10. A commitment to open-mindedness and humility in respect to theory and practice.

The basic hypothesis, the theory of therapy and the additional beliefs stated above describe the person-centered approach. They are elements I believe are usually shared by the people practicing the various person-centered therapies including client-centered therapy. These shared elements do not, however, distinguish client-centered therapy from the other person-centered therapies. The following discussion is an attempt to define and discriminate the practice of client-centered therapy.

Client-Centered Therapy - What is It?

First, client-centered therapy is distinguishable by its form. The salient form of client-centered therapy is the empathic understanding response process (Temaner, 1977). The empathic understanding response process involves the therapist maintaining, with consistency and constancy the therapeutic attitudes in his/her experience and expressing him/herself to the client through empathic understanding responses.

Empathic understanding responses are the observable responses which communicate empathic understanding to the client. They are responses intended to express and check the therapist's empathic understanding experience of the client. In a given

empathic understanding response process between therapist and client many different types of empathic understanding responses may be involved. Examples of common types of empathic understanding responses are the following: literal responses; restatements; summaries; statements which point toward the felt experience of the client but do not name or describe the experience; interpretive or inferential guesses concerning what the client is attempting to express; metaphors; questions that strive to express understandings of ambiguous experience of the client; gestures of the therapist's face, hands, body; vocal gestures, etc.

What makes these types of response function as empathic understanding responses is that the therapist expresses them to the client with the intention to ask the client - 'is this what you are telling me?' or 'is this what you mean?', or 'is this what you are feeling?'. These types of response, and others, may be the vehicle for the expression of empathic understanding as long as their sole intended function is to help the therapist in his attempt to understand the client's internal frame of reference as the client is searching himself and communicates to the therapist.

The empathic understanding response process can appear to be very different from therapist to therapist, and between therapies with different clients by the same therapist, depending upon the types of responses which are used by the therapist. The particular way the therapist expresses empathic understanding to the particular client does not matter, from the point of view of remaining within the client-centered framework, however, as long as the way one communicates to the client the therapist's intention to understand and as long as the client feels understood by the therapist.

Client-centered therapy is also distinguishable by the extreme emphasis the practice places on the non-directiveness of the therapist. In client-centered therapy the therapist is intensely mindful to respect and protect the autonomy and self-direction of the client. The client is viewed as the expert about himself and the therapist views himself as expert only in maintaining the attitudinal conditions in the relationship with the client, not as an expert on the client.

The therapeutic relationship is inherently an unequal relation in which the client is self-defined as vulnerable and in need of help and the therapist is self-defined as one who can help. An element in the person/client-centered perspective is the belief that unequal relationships are naturally, to some extent, hurtful or harmful to the persons involved in them.

Unequal relationships are sometimes necessary, for example the physician and patient or the teacher and student, because they offer desired benefits. But the person/client-centered perspective fosters the abdication of the pursuit of power and would argue for minimizing the hurt or harm by sharing the authority as much as possible.

The client-centered therapist is particularly mindful of the harmful potential side-effect of the unequal therapeutic relation and tries to share his authority as much as possible. This awareness and effort influences all of his actions in relations to the client. Basically, the client centered therapist's view on this matter is - the authority for the client's experience is the client and the way the client uses the relationship is always left up to the client.

This non-directive attitude has a significant influence on the way therapy is conducted, influencing what is done and what is not done. For example, the client-centered therapist answers client's questions. Obviously, if the therapist decides what questions it is appropriate to answer, or takes the view that certain questions are expression of a client's avoidance of something and the therapist interprets this to help the client get on the right track, or if the therapist takes the view that the client's question is an aspect of seeking dependence on the therapist and the therapist raises this interpretation, then the therapist is acting in ways that direct the client's process. From a client-centered viewpoint, the idea that the therapist should evaluate the desirability for the client of having his questions answered is paternalistic and an exercise of authority over the client.

A client-centered therapist remains free to not answer a question asked by the client. But the reason for not answering would be explained to be a personal one - the therapist feels he does not know enough, or he feels uncomfortable in divulging the particular information, etc. - not as something that is good for the client. There are many, many implications for the way therapy is practiced when the client-centered therapist is acting from this strongly felt attitude that the client is his own best expert and that the therapist maintain non-directiveness.

The non-directive character of client-centered therapy is not only for the purpose of protecting the client's autonomy and to enhance the client's self-direction. Client-centered therapy is a fundamentally non-directive therapy because being so contributes to the distinctive therapeutic quality of the relationship between therapist and client. This quality involves the fostering in the client of a combination of feelings - of freedom, of a positive sense of self, and of empowerment. The therapist provides the basic therapeutic attitudes of congruence, acceptance and empathy. He combines these in his way of being, with non-directiveness - the absence of directive attitudes and behaviors that would determine the content of the client's expression, that would determine the form of the client's expression or determine the processes that take place in the client. This whole way of being produces a unique experience of an authority (the therapist, inherently an authority) consistently behaving in a non-authoritative manner. This abdication of the usual forms of authority carries meaning to most clients. It conveys that they are not being evaluated, not being supervised and not being controlled. That they are not being treated in these usual ways by an authority also carries the meaning that they are being treated with respect, are being trusted, and are free, to a great extent, in the relationship. As a consequence the relationship takes on the qualities referred to above, of freedom, of enhancement of the client's sense of self and sense of personal power.

Client-centered therapy is a practice in which the hypothesis of the inherent growth principle is put into action. It is also a therapy wherein the theory of therapeutic attitudes as conditions for growth is taken as the basis for functioning with the client. It is also a therapy practice that is distinguishable by the form that it usually takes (or the form it reverts to if other forms come into play) - the empathic understanding response process. It is also a therapy which emphasizes non-directiveness and wherein this principle is maximized in the relation with the client. All together, these

features distinguish client-centered therapy from other extant and possible person-centered therapies.

Client-Centered Therapy - What is it not?

In the world of psychotherapeutic practice client-centered therapy is not many things. The following list of things it is not will be limited, however, to those things it is sometimes thought to be by people who have a familiarity with the approach.

1. Client-centered therapy is not the technique of "reflection of feeling" or making "empathic understanding responses". Any outward form of an art (and therapy is an art) may be looked at as a technique. It may be useful to look at the reflection or empathic understanding responses from the point of view of technique but this should be understood as an abstraction and contrary to the spirit of their actual production. Only if empathic understanding responses, (or any other types of response used in the context of client centered therapy), are used as expression of the therapist's genuine attitudes of congruence, acceptance and empathic understanding are they an expression of client-centered therapy.
2. Client-centered therapy is not identical with the empathic understanding response process. This is so even though the process is the salient form of interaction in relationship of client and therapist and even though this form is one of the identifying features of client-centered therapy. Empathic understanding response process (EURP) is not identical with the total therapy for three main reasons.

   First, the functions of the therapist are more than the EURP. The therapist's adaptation to the individual client as a person in a concrete relationship situation requires the application of the hypothesis and the therapeutic conditions in many ways, including the set up of the therapy, the adjustments in language for the sake of mutual understanding, and the social aspects of the therapy situation.

   Second, the EURP is an optimal process, as a means to express empathic understanding and express the other therapeutic attitudes to the client, for most clients who choose to engage in therapy and wish to talk about themselves and their problems. But client centered therapy is not limited to this population of clients. The realization of the theory of therapy with clients who do not choose therapy, or clients who are unable to talk about themselves, or clients whose illness or defects distort their relation to reality or to a relationship, may require forms of interaction which appear quite different from empathic understanding response process.

   Third, there are, in the usual therapy situation when EURP is the salient form, often other forms of interaction which occur in the practice. These forms, such as answering questions, giving explanations, shaping experiments for the client to try, etc., occur in and may be an integral part of a particular therapy relationship. These forms occur in client centered therapy, however, only when they are requested by the client or when they become the way to be with the

client that gets clarified out of expressed needs or desires of the client. If forms of interaction other than EURP occur in a particular client-centered relation, the way they are expressed or done is shaped by the belief in the growth principle, the presence of the therapeutic attitudes in the therapist and the non-directiveness of the therapist.

3. Client-centered therapy is not based on a belief in any particular therapeutic process occurring in the client. Even if it were to be shown that the most therapeutic process in clients is a particular way of expressing the self, or a particular way of relating expression to inner experience, or particular feelings developing-toward the therapist, or a particular pattern of insights, or any other idea about how the client should act or feel or express - as the maximally therapeutic way - (and nothing of the sort has been shown so far), client-centered therapy would remain non-directive and open to the process that emerged in the client and would not involve trying to influence that process.

   It should be obvious, that to hold the view that a particular way of functioning by the client in the therapy relation is the way to make happen would necessarily involve some form of directiveness and be inconsistent with the basic conception of client-centered therapy. Given the premises of client-centered therapy, it is not possible to justify directiveness regardless of the advantages that might derive from directiveness in a particular instance.

4. Client-centered therapy does not excessively restrict the therapist's resourcefulness as a helper. This is the case in two different ways. First, within the framework of client-centered therapy as defined above, it is possible for therapists, depending upon their talents and the psychotechnologies they have learned, and if they are so inclined, to utilize techniques identified with other types of therapy. Techniques of, for example, behavioral therapy, cognitive therapy, gestalt therapy, hypnosis, focusing, relaxation, meditation, etc., may be brought into the context of ongoing client-centered therapy. But - and this is a restriction - the client-centered therapy would bring these in only at the request of the client or when the interaction brings out in the client an awareness of needs that might be met by such techniques. The client- entered therapist does not, as said before, have any convictions prior to the therapy about what process in the client, or what ways of helping, a client may need. These techniques and psychotechnologies may, then, be incorporated into a specific course of client-centered therapy, as long as the therapist is not imposing them and the client is given control of the occasions and limits on their use.

   The second way the therapist is not restricted in the forms of help that may be given to the client is that the client-centered therapist may serve as a source of information about other therapies or treatments and as the person who helps the client utilize the therapies or treatments provided by others. Sometimes helping the client utilize other therapies means minimizing their damage to the client that takes place as they are benefiting him. Until other helpers - physicians, psychological and behavioral therapists, psychopharmacologists, etc., are, themselves, person-centered it remains the case that many of these experts violate the self-regard or the autonomy of their patients and clients.

The client-centered therapist performs a crucial service in maintaining the basic client-centered therapeutic relation while his client goes through various treatments and therapies. These treatments may, in their specifics, be helpful to the client - even necessary - for his well-being. But without the grounding in the client-centered relation the client may be totally unable to use the services of these experts, or may be hurt or damaged in the process.

In the same way that the nature of client-centered therapy, in providing optimal conditions for growth and change, facilitates the client's constructive experience of, and way of relating to, his world, it also facilitates the client's strength, confidence and good judgment in utilizing the resources of the world, including its myriad therapies, treatments and educational and remedial resources.

5. Client-centered therapy is not inhibiting or restrictive to the natural personality of the therapist. It is true that the person who has strong tendencies to control others or to dominate others is not likely to take on client-centered therapy as his way of working. But if the basic person-centered values feel right to the therapist, the development of its disciplines will tend to feel self-realizing, not self-restricting. Also, within the framework of client-centered therapy there is great freedom for individual personalities. The therapeutic attitudinal condition of congruence the realness of the therapist, the avoidance of a role fosters the development of individuality (and the client's perception of that individuality) in the therapist's presence with the client.

   There is a marked similarity among client-centered therapists in their shared values and in the salient form of the therapeutic relation - the empathic understanding response process. Within that form, however, the unique mind and experience of a therapist shapes his empathic grasp of the client's presented experience and shapes the specific responses that are expressed to the client.

   Individuality is also expressed in the extent of personal openness and the qualities brought out in self-disclosures when they are in answer to personal questions by the client or when they are an expression of congruence.

   The natural personality of the therapist is generally enhanced and developed by the practice of client-centered therapy itself. The practice requires the development of the attitudinal conditions in relation to clients. In this development, for that context, the client-centered therapist tends to develop those qualities towards himself and is, thereby self-therapeutic and self-fostering of his own individuality.

6. Client-centered therapy is not based simply on what works. It is based on what works within the parameters of what expresses and maintains the client's experience of the attitudinal conditions and of the therapist's non-directiveness and does not contradict the presence of these conditions. If what works also jeopardizes the client's sense of safety and freedom, or undermines the client's self-regard, his feelings of confidence in himself, or his sense of autonomy, then what works in those cases is not sufficient to justify employing it.

The achievement of insights, or the reduction of specific symptoms, in client-centered therapy, is only considered therapeutic if it is in the context of the larger perspective of preserving the therapeutic attitudinal qualities of the relationship perceived by the client.*

Client-centered therapy stems from ethical values and beliefs, even though they are held with the reservation that they are hypotheses. These values assert respect for the individual person and the belief that unconditional caring for the person is constructive for the person and also for the social milieu of the person. Whatever scientific support there may be for the client-centered theory of therapy - and there is considerable support for it (Patterson, 1984), the science is not the start of the practice for the practitioner. It simply gives support for where we place our faith. Because no one knows the truth about therapy and no one knows what is right.

1 Bozarth, Jerold and Brodley, Barbara Temaner "The Core Values and Theory of the Person-Centered Approach". A paper prepared for the First Annual Meeting of the Association for the Development of the Person Centered Approach, in Chicago, Illinois, September 3-7, 1986.

2 Patterson, C.H. "Empathy, Warmth and Genuineness in Psychotherapy: A Review of Reviews: Psychotherapy. 21, 1984, 431-438.

3 Rogers, Carl R. "The Necessary and Sufficient Conditions of Therapeutic Personality Change". Journal of Consulting Psychology, 21, 1957, pp 95-103.

4 Rogers, Carl R."A Theory of Therapy, Personality, and Interpersonal Relationships, as Developed in the Client-centered Framework", S. Koch (ed.), Psychology: A Study of a Science, Vol III, Formulations of the Person and the Social Context. New York: McGraw-Hill, 1959, pp 184-256.

5 Rogers, Carl R. "On Becoming a Person: A Therapist's View of Psychotherapy". Boston: Houghton Mifflin, 1961.

6 Temaner, Barbara "The Empathic Understanding Response Process." Chicago Counseling Center Discussion Paper. A paper based on a lecture presented to Changes on March 6th, 1977.

*This statement is from the perspective of the client-centered therapist not the client. The client is the judge for himself of whether or not any therapy or treatment or technique is therapeutic for him, and of whether or not the benefits he has received outweigh what he may have suffered.

Module 7 – Reading 2-2

How Helping Relationships Develop

Begin by focusing on helpee's concerns, promoting an atmosphere of trust, empathy, genuineness, concern, and caring, respect, tolerance, and acceptance, honesty, commitment to the relationship, and dependability, all of which should develop over time. The helper and helpee are always engaged in mutual communication, with the helper having the skills and knowledge and the helpee having concerns/problems. Both come to the relationship with their own set of values, attitudes, needs, beliefs and expectations. The degree of congruence between them can affect the relationship either positively or negatively. Gender, race, ethnicity, class, sexual orientation, geographical region from which they come, and age influence both.

Effective Communication Behaviors

Any effective helping relationship involves empathic communication, the cornerstone of the helping process. It involves the capacity to listen, pay attention, perceive, and respond verbally and nonverbally to the helpee in such a way as to demonstrate to her or him that the helper has attended, listened and perceived accurately; it is responding rather than reacting, and is a skill that can be learned by most people.

Research supports the view that communication problems are the major source of interpersonal difficulties (marital, work, and family), leading to frustration and anger. Other areas of the text identify helpful verbal communication behaviors (such as uses understandable words, summarizes for helpee, responds to primary message, answers questions about self as appropriate, etc.) and helpful nonverbal communication behaviors (such as good eye contact, facial animation, tone of voice similar to helpee's, etc.). Non-helpful verbal behaviors include interrupting, giving advice, preaching, placating, blaming, cajoling, exhorting, etc. Non-helpful nonverbal behaviors include looking away from helpee, sneering, frowning, scowling, tight mouth, yawning, closing eyes, unpleasant tone of voice, etc.

Characteristics of Effective Helpers

What research shows:

Combs (1989) reviewed 13 studies and effective and ineffective helping relationships and found some common effective factors:

- Attitude toward people – views people as being able rather than unable, worthy rather than unworthy, dependable rather than undependable, helpful and friendly, optimistic about others.

---

http://dl.ccc.cccd.edu/classes/internet/humanservices101/lesson2.htm)
(No author identified; Retrieved February 8, 2005)

- Self-concept – feel personally adequate, identify with others rather than feel isolated, feel trustworthy, feel wanted, feel worthy.
- Approaches to helping – more directed to people than things, approach helpees subjectively (from vantage point of helpees).

Rogers (1956) identified the following in effective helping relationships:

- Unconditional positive regard (acceptance of helpees as worthwhile no matter what), genuineness and congruence (be real and sincere, honest and clear), empathy (communicate understanding of helpee's frame of reference).

Carkhuff and Berenson (1967) identified four basic traits based on Rogers work: empathy, respect and positive regard, genuineness, and concreteness.

Corey (2001) stresses self-awareness (own values and feelings in order to grow and be open to change and greater authenticity), interest (show interest in the welfare of others and the influence of culture on people) knowledge and skills (practitioners need to be able to integrate psychological theory and practice).

Sue and Sue (1999) emphasizes cultural competence in the areas of self-awareness of own standards, values, and assumptions; knowledge of sociopolitical factors in client's world so as to avoid discrimination; understanding of worldview of each client.

Brammer (1993) promotes self-awareness, interest, and ethical behavior.

Ivey and Ivey (1997) indicates the following in effective helpers: empathy, positive regard, respect, warmth, concreteness, immediacy, confrontation, and genuineness.

Helper Self-Assessment:

To avoid a dependent relationship with helpee, it's important to be aware of your own needs, feelings, and problems, thus enabling the helper to communicate better in the areas of equality, respect, confidence, and empathy. Questions to consider:

- Am I aware when I am feeling uncomfortable with a client or with a particular subject area?
- Am I aware of my own avoidance strategies?
- Can I really be honest with the helpee?
- Do I always feel as though I need to be in control of situations?
- Do I become irritated when other do not see things the way I do or when helpees do not respond the way I think they should?
- Do I often feel as though I must be omnipotent, that I must do something to make the helpee "get better" so I can be successful?
- Am I so problem-oriented that I'm always looking for the negative, for a problem, and never responding to the positive, to the good?
- Am I able to be as open with clients as I want them to be with me?

Client Variables

Certain theoretical approaches require certain client characteristics; one size, as it were, does not fit all. Clients bring different sociocultural characteristics to the counseling process. Helpers need to be sensitive to cultural influences on emotional expression, verbal and nonverbal language, attitudes toward family/friends and work, attitudes toward space and time, attitudes toward seeking help. Attitudes toward control, decision making, sex roles, parenting, and identity should also be considered in evaluating client variables.

Practice Quiz:

True **False** 1. The purpose of a helping relationship is to meet the needs of the helper.

True **False** 2. The primary difference between helpers and helpee is the helper has certain skills and knowledge.

True **False** 3. Nonprofessional helping relationships are typically formal.

True **False** 4. Corey agrees that self-awareness is primary in the effective helper.

True **False** 5. Sue and Sue, like Corey, emphasize self-awareness in the effective helper, but place particular emphasis on cultural awareness.

True **False** 6. Why questions encourage open communication.

True **False** 7. In order to avoid a dependent relationship with a helpee, it is important that I be aware of my own avoidance strategies.

True **False** 8. Rogers would agree that unconditional positive regard is an important quality of the effective helping relationships.

True **False** 9. Helpful verbal behaviors include giving advice.

True **False** 10. The degree of congruence between helper and helpee can affect the relationship either positively or negatively.

Module 7 – Reading 3-1

Effective Communication and Healthy Relationships

Phil Rich, Ed. D., MSW

Communication involves almost every aspect of our interactions with others; for this reason, communication and relationships are inseparably connected. You can't have a relationship with someone without communicating with them.

Communication involves how we express our thoughts, ideas, and feelings to others, including what we say and how we say it. But when we communicate with others, we also communicate attitudes, values, priorities, and beliefs. No matter what we actually say to other people in words, we also send messages about what we think of them, what we think of ourselves, and whether or not we're being sincere and genuine in what we say. Our non-verbal communication - those things we don't say with words but with our gestures, our facial expressions, and our attitude - speak volumes.

Two Way Traffic

What we say and do, and how we say and do it, directly shapes how people experience us. In fact, many times, the opinions people form about us are based on the way we communicate. It also directly influences how they communicate in return. In other words, communication is a two way street.

Communication in the Real World

Communication can be clear or vague, open or guarded, honest or dishonest - it can even be spoken or non-spoken - but there is no such thing as "non" communication. In fact, virtually everything we do in the company of others communicates something. Our body language, facial expressions, tone of voice, and level of interest (or disinterest) communicate something to the perceptive observer.

Because our ideas and interests are transmitted to other people through the way we communicate, we're more apt to get our needs met if we are effective communicators. The problem is that often we think we're communicating one thing but are actually communicating something quite different, or we're communicating so poorly that no one quite understands what is we're trying to say.

Ineffective Communication

Ineffective communication is characterized by one or more the following elements:

- Indirect (doesn't get to the point, never clearly states purpose or intention)
- Passive (timid and reserved)
- Antagonistic (angry, aggressive, or hostile tone)

- Cryptic (underlying message or purpose is obscured and requires interpretation)
- Hidden (true agenda is never stated directly)
- Non-verbal (meaning is communicated through body language and behaviors, not words)
- One way (more talk than listening)
- Unresponsive (little interest in the perspective or needs of the other person)
- Off base (responses and needs of the other person are misunderstood and misinterpreted)
- Dishonest (dishonest statements are substituted for true feelings, thoughts, and needs)

Effective Communication

On the other hand, effective communication is:

- Direct (to-the-point, leaving no doubt as to meaning or purpose)
- Assertive (not afraid to state what is wanted or why)
- Congenial (affable and friendly)
- Clear (underlying issues are clear)
- Open (no intentionally hidden messages or meaning)
- Verbal (words are used to clearly express ideas)
- Two way (equal amounts of talking and listening)
- Responsive (attention paid to the needs and perspective of the other person)
- On Track (correctly interprets responses and need of the other person)
- Honest (true feelings, thoughts, and needs are stated)

Communication in Important Relationships

Effective communication is essential in day-to-day life, and especially so in important relationships.

- Put a premium on openness. Find ways to be honest, express your feelings, and share ideas.
- Share your problems. Sharing the good times and the bad times is important in relationships, and serves to deepen and strengthen relationships and communication within them.
- Share your daily life. Share those things in your life that are mildly interesting, funny, sad, or affect you in some way. Find a way to connect with others, sharing your life with them and allowing them to share their lives with you.
- Avoid verbally bruising other people. Refrain from insults, put-downs, and expressions of disgust, and avoid generalizations which are not only stereotypes, but often hurt.

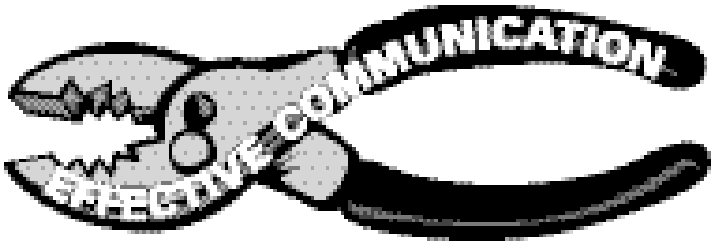
- Boost self-esteem, don't crush it. When it comes to relationship building, naming someone's deficiencies or failures is rarely as effective as praise. Focus on each other's positive traits. Find something good to say, catch each other doing something right, and help build self confidence and self esteem.
- Avoid controlling. Whenever one person seeks to always be right, always be the agenda-setter, and always be the virtuous one, he or she may feel like a winner - but it's the relationship that loses.

Effective Communication and Healthy Relationships

Where there are many factors involved in healthy relationships, the ability to communicate effectively is one important route to mutual satisfaction within any relationship. And once again, there are two ways to communicate with others: effectively and ineffectively.

"I like hearing myself talk. It is one of my greatest pleasures. I often have long conversations with myself, and I am so clever that sometimes I don't understand a single word of what I am saying." - Oscar Wilde

1 Egan, G. (1977). "You and Me: The Skills of Communing and Relating to Others." Belmont, CA: Wadsworth Publishing
2 Hathaway, P. (1998.) "Giving and Receiving Feedback: Building Constructive Communication." Menlo Park, CA: Crisp Publications.
3 Jude-York, D., & Wise, S. (1997). "Multipoint Feedback: A 360 Degrees Catalyst for Change." Menlo Park, CA: Crisp Publications.
4 Long, V. (1996). "Communication Skills in Helping Relationships: A Framework for Facilitating Personal Growth." Pacific Grove, CA: Brooks/Cole.
5 Maurer, R. (1994). "Feedback Toolkit: 16 Tools for Better Communication in the Workplace." Portland, OR: Productivity Press.
6 Rich, P., & Copans, S. A. (1998) "The Healing Journey for Couples: Your Journal of Mutual Discovery." New York: John Wiley & Sons.
7 Rubin, I. M.., & Campbell, T. J. (1997) The ABCs of Effective Feedback. San Franciso, CA: Jossey-Bass.



Phil Rich, EdD, MSW, DCSW is the primary author of the eight books in The Healing Journey series of self help journaling books published by John Wiley & Sons. He maintains a private practice in Northampton, Massachusetts.

Module 7 – Reading 3-2

Communication Leads

(From *Counseling the Abuse Victim*, written by Linda Shaw for PCADV)

To understand another person's feelings and experiences we need to attempt to enter this phenomenal field, her personal frame of reference through which she interacts with her world. However, since it is impossible for us to be the other person, the best that we can do amounts to reasonable correct but approximate understanding. With this in mind, it seems desirable that we be continuously open-minded and cautious in appraising others, consider most judgments as tentative and remember that at best we will have a limited understanding of the unique person with whom we are interacting.

Phrases that are useful when you trust that your perceptions are accurate and the helpee is receptive to your communications:

- You feel…
- From your point of view…
- It seems to you…
- In your experience…
- From where you stand…
- As you see it…
- You think…
- You believe…
- What I hear you saying…
- You're…(identify the feelings; for example: angry, sad, overjoyed, etc.)
- I'm picking up that you…
- I really hear you saying that…
- Where you're coming from…
- You figure…

- You mean…

Phrases that are useful when you are having some difficulty perceiving clearly or it seems that the helpee might not be receptive to your communication:

- Could it be that …
- Is there any chance that you…
- I wonder if…
- Maybe you feel…
- I'm not sure if I'm with you, but…
- Is it conceivable that…
- Would you buy this idea …
- Maybe I'm out to lunch, but …
- Correct me if I'm wrong, but …
- I'm not certain I understand what you're feeling…
- Is it possible that…
- It seems that you …
- Does it sound reasonable that you …
- As I hear it, you …
- Could this be what's going on, you …… is that the way it is?
- From where I stand you …… is that what you mean?
- This is what I think I hear you saying …… is that the way you feel?
- You appear to be feeling …
- Let me see if I understand you …
- I somehow sense that maybe you feel …
- Let me see if I'm with you, you …
- It appears you …
- Do you feel a little …
- Perhaps you're feeling …
- Maybe this is a long shot, but …
- I get the impression that …
- I guess that you're …

Module 7 – Reading 3-3

Communication Stoppers

Solution Messages

Directing, ordering commanding.

"You must …", "Try harder," "Stand up." Evokes defensiveness.

Threatening, warning, punishing.

"If you do, you'll be fired," "You'd better …" Produces resentment and resistance.

Preaching, moralizing.

"You really should …", "Every professional here knows …" Induces guilt.

Persuading, arguing, lecturing.

"After a while, you'll figure out …", "The facts are …" Increases defensiveness.

Advising, recommending.

"First thing after break you should …" "Why don't you …" May encourage dependency or "Yes, buts."

Put-down Messages

Criticizing, name-calling, characterizing, blaming.

"You blew it," "You always," "Just like a woman," "You're a typical lawyer." Induces guilt, lowers self-esteem.

Sarcasm, teasing

"You really can't ever win, can you?", "The world just won't cooperate with you." Arouses feelings of resentment and frustration. A crazy-maker.

Diagnosing, psychoanalyzing, mind reading

"You're overtired; you don't really mean that", "It's a phase," "You're just anti-woman." Rejects and threatens, arouses anger or undermines self trust; crazy making.

Cop-out Messages

Withdrawing, diverting.

"I can't discuss that now." Lack respects, can be punishing.

Cross examining, fact finding.

"What did you do first?", "Are you sure?" Ignores feelings, communicates distrust.

Pseudo-supportive Messages

Praising, approving.

"That's a good job.", "You're doing well." Implies ability to judge, establishes supplicant relationship.

Reassuring, consoling, sympathizing.

"It'll be okay.", "Don't have negative feelings." Denies real feelings; can create confusion/ uncertainty in trusting own instincts.

Me too messages.

"I have the same problem.", "When that happened to me …" Diverts attention from the speaker.

Module 7 – Reading 3-4

Active Listening Skills

S.O.L.E.R.

Five steps to attentive listening

- **S**quarely face the person
- **O**pen your posture
- **L**ean towards the sender
- **E**ye contact maintained
- **R**elax while attending

Attending

- Eye contact
- Posture
- Gesture

Paraphrasing

What is it?

Restating a message, but usually with fewer words. Where possible, try and get more to the point.

Purpose

1. To test your understanding of what you heard.
2. To communicate that you are trying to understand what is being said. If you're successful, paraphrasing indicates that you are following the speaker's verbal explorations and that you're beginning to understand the basic message.

When listening consider asking yourself:

- What is the speaker's basic thinking message?
- What is the person's basic feeling message?

E.g.

Statement: I just don't understand, one minute she tells me to do this, and the next minute to do that.

Response: She really confuses you.

Statement: I really think he is a very nice guy. He's so thoughtful, sensitive, and kind. He calls me a lot. He's fun to go out with.

Response: You like him very much, then.

Clarifying

What is it?

Process of bringing vague material/information into sharper focus.

Purpose:

1. To untangle unclear or wrong listener interpretation
2. To get more information
3. To help the speaker see other points of view
4. To identify what was said

E.g.

Response: I'm confused, let me try to state what I think you were trying to say.

Response: You've said so much, let me see if I've got it all.

Perception Checking

What is it?

Request for verification of your perceptions.

Purpose:

1. To give and receive feedback
2. To check out your assumptions

E.g.

Response: Let me see if I've got it straight. You said that you love your children and that they are very important to you. At the same time you can't stand being with them. Is that what you are saying?

Summarizing

What is it?

Pulling together, organizing, and integrating the major aspects of your dialogue. Pay attention to various themes and emotional overtones. Put key ideas and feelings into broad statements.

DO NOT add new ideas.

Purpose:

1. To give a sense of movement and accomplishment in the exchange
2. To establish a basis for further discussion
3. Pull together major ideas, facts, and feelings

E.g.

- A number of good points have been made about rules for the classroom. Let's take a few minutes to go over them and write them on the board.
- We're going all over the map this morning. If I understand you correctly,
- The three major points of the story are…

Primary Empathy

What is it?

Reflection of content and feelings

Purpose:

1. To show that you're understanding the speaker's experience
2. To allow the speaker to evaluate his/her feelings after hearing them expressed by someone else

E.g.

Basic Formula in responding:

You feel ….(state feeling) ….. because (state content) ….

Student: I just don't know how I am going to get all this math homework done before tonight's game especially since I don't get most of this stuff you taught us today.

Teacher: You are feeling frustrated and stuck with math you don't know how to do and you're worried that you won't figure it out before you go to the game.

Advanced Empathy

What is it?

Reflection of content and feeling at a deeper level

Purpose:

To try and get an understanding of what may be deeper feelings

E.g.

It's upsetting when someone doesn't let you tell your side of the story.

I get the sense that you are really angry about what was said, but I am wondering if you also feel a little hurt by it.

You said that you feel more confident about contacting employers, but I wonder if you also still feel a bit scared.

Module 7 – Reading 3-5

The Process of Listening

We said earlier that the first step in listening effectively is to recognize certain fallacies or false notions. The next step is to understand the process.

Listening is a complex process—an integral part of the total communication process, albeit a part often ignored. This neglect results largely from two factors.

First, speaking and writing (the sending parts of the communication process) are highly visible, and are more easily assessed than listening and reading (the receiving parts). And reading behavior is assessed much more frequently than listening behavior; that is, we are more often tested on what we read than on what we hear. And when we are tested on material presented in a lecture, generally the lecture has been supplemented by readings.

Second, many of us aren't willing to improve our listening skills. Much of this unwillingness results from our incomplete understanding of the process—and understanding the process could help show us how to improve. To understand the listening process, we must first define it.

Through the years, numerous definitions of listening have been proposed. Perhaps the most useful one defines listening as the process of receiving, attending, and understanding auditory messages; that is, messages transmitted through the medium of sound. Often, the steps of responding and remembering are also included. The process might be diagrammed as shown in Figure 1 (at the close of this article).

The process moves through the first three steps—receiving, attending, understanding—in sequence. Responding and/or remembering may or may not follow. For example, it may be desirable for the listener to respond immediately or to remember the message in order to respond at a later time.

At times, of course, no response (at least no verbal response) is required. And the act of remembering may or may not be necessary. For example, if someone tells you to "watch your step," you have no need to remember the message after you have completed that step.

The Listening Process

Referring to Figure 1, let's look at the parts—the three necessary ones and the two additional ones—one at a time. Consider the following analogy between the listening process and the electronic mail (E-mail) system. Suppose that you are the sender of a message and I am the intended recipient.

(www.au.af.mil/au/awc/awcgate/kline-listen/b10ch3.htm)
(No author identified; Retrieved February 1, 2005)

Receiving

This step is easily understood. You may send a message to me by E-mail. It may be wonderfully composed and clear. You may have used effective techniques to organize and support your message. The subject may be one of great interest to me. Imagine further that I both admire and respect you, and that I like to receive E-mail from you.

In short, you have done a good job and I want to receive the message. But if I don't turn on my computer, I won't receive it. The message remains somewhere between your computer and mine—between sender and receiver.

Much human listening fails for the same reason. Receivers simply are not connected or "tuned in" to the senders. Sometimes, the problem is a physiological one; for example, the receiver has a hearing deficiency due to a congenital or inherited weakness. Or perhaps the deficiency resulted from an accident, a disease, or prolonged exposure to loud noises.

Sometimes the problem can be corrected through the use of mechanical devices that restore hearing loss, or through hearing aids that amplify sound. Scientists and engineers are constantly developing new products designed to correct and help specific types of hearing loss.

Remember that hearing and listening are not the same. Hearing is the reception of sound; listening is the attachment of meaning. Hearing is, however, a necessary prerequisite for listening and an important component of the listening process.

Attending

Let's continue with the E-mail analogy. When I turn my computer on, it will receive the message that you sent. But I must do more: I must attend to the message if the process is to continue. Perhaps I received a phone call just after I turned my computer on and had to move away from my desk; I do not know that you have sent a message. Or maybe I don't have an opportunity to read my E-mail that day.

Suppose that I am working on something else when the message arrives. My computer signals that I have mail from you. I want to read it, but I decide that I will do it later. I continue to stay busy on another task, however, and forget to read the message. Later, I may mistakenly "trash it" without ever reading it. Whatever the case, I don't attend to the message.

Human listening is often ineffective—or does not occur—for similar reasons. Receiving occurs, but attending does not.

At any given time, numerous messages compete for our attention. The stimuli may be external, such as words spoken by a lecturer or printed on paper, or events occurring around us. Or the stimuli may be internal, such as a deadline we must meet tomorrow, a backache we developed by sitting too long at the computer, or the hunger pangs we experience because we didn't take time to eat lunch. Whatever the source of the stimuli, we simply can't focus on all of them at the same time. We therefore must choose, whether consciously or unconsciously, to attend to some stimuli and reject others. Three factors determine how these choices are made.

1. Selectivity of attention.

We direct attention to certain things to prevent an information overload. A common example makes the point. Suppose you are attempting to read a book and watch TV at the same time. Although some people claim they can do this, actually both activities suffer—and usually one more than the other. The material that is most engaging or interesting will attract your attention. At other times, something may interrupt or disturb your attention.

In 1974, I was teaching at a large midwestern university. The fad of "streaking"—in which a stark-naked (or nearly naked) student dashes through a gathering of people—had hit the campus. One day as I was lecturing to a thousand students in an auditorium, a streaker dressed only in combat boots and a football helmet ran across the stage. Needless to say, I lost the attention of the audience. I tried for several minutes to regain their attention, then finally decided to dismiss the class 10 minutes early. I had always believed that I was a good lecturer and could hold the audience's attention, no matter what; I was wrong!

Selectivity of attention explains why you "perk up" or pay attention when something familiar to you, such as your hometown or your favorite hobby, is mentioned. In fact, you may have been listening intently to a conversation when someone in a different conversation mentions your name. Immediately, the focus of your attention shifts to the conversation in which your name was mentioned.

2. Strength of attention.

Attention is not only selective; it possesses energy, or strength. Attention requires effort and desire. In the example of reading a book and watching TV, the receiver (reader/watcher) directed his or her primary attention toward either the book or the TV. Complete attention can be given to only one stimulus at a time, and necessary attention to only a limited number of stimuli at the same time. If we spend too much energy on too many stimuli, we soon will not be paying attention to any of them. We are all familiar with aircraft accidents that were caused at least in part by controllers in the tower having to process too much information.

Consider also how we can be so attentive to a newspaper, a TV program, a personal computer, a sports event, or another individual that we are oblivious to things around us. Watch a young couple in love sometime: You'll see a good example of intensity, or strength of attention.

Still another measure of attention strength is the length of time that the memory of something continues to influence us. I still remember vividly the baptism of my first grandchild, the first major league baseball game I attended, and the first time I kissed my wife—not necessarily in that order, of course. Strength of attention is important.

3. Sustainment of attention.

Just as attention is determined by selectivity and strength, it is affected by time of sustainment. Our attention wanes, and this fact is important to an understanding of listening.

For example, we can listen to some public speakers far longer than we can listen to others. Duration may depend on the subject, the setting, the way the speech is packaged, and on the speaker's delivery. But no matter how articulate and skilled the speaker, or how interesting the content, our attention finally ends. If for no other reason, the human body requires sleep or attention to other bodily needs. The mind can only pay attention for as long as the body can sit still.

Selectivity, strength, and sustainment determine attention. Receiving and attending are prerequisites to the rest of the listening process. The third step in that process is understanding.

Understanding

Someone has said, "Communication begins with understanding." How true! A message may have been sent and received, and the receiver may have attended to the message—yet, there has been no effective communication. Effective communication depends on understanding; that is, effective communication does not take place until the receiver understands the message. Understanding must result for communication to be effective.

Let's return to the E-mail analogy. Suppose I received the E-mail message, "opened" it, and read it. Has effective communication occurred? Not necessarily. Even though I read every word of your message, I may not have understood what you meant.

There are several possible reasons for the misunderstanding. Perhaps I expected the message to say something that it didn't say; my understanding of it may therefore be more in line with my own expectations than what it actually said. We often hear or read what we expect rather than what was actually said or written.

Or perhaps the real point of the message was "tucked away," obscured by several other tidbits of information. And I missed the point. In listening, the key point is sometimes missed. A worker may tell a supervisor several things that happened while the supervisor was out of the office. While relating all the events, the worker mentions that the boss asked that the supervisor call upon his return. The supervisor missed this important piece of information because he was not "ready" for it; that is, he was trying to understand the other parts of the message. Later, he asks the worker why he had failed to tell him that his boss wanted to see him. But the worker had told him; he just didn't understand.

Our expectations and/or our failure to get the point often lead to misunderstanding. But the major reason for my not understanding the E-mail I received from you was probably something else: the words you used and the manner in which you arranged them. Neither of us was necessarily "at fault"; we simply attached different meanings

to the words. You attached one meaning to those words, I attached another. We communicate effectively with each other only insofar as we share meanings for the symbols—verbal or nonverbal—that we are using.

With E-mail, the message is limited to words or other visual symbols that represent words. In listening, both verbal and nonverbal symbols are crucial to understanding. Consider the roles they play.

1. Verbal symbols.

Verbal communication means communicating through the use of words, whether spoken or written. Two barriers obstruct our understanding of verbal communication.

Barrier #1: The same words mean different things to different people. This barrier is a common one, and it may be experienced whenever any two people attempt to communicate.

I may tell my colleague that the temperature in the office is quite comfortable. My "quite comfortable," however, is her "uncomfortable": 75 degrees is comfortable for me; 70 degrees is comfortable for her. The same word can mean different things to different people. A friend tells me he will be over in five minutes. To him, five minutes means "soon"—perhaps any time in the next half hour. I, on the other hand, attach a literal meaning: Five minutes means five minutes.

Some years ago, I was speaking at a civilian university. My wife, Ann, had accompanied me and had gone shopping while I was speaking. I had asked her to pick me up at noon. There was an attractive circular drive at the front of the building where I was speaking. To the rear of the building was a small circular drive used mostly by service and delivery vehicles. In my message to Ann, I had said simply, "Pick me up at the circular drive." Ann immediately thought of the nice drive in front of the building; I was thinking of the one at the back. Fortunately, it didn't take us too long to discover the mistake.

In the previous examples, the same words having different meanings for different people caused only minor irritation. The consequences can be more severe, as described in the following story told by a fire inspector.

The fire inspector said that workers exhibit great caution when they are working around gasoline drums. They take great care not to smoke or ignite matches nearby. But when the drums are emptied, and labeled "empty gasoline drums," caution is thrown to the wind. Workers feel comfortable in striking matches and smoking cigarettes in the area. Ironically, vapors that emanate from "empty" drums are much more volatile than liquid gasoline.

The word "empty" holds a different meaning for the workers than for the experienced fire inspector, who knows that the potential for disaster is present. The next example shows how a misunderstanding of one word's meaning can lead to tragic consequences.

A traveler stopped at a convenience store to ask directions. The man behind the counter pointed to a traffic signal a block away and said, "Go to that intersection, take an immediate left, go about a mile. It will be the big red building on your right."

The traveler repeated, "Go to the traffic light, take an immediate left, go a mile to the red building on my right. Is that it?"

"That's right," said the convenience store operator.

Unfortunately, the traffic light was on the corner heading into the intersection and the man in the store had neglected to mention the grassy median that separated northbound and southbound lanes. The traveler took an "immediate left" and headed south in the northbound lane. Less than one block later, he slammed headfirst into an eighteen-wheeler and was killed.

When the same words mean different things to different people, misunderstanding occurs. But there is another barrier to effective verbal communication that can cause just as much trouble.

Barrier #2: Different words sometimes mean the same thing. Many things are called by more than one name. For example, when my adolescent son, Marc, and I went to a restaurant in the South shortly after we had moved here from the Midwest, Marc asked the waiter to bring him a "pop." The waiter didn't understand until Marc said, "You know—pop, it comes in a bottle or a can; you shake it and it fizzes." The waiter said, "Oh! You mean a soda." But "soda" meant quite something else to Marc, and there were a few more moments of confusion until the waiter and Marc understood one another. Soft drink, soda, and pop all mean the same thing when used in the same context. The name used depends on who is doing the talking. How many things in the English language are called by more than one name? For a starter, consider that the 500 most commonly used words in our language have a total of about 15,000 definitions—an average of 30 per word. The following sentence will serve to illustrate the point.

Fred has been crestfallen since he fell out of favor with the Fall Festival Committee last fall after he had a falling out with Joe because Joe had fallen in with a new crowd of people rather than falling in love with Fred's sister, Fallina.

Not a great sentence, but it illustrates a few of the more than 50 meanings of "fall." Our language is marked by its multi-usage. If you doubt it, describe some object or animal in detail to several talented artists and ask them to draw what you describe. Chances are that each one will draw a distinctively different picture.

These two barriers—same words meaning different things and different words meaning the same thing—can be overcome if you realize the following fact: Meanings are not in words, meanings are in people. We listen more effectively when we consider the message in relation to its source. Good listeners always consider who the sender of the message is. Knowing something about the sender pays big dividends when it comes to understanding the message.

2. Nonverbal symbols.

We use nonverbal symbols to transmit many times more information than our verbal symbols carry. We communicate nonverbally through action factors, non-action factors, and vocal factors. Each suggests a barrier to listening.

Barrier #1: Misinterpretation of the action. Eye contact, gestures, and facial expression are action factors that affect the meaning we attach to a message. For that matter, any movement or action carries meaning.

When someone walks quickly away from a conversation or taps a pencil on the desk during a conversation, we may conclude that the person is in a hurry or is bored. Our conclusions may or may not be correct, however. We may conclude that speakers who twitch, or otherwise seem to us unsure, are nervous when, in fact, they may not be.

Barrier #2: Misinterpretation of non-action symbols. The clothes I wear, the automobile I drive, and the objects in my office—all these things communicate something about me. In addition, my respect of your needs for time and space affects how you interpret my messages. For example, if I am to see you at noon but arrive 15 minutes late, my tardiness may affect how you interpret what I say to you. Or if I "crowd" you—get too "close" to you emotionally—when speaking, you may "tune me out"; that is, you may "hear" but not "listen to" my message.

Barrier #3: Misinterpretation of the voice. The quality, intelligibility, and variety of the voice affect the listener's understanding. Quality refers to the overall impression the voice makes on others. Listeners often infer from the voice whether the speaker is happy or sad, fearful or confident, excited or bored. Intelligibility (or understandability) depends on such things as articulation, pronunciation, and grammatical correctness. But variety is the spice of speaking. Variations in rate, volume, force, pitch, and emphasis

are some of the factors that influence our understanding of the speaker's message.

Receiving, attending, and understanding are all crucial if effective listening is to occur, for communication can accurately be defined as the sharing or understanding of meaning. Often, however, the steps of responding and remembering are part of the listening process. Responding and remembering are indicators of listening accuracy.

Responding

The listening process may end with understanding, since effective communication and effective listening may be defined as the accurate sharing or understanding of meaning. But a response may be needed—or at least helpful. And there are different types of responses.

1. Direct verbal responses.

These may be spoken or written. Let's continue with the E-mail analogy. After I have received, attended to, and understood the message you sent, I may respond verbally. If your message asked a question or sought my coordination, I might type a response on my computer and reply to you. Perhaps you requested that I call you or come to see you, in which case I do so. Or you might have asked me to write a position paper or think about an issue and give you some advice, in which case I might send a quick E-mail response indicating that I will get back to you later.

2. Responses that seek clarification.

I may use E-mail to ask for additional information, or I may talk to you either on the telephone or face-to-face. I may be very direct in my request, or I may just say, "tell me more about it."

3. Responses that paraphrase.

I may say something like, "in other words, what you are saying is. . . ." A paraphrase gives the sender a chance to agree, or to provide information to clarify the message.

4. Nonverbal responses.

Many times, a nonverbal response is all that is needed; indeed, it may even be the preferred type of response. The knowing nod of the head, an understanding smile, or a "thumbs up" may communicate that the message is understood.

Responding, then, is a form of feedback that completes the communication transaction. It lets the sender know that the message was received, attended to, and understood.

Remembering

Memorization of facts is not the key to good listening. Yet memory is often a necessary and integral part of the listening process. Some would go so far as to say, "if you can't remember it, you weren't listening."

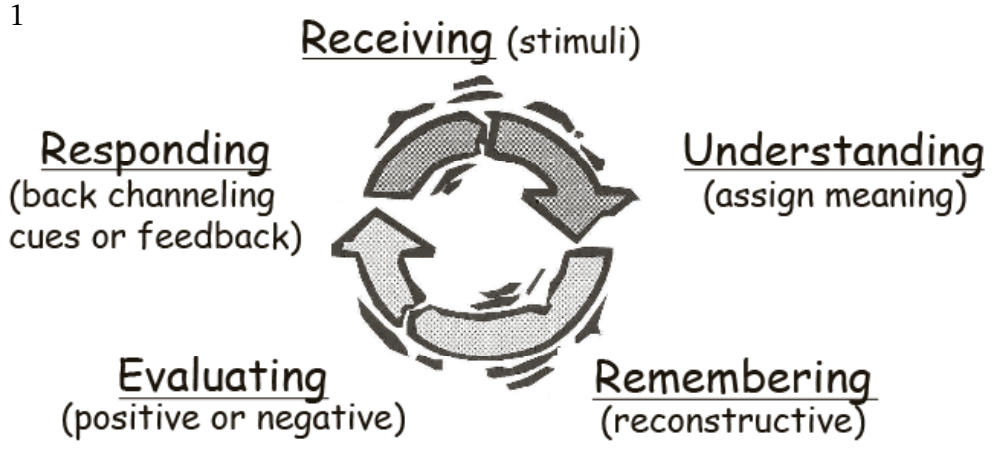
This statement is often untrue. Think for example, of the times you heard a good joke but can't remember it long enough to get home and tell it; or the number of times you have gone to the grocery store and couldn't remember what you were asked to buy. And the most frustrating situation of all—you were introduced to someone and can't recall the name five minutes later. We often say, "I can remember faces, but I can't remember names." At times, something will "jog" our memory, such as hearing another joke, seeing a similar product on the grocery store shelf, or meeting someone else with the same first name.

What is the relationship between memory and listening? Understanding the differences between short-term memory and long-term memory will help explain the relationship.

With short-term memory, information is used immediately—within a few seconds, for example, as with a phone number that we look up. Short-term memory has a rapid forgetting rate and is very susceptible to interruption. And the amount of information that can be retained is quite limited, though it varies somewhat with variations in the material to be retained. For example, most of us can remember only very few random numbers (4, 13, 9, 53, 274, 6, 491, 713, 2810, 1, 7555, 111). But if there is a pattern (1, 2, 4, 8, 16, 32, 64, 128, 256, 512, 1024, 2048), the task is much easier.

Long-term memory allows us to recall information and events hours, days, weeks—even years—later. You remember, for example, things that happened to you when you were growing up, songs you learned, people you knew. You may have been unaware of those memories for long periods of time, and then the right stimulus caused you to recall them. Perhaps the aroma of a freshly baked pie called to mind your grandmother, who used to make great apple pies years ago.

Figure 1



Module 7 – Reading 3-6

Managing Emotions Handling Others

People's behaviors occur for a purpose. They are looking for ways to belong, feel significant, and self-protect. When people perceive a threat to their self-esteem, a downward spiral can begin. People can be led into obstructive behaviors in the faulty belief that this will gain them a place of belonging and significance. How we respond to their difficult behaviors can determine how entrenched these become.

The secret is to break out of the spiral by supporting their real needs without supporting their destructive faulty beliefs, and alienating patterns of reaction.

Difficult Behaviors *(and the Faulty Belief Behind It)*	*The Downward Spiral*	*Better Alternatives*
Seeking Attention ("I only belong when I am being noticed.")	You feel annoyed and react by coaxing. They stop briefly, and then resume behaviors and demands, perhaps in a new way.	Avoid undue attention. Give attention for positive behaviors especially when they are not making a bid for it. Support their real contribution and involvement.
Power Plays ("I only belong when I am in control, when no-one can boss me!")	You feel provoked or threatened and react by fighting or giving in. Their aggression is intensified or they comply defiantly.	Disengage from the struggle. Help them to use power constructively by enlisting co-operation. Support their self-worth and autonomy.
Seeking Revenge ("I am significant only if I make others feel hurt like I do.")	You feel hurt by them, and retaliate. They seek further revenge more strongly or with another weapon.	Convince them that you respect their needs. Build trusting relationships. Support their need for justice and fairness.
Appear Inadequate ("I won't be hurt any more, only if I can convince others not to expect much from me.")	You give up, overwhelmed. They respond passively, show no improvement, and stay "victim".	Encourage any positive attempt, no matter how small. Focus on assets. Provide bite-sized learning experiences they can succeed at. Support how they feel as a starting place for self-improvement.

(Conflict Resolution Network. http://www.crnhq.org/windskill6.html)
(Retrieved January 30, 2005)

Module 7 – Reading 3-7

Co-operative Power

SKILLS - Co-operative Power

Responding to Resistance from Others

When faced with a statement that has potential to create conflict, ask open questions to reframe resistance. Explore the difficulties and then re-direct discussion to focus on positive possibilities.

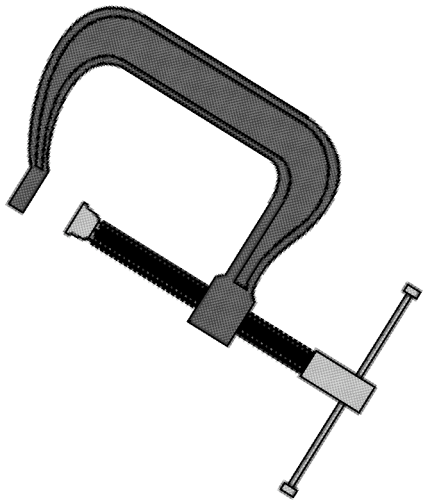
EXPLORE - Clarify Details	
It's too expensive.	Compared to what?
Too many/much/little/few.	Compared to what?
I want the best.	What would be best for you?
FIND OPTIONS	
You can't do that around here.	What would happen if we did?
He (she) would never...	How can we find ways for it to happen?
They always...	Are there any times they don't?
We've tried that already.	What was the outcome?
This is the only way to do it	Yes, that's an option. What else could we consider?
REDIRECT - Move to the Positive	
It will never work.	What would it take to make it work?
I won't...	What would make you willing?
It's a failure.	How could it work?
It's disastrous.	What would make it better?
He's (she's) useless.	What is he (she) doing that is acceptable?
It's impossible.	What would it take to make it possible?
I can't.	You can't see a way to do it at the moment?
I don't want to.	What would you like?

(The Conflict Resolution Network. http://www.crnhq.org/windskill5.html)

SKILLS - Co-operative Power (cont'd)

GO BACK TO LEGITIMATE NEEDS AND CONCERNS

He's (she's) a hopeless case!	It's hard to see how to work with him (her)?
You fool (and other insults)!	What do we need to do to sort this out?
How dare you do such a thing!	What do you dislike about it?
It should be done my way.	What makes that seem the best option?
His/her place is a pig's sty	He/she puts a different emphasis on tidiness to you?
He/she doesn't do their fair share.	Where do you think his/her priorities may lie?



Module 7 – Reading 4-1

Thinking About Conflict: A Personal Inventory

1. Think about how you would describe yourself when faced with an argument or conflict. Keeping in mind that circumstances may require or elicit different responses, check any that fit you in most conflict situations.

   _____ I love to argue/debate.
   _____ Most conflict is a learning opportunity for me.
   _____ I feel fairly comfortable when arguing.
   _____ I am usually uncomfortable in conflict situations.
   _____ I hate to argue or be in conflict.
   _____ I am afraid of conflict.
   _____ I take conflict and disagreements personally.
   _____ When in a conflict situation, I tend to "fight to the death."
   _____ I'd rather give in than fight.
   _____ I almost never START a conflict situation.
   _____ I think I have solid conflict resolution skills.
   _____ I am unsure of my conflict resolution skills.

2. Once a conflict or argument starts: (choose the one that applies most often)

   _____ I want to win.
   _____ I want to lose.
   _____ I just want the conflict/argument to stop.
   _____ I want to resolve the conflict to all parties' satisfaction.

3. What are your "models" for conflict, arguing, fighting, resolving conflicts? If you have childhood memories of adults around you, how did they argue, fight deal (or not deal) with conflicts?

4. If a conflict situation escalates, what are you afraid might happen? What's your biggest fear (rational or not)?

5. When I am in a conflict situation, usually: (check all that apply)

   _____ I need more space than the other person gives me.

   _____ I need people to NOT raise their voice or yell at me. (For hearing people)

   _____ I need some time to form my answer. I don't like to be rushed.

   _____ I need physical space around me. I can't stand people shaking a finger at me or using other gestures or body movements near me (unless they're signing) when we're disagreeing.

   _____ I am uncomfortable with eye contact when I am in conflict with someone.

   _____ I want the other person to make eye contact with me when we're in conflict.

   _____ Sometimes I just need to "vent." Then I'm "over it."

   _____ It usually takes me a long time to stop thinking about a conflict.

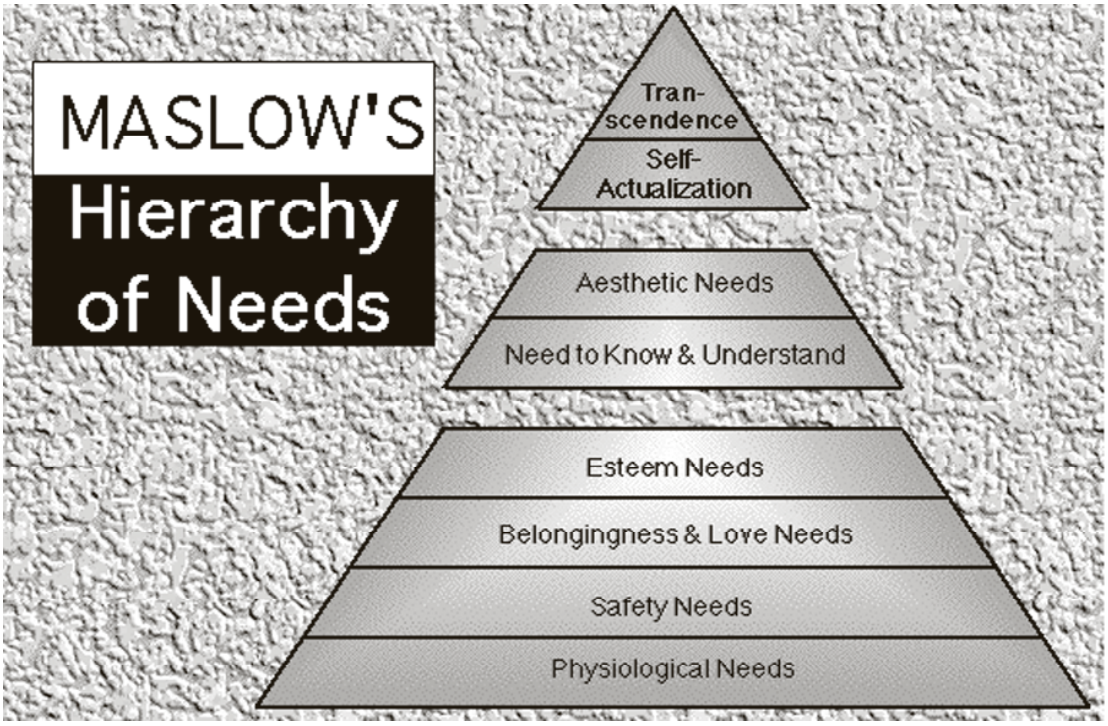
Developed by Cultural Bridges. HC 81 Box 7015 Questa NM 87556 505-586-2488
Used with permission.

Module 7 – Reading 5-1

Maslow's Hierarchy of Needs

Abraham Maslow (1954) attempted to synthesize a large body of research related to human motivation. Prior to Maslow, researchers generally focused separately on such factors as biology, achievement, or power to explain what energizes, directs, and sustains human behavior. Maslow posited a hierarchy of human needs based on two groupings: deficiency needs and growth needs. Within the deficiency needs, each lower need must be met before moving to the next higher level. Once each of these needs has been satisfied, if at some future time a deficiency is detected, the individual will act to remove the deficiency. The first four levels are:

1. Physiological: hunger, thirst, bodily comforts, etc.;
2. Safety/security: out of danger;
3. Belongingness and Love: affiliate with others, be accepted; and
4. Esteem: to achieve, be competent, gain approval and recognition.



According to Maslow, an individual is ready to act upon the growth needs if and only if the deficiency needs are met. Maslow's initial conceptualization included only one growth need--self-actualization. Self-actualized people are characterized by: 1) being problem-focused; 2) incorporating an ongoing freshness of appreciation of life; 3) a concern about personal growth; and 4) the ability to have peak experiences. Maslow later differentiated the growth need of self-actualization, specifically naming two lower-level growth needs prior to general level of self-actualization (Maslow & Lowery, 1998) and one beyond that level (Maslow, 1971). They are:

5. Cognitive: to know, to understand, and explore;
6. Aesthetic: symmetry, order, and beauty;
7. Self-actualization: to find self-fulfillment and realize one's potential; and
8. Self-transcendence: to connect to something beyond the ego or to help others find self-fulfillment and realize their potential.

Maslow's basic position is that as one becomes more self-actualized and self-transcendent, one becomes more wise (develops wisdom) and automatically knows what to do in a wide variety of situations. Daniels (2001) suggests that Maslow's ultimate conclusion that the highest levels of self-actualization are transcendent in their nature may be one of his most important contributions to the study of human behavior and motivation.

Norwood (1999) proposes that Maslow's hierarchy can be used to describe the kinds of information that individual's seek at different levels. For example, individuals at the lowest level seek coping information in order to meet their basic needs. Information that is not directly connected to helping a person meet his or her needs in a very short time span is simply left unattended. Individuals at the safety level need helping information. They seek to be assisted in seeing how they can be safe and secure. Enlightening information is sought by individuals seeking to meet their belongingness needs. Quite often this can be found in books or other materials on relationship development. Empowering information is sought by people at the esteem level. They are looking for information on how their ego can be developed. Finally, people in the growth levels of cognitive, aesthetic, and self-actualization seek edifying information. While Norwood does not specifically address the level of transcendence, I believe it safe to say that individuals at this stage would seek information on how to connect to something beyond themselves or to how others could be edified.

Maslow published his first conceptualization of his theory over 50 years ago (Maslow, 1943) and it has since become one of the most popular and often cited theories of human motivation. An interesting phenomenon related to Maslow's work is that in spite of a lack of evidence to support his hierarchy, it enjoys wide acceptance (Wahba & Bridgewell, 1976; Soper, Milford & Rosenthal, 1995).

The few major studies that have been completed on the hierarchy seem to support the proposals of William James (1892/1962) and Mathes (1981) that there are three levels of human needs. James hypothesized the levels of material (physiological, safety), social (belongingness, esteem), and spiritual. Mathes proposed the three

levels were physiological, belonginess, and self-actualization; he considered security and self-esteem as unwarranted. Alderfer (1972) developed a comparable hierarchy with his ERG (existence, relatedness, and growth) theory. His approach modified Maslow's theory based on the work of Gordon Allport (1960, 1961) who incorporated concepts from systems theory into his work on personality.

Alderfer's Hierarchy of Motivational Needs

Level of Need	*Definition*	*Properties*
Growth	Impel a person to make creative or productive effects on himself and his environment	Satisfied through using capabilities in engaging problems; creates a greater sense of wholeness and fullness as a human being
Relatedness	Involve relationships with significant others	Satisfied by mutually sharing thoughts and feelings; acceptance, confirmation, understanding, and influence are elements
Existence	Includes all of the various forms of material and psychological desires	When divided among people one person's gain is another's loss if resources are limited

Maslow recognized that not all personalities followed his proposed hierarchy. While a variety of personality dimensions might be considered as related to motivational needs, one of the most often cited is that of introversion and extroversion. Reorganizing Maslow's hierarchy based on the work of Alderfer and considering the introversion/extraversion dimension of personality results in three levels, each with an introverted and extroverted component. This organization suggests there may be two aspects of each level that differentiate how people relate to each set of needs. Different personalities might relate more to one dimension than the other. For example, an introvert at the level of Other/Relatedness might be more concerned with his or her own perceptions of being included in a group, whereas an extrovert at that same level would pay more attention to how others value that membership.

A Reorganization of Maslow's and Alderfer's Hierarchies

Level	*Introversion*	*Extroversion*
Growth	Self-Actualization (development of competencies [knowledge, attitudes, and skills] and character)	Transcendence (assisting in the development of others' competencies and character; relationships to the unknown, unknowable)
Other (Relatedness)	Personal identification with group, significant others (Belongingness)	Value of person by group (Esteem)
Self (Existence)	Physiological, biological (including basic emotional needs)	Connectedness, security

At this point there is little agreement about the identification of basic human needs and how they are ordered. For example, Ryan & Deci (2000) also suggest three needs, although they are not necessarily arranged hierarchically: the need for autonomy, the need for competence, and the need for relatedness. Thompson, Grace and Cohen (2001) state the most important needs for children are connection, recognition, and power. Nohria, Lawrence, and Wilson (2001) provide evidence from a sociobiology theory of motivation that humans have four basic needs: (1) acquire objects and experiences; (2) bond with others in long-term relationships of mutual care and commitment; (3) learn and make sense of the world and of ourselves; and (4) to defend ourselves, our loved ones, beliefs and resources from harm. The Institute for Management Excellence (2001) suggests there are nine basic human needs: (1) security, (2) adventure, (3) freedom, (4) exchange, (5) power, (6) expansion, (7) acceptance, (8) community, and (9) expression.

Notice that bonding and relatedness are a component of every theory. However, there do not seem to be any others that are mentioned by all theorists. Franken (2001) suggests this lack of accord may be a result of different philosophies of researchers rather than differences among human beings. In addition, he reviews research that shows a person's explanatory or attributional style will modify the list of basic needs. Therefore, it seems appropriate to ask people what they want and how their needs could be met rather than relying on an unsupported theory. For example, Waitley (1996) advises having a person imagine what life would be like if time and money were not an object in a person's life. That is, what would the person do this week, this month, next month, if he or she had all the money and time needed to engage in the activities and were secure that both would be available again next year. With some follow-up questions to identify what is keeping the person from happening now, this open-ended approach is likely to identify the most important needs of the individual.

There is much work still to be done in this area before we can rely on a theory to be more informative than simply collecting and analyzing data. However, this body of

research can be very important to parents, educators, administrators and others concerned with developing and using human potential. It provides an outline of some important issues that must be addressed if human beings are to achieve the levels of character and competencies necessary to be successful in the information age.

References

- Alderfer, C. (1972). Existence, relatedness, & growth. New York: Free Press.
- Allport, G. (1960). Personality and social encounter: Selected essays. New York: Beacon Press.
- Allport, G. (1961). Pattern and growth in personality. New York: Holt, Rinehart and Winston.
- Daniels, M. (2001). Maslows's concept of self-actualization. Retrieved February 2004, from http://www.mdani.demon.co.uk/archive/MDMaslow.htm
- Franken, R. (2001). Human motivation (5th ed.).. Pacific Grove, CA: Brooks/Cole.
- Institute for Management Excellence. (2001). The nine basic human needs. Online Newsletter. Retrieved February 2004, from http://www.itstime.com/print/jun97p.htm
- James, W. (1892/1962). Psychology: Briefer course. New York: Collier.
- Maslow, A. (1943). A theory of human motivation. Psychological Review, 50, 370-396. Retrieved June 2001, from http://psychclassics.yorku.ca/Maslow/motivation.htm.
- Maslow, A. (1954). Motivation and personality. New York: Harper.
- Maslow, A. (1971). The farther reaches of human nature. New York: The Viking Press.
- Maslow, A., & Lowery, R. (Ed.). (1998). Toward a psychology of being (3rd ed.). New York: Wiley & Sons.
- Mathes, E. (1981, Fall). Maslow's hierarchy of needs as a guide for living. Journal of Humanistic Psychology, 21, 69-72.
- Nohria, N., Lawrence, P., & Wilson, E. (2001). Driven: How human nature shapes our choices. San Francisco: Jossey-Bass.
- Norwood, G. (1999). Maslow's hierarchy of needs. The Truth Vectors (Part I). Retrieved May 2002, from http://www.deepermind.com/20maslow.htm
- Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55(1), 68-78. Retrieved February 2004, from http://www.psych.rochester.edu/SDT/publications/documents/2000RyanDeciSDT.pdf
- Soper, B., Milford, G., & Rosenthal, G. (1995). Belief when evidence does not support theory. Psychology & Marketing, 12(5), 415-422.
- Thompson, M., Grace, C., & Cohen, L. (2001). Best friends, worst enemies: Understanding the social lives of children. New York: Ballantine Books. http://www.amazon.com/exec/obidos/ASIN/0345438094/qid=1024322725/sr=2-1/ref=sr_2_1/103-0382559-6049463
- Wahba, A., & Bridgewell, L. (1976). Maslow reconsidered: A review of research on the need hierarchy theory. Organizational Behavior and Human Performance, 15, 212-240.
- Waitley, D. (1996). The new dynamics of goal setting: Flextactics for a fast-changing world. New York: William Morrow.

Written by; William G. Huitt. Last modified: February, 2004
Citation: Huitt, W. (2004). Maslow's Hierarchy of Needs. Educational Psychology Interactive. Valdosta, State University. Retrieved February, 2005 from, http://chiron.valdosta.edu/whuitt/col/regsys/maslow.html.

Module 7 – Reading 5-2

Guidelines for Crisis Calls

1. ***Introduce yourself and determine safety.***

   Example: "Hi, my name is _____. How can I help you?"

2. ***Orient yourself and caller.***

   A. Based on the information the caller initially provides, the advocate will need to determine if this is an emergency call or a crisis call. If there is an immediate or imminent risk to safety, then the guidelines for an emergency call should be followed.

   B. If the victim tells you she is safe at this time and it is safe for her to continue the conversation, then ask for a first name if s/he has not already given one and tell her that the conversation is confidential.

3. ***Follow up with open-ended questions based on the information s/he provided.***

   Example: "Please tell me a little more about your situation."

   "How do you feel about all this?"

   "Have there been other incidents like this in the past?"

   "You said you feel afraid though he didn't hit you. What about his behavior frightened you?"

   "Has he ever physically hurt you or threatened to hurt you? (If yes) Tell me a little about that."

   "Does s/he not allow you to do certain things like spend time with family or friends or use the telephone, anything like that?"

4. ***Once you have a clear picture of the situation, ask the victim in what way s/he thought you could help.***

   A. Don't rush in with a list of services to "solve" the situation. Based on her responses, describe the services that may meet her needs. Help the caller see you are working together to determine the best options for meeting her current needs.

   B. If s/he asks for shelter, explore other housing options before leaping to arrange for sheltering. Talk with her about the nature of shelter – limited time frames, communal living, shared bathrooms, etc.

   C. If shelter is agreed upon as her best option, review what she will need to bring, etc.

5. *Make arrangements for the service s/he chooses.*
6. *Engage in a safety planning discussion based on the situation and her choices.*
7. *Summarize the conversation and next steps. Remind the caller of the availability of the 24-hour hotline and thank her for reaching out for help.*

Module 7 – Reading 5-3

Common Misperceptions About Suicide

"People who talk about suicide won't really do it."

Not True.

Almost everyone who commits or attempts suicide has given some clues or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," "I can't see any way out," - no matter how casually or jokingly said, may indicate serious suicidal feelings.

"Anyone who tries to kill herself must be crazy."

Not True.

Most suicidal people are not psychotic or insane. They are upset, grief-stricken, depressed or despairing. Extreme distress and emotional pain is not necessarily a sign of mental illness.

"People who commit suicide are people who are unwilling to seek help."

Not True.

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

"Suicide among children is extremely rare."

Not True.

Suicide among children between the ages of 5 and 14 is more frequent than most of us suspect; the National Center for Health Statistics in 1989 placed suicide as the 6th leading cause of death among children in this age group. Risk of suicide increases as children age, with the teen years being the highest risk, but even children under 5 have been described by doctors and psychologists as clearly suicidal. Suicide tactics among children include jumping from heights, ingesting poison, running into traffic, hanging themselves, drowning themselves, and shooting or stabbing themselves.

"Talking about suicide may give someone the idea."

Not True.

You don't give someone the idea to commit suicide simply by talking about it. The opposite is true - bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Module 7 – Reading 5-4

Suicide Intervention: Questions You Should Ask

YES	"Are you thinking of killing yourself?"	NO
YES	"Do you have a plan?"	NO
YES	"Is the plan realistic/specific?"	NO
YES	"Are the means for the plan available?"	NO

If the answer to the above questions is "NO," treat as a depression.

YES "Have you taken or done anything?" NO

↓ ↓

"What have you taken?" "Where are the means?"

↓ ↓

Discourage further use or action. "Will you dispose of it?"

Find someone to dispose of it.

↓

"Where/who are you?" "Can I send help?"

1. Attempt to cause doubt that plan will work.
2. What if it hurts?
3. Stress that you care and want her to be safe.
4. Create doubt that the desired outcome will occur.
5. Who will miss you? Pets? Garden?
6. Use empathy/listening/support.

Depression

YES "Does this happen regularly?" NO

↓ ↓

"Have you considered therapy, counseling/medication?"

"What happened today?"

What has worked in the past?

1. Focus on/Compliment strengths
2. Discuss alternate ways of coping
3. Use empathy/listening/encouragement
4. Make plans for re-occurrence
5. Invite to share with friends, family, clergy, etc.
6. Encourage to call/come again
7. Contract

Making a Contract

Will you promise/contract to call me/come into the office, tell a (planned) friend, if you feel this way again?

Will you call/come back today if you feel this way again today?

Will you investigate those options/referrals we discussed?

Thank you for reaching out!

Michigan Coalition Against Domestic and Sexual Violence's New Service Provider Training Manual. Used with Permission.

Module 7 – Reading 5-5

What Battered Women Have To Say About How They Would Like To Be Treated

As a Victim I would want:	*As a Victim I would not want:*
Someone with time for me.	To be told I'm wrong or silly.
A calm voice.	Pity, rejection.
Assurance that I'm sane.	The third degree.
Someone to be there.	A pep talk or a debate.
To feel important.	A scolding ("You're stronger than that").
To be accepted as I am.	To feel alone.
To feel cared for.	A lecture or sermon.
To be taken seriously.	To feel embarrassed.
A person I can trust.	Cliché.
To be believed.	False reassurance ("It will be better in the morning.").
Someone on my side.	To be put down.
To feel safe.	To be analyzed.
Respected.	To be categorized.
Undivided attention.	To be told what to do.
To be understood.	To be lied to or tricked.
Honesty.	To be rushed or interrupted.
Non-judgmental attitude.	To be put on the defensive.
To be given control.	To be "cheered-up".
To feel taken care of.	A guilt trip.
Precise information.	To make another nervous or upset.
To be put at ease.	To feel like a burden.
Hope.	To be treated like a "case".
Relief.	Comparisons.
Someone to say, "I care."	

Adapted from South Shore Women's Center Volunteer Manual, in Massachusetts Department of Transitional Assistance Domestic Violence Training Manual

Module 7 – Reading 6-1

Assessing Dangerousness

How Do We Measure Victim Safety?

At the Duluth Domestic Abuse Intervention Project (DAIP), we have developed a risk assessment questionnaire based on current research and years of interviews with victims of domestic violence, police and probation officers, mental health workers, public health nurses, and victim advocates. These provided us with the questions we ask victims during risk assessments. Their answers to these questions give a profile of the dangers that victims face from their abusers. We cannot overemphasize the importance of obtaining this information directly from victims themselves. While we realize that many women do not acknowledge the danger they face in many cases, no one is in a better position to assess the threat abusers pose to them, and probably no one knows the abusers so well. Each question always leads to further and equally important questions to the victim. Simply answering yes or no to the question, e.g., "Has he ever threatened to kill you?" does not tell us how to interpret the danger posed by the abuser. The follow-up question is needed to address not only details (e.g., how did he threaten you?), but also the meaning the victim assigns to that threat. Remember that the victim is not merely a data point or source of information - she is a key player in interpreting the meaning of an abuser's actions.

Risk Assessment for Victim Safety

The questions have several uses: most importantly, they provide a tool to assess how the forms and procedures presently used within your system contribute to the safety of victims and the accountability of offenders. If you cannot answer the following questions about victims and offenders from the information entered on the forms and reports you currently use, then your system's ability to achieve these two goals is compromised. While it's not always possible to answer all of the following questions, it's best to build them into your documenting practices.

Assessing Dangerousness

1. Has the abuser become increasingly more violent, brutal, and/or dangerous? Can you describe the incident? What do you think that change in behavior means?
2. Has the abuser ever injured you so badly you needed medical attention? Can you describe the injuries? Have they become increasingly more severe? Are you concerned about what will happen next?
3. Has the abuser ever choked you? Can you describe the incident? Did you lose consciousness?

Duluth Domestic Abuse Intervention Project:
www.duluth-model.org/23questions.htm

4. Has the abuser ever injured or killed a pet? Can you describe the incident? Do you think he did it to threaten you?
5. Has the abuser ever threatened to kill you? Can you describe the incident? Do you believe he is willing and capable of carrying out that threat?
6. Has the abuser been sexually abusive to you?
7. Has the abuser used or threatened to use a weapon against you? Can you describe the incident/s? Do you think he may use a weapon against you?
8. Has the abuser seemed preoccupied or obsessed with you (e.g., following you, monitoring your whereabouts, stalking you, very jealous)? Can you describe the behavior?
9. Has the abuser increased the frequency of assaults on victim? Can you describe the pattern?
10. Has the abuser ever threatened or attempted to commit suicide? Can you describe the incident? How did that affect you?
11. Have you separated or tried to separate from the abuser in the past twelve months? Can you describe how that went?
12. Have you sought outside help (e.g., a protection order, police, shelter, counseling) during the past twelve months? Can you tell me how he responded to that?
13. Do you think you have been isolated from sources of help (car, phone, family, friends, etc.)? Can you give me an idea of how he responds to your efforts to reach out for help?
14. Has the abuser experienced any unusual high stress in the past twelve months (e.g., loss of job, death, financial crisis)? Do you think that has made him any more dangerous to you?
15. Does the abuser drink excessively/have an alcohol problem? What is the relationship of his drinking to his violence?
16. Has the abuser ever been treated for alcohol/drug abuse? How do you think that affects his use of violence?
17. Does the abuser own, carry, or have ready access to a gun? Specify.
18. Do you believe the abuser could seriously injure or kill you?
19. Have you felt a need to be protective of the abuser (e.g., tried to change or withdraw her statement to the police, reduce bail or charges)?
20. To the best of your knowledge, was the abuser abused as a child by a family member? Can you tell me more information about that?
21. To the best of your knowledge, did the abuser witness the physical abuse of his mother? Do you think that's connected to his use of violence now?
22. Does the abuser show remorse or sadness about the incident?
23. Does the abuser have a history of violence to others (i.e., persons outside the family)? Can you describe this?

Module 7 – Reading 6-2

Washington State Coalition Against Domestic Violence

Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities

✏ **Please Note:** *The readings in this section have been excerpted from "Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities," published by the Washington State Coalition Against Domestic Violence. The entire publication and other related materials can be found at the Coalition's website: www.wscadv.org*

The goal of this protocol and recommended policies is to support domestic violence agencies: to increase their safety planning services to people with disabilities and advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers. This protocol builds on the existing safety planning knowledge of domestic violence programs. Basic safety planning strategies will not be reviewed in this document.

Domestic violence agencies can use this document to examine their current safety planning practices and institute new practices that address the safety issues of victims with disabilities. Review the following protocol and your agency's current practices to devise a plan for improving your agency's safety planning services, perhaps by adding the sample safety planning questions (see Appendix) to your agency's routine safety planning activities.

One of five women is limited in a major life activity by a disability, and one in ten have a serious disability, according to the U. S. Census. Although conflicting information exists, current research leads us to believe that the incidence rate of domestic violence against women with disabilities is about the same as any other group of women, yet victims with disabilities are more likely to stay longer in an abusive situation and have fewer options for safety due to systemic and physical barriers in the community.

The Americans with Disabilities Act was passed only a little more than ten years ago, and many adults with disabilities have had a lifetime of negative encounters with social service and criminal justice systems. As a result of prior ineffective remedies and harmful consequences, victims may be hesitant to use systems and resources as a part of safety planning. Victims may have a fear of becoming institutionalized in a nursing home or rehabilitation center, or other loss of self autonomy, if abuse is disclosed to system representatives.

This protocol seeks to strengthen domestic violence advocates' skills in identifying barriers to safety for victims with disabilities and build skills in developing creative solutions to safety planning. Victims with disabilities face both life-generated and batterer-generated risks to their safety, and safety planning should acknowledge both of these dynamics for the best possible planning process.

There are many different types of disabilities, each having a unique effect on safety planning. People with disabilities often require assistance to perform activities of daily living. These activities may include getting up in the morning, getting in bed at night and everything in between. Cooking and cleaning, personal grooming, use of public transportation, budgeting, engaging in social activities—all of these activities may take a little more time or may take a whole new way of doing things.

Gaining an understanding of the individual barriers a victim with a disability faces can further an advocate's understanding of systemic discrimination and bias and identify the social change efforts needed to remove barriers and increase community involvement. Advocating on behalf of victims with disabilities will begin to challenge the assumptions that advocates may have about their roles, where they advocate, how they advocate, and the questions they ask when safety planning. Learning to identify discrimination and offering proactive remedies will provide individual victims the best services available and change advocate work practices.

Recommended Policy (Sample)

[Name of agency] shall work to ensure meaningful safety planning for all recipients of services by developing and implementing a comprehensive safety planning process that includes a range of options for people with disabilities and considers the following:

- The victim is the expert on what safety techniques will work best for them.
- Safety planning efforts should consider how the victim's disability impacts the safety plan.
- Safety planning efforts should consider how abusers could take advantage of barriers which prevent a victim from using domestic violence services or other services.
- Safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning strategies.
- Safety plans should be reviewed and updated periodically as the victim's situation changes.
- Safety planning materials should be presented in clear language, with an interpreter if applicable, and materials should be available in alternate formats.
- Safety planning efforts should consider other disability resources.

- Safety planning efforts should include knowledge of adaptive devices for people with disabilities and updated resource information on new technology to improve safety.
- Staff should receive ongoing training to discuss issues raised in safety planning for victims with disabilities to enhance skills.

Recommended Procedures

Overview

The advocate should consider the victim as the expert on identifying safety techniques which they would be willing to use. Ask the victim what strategies they used in the past and in the current situation. There are a wide variety of individual preferences and countless different disabilities and combinations of disabilities. And safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning. For example, if the victim's child has a disability and there is only one school in the county that is appropriate for the child, it will become more difficult to relocate quickly or secretly. If the abuser has a disability, it may also impact a victim's strategies for safety planning. For example, an abuser who was blind could be released because the prosecutor felt they could not prove the "intent" of a person who is blind to hit someone.

- Safety planning efforts should include the victim's understanding of how her disability impacts the safety planning and the potential barriers. Devices such as an alarm button, spyhole, intercom or phone system should be installed based on the victim's need.
- Safety planning efforts should also consider the community resources available for safety and the possible barriers that victims may encounter. For example, a local courthouse that is not physically accessible may allow for the court hearing by telephone (RCW 26.50.050) to provide accommodation for petitioners who use a wheelchair.
- Safety planning should consider how the abuser creates barriers or exploits barriers to entrap or harm the victim. For example, if the victim is deaf, the abuser could tell her that 911 will not respond to her TTY calls for help, or the abuser may try to act as an interpreter for her during a law enforcement investigation to control the content of victim's statements and the police report.
- Safety plans should be reviewed and updated periodically as a victim's situation changes. Some victims experience changes in their symptoms, finding what they are able to do varies daily. The advocate should consider that the changing disability symptoms may cause a victim to re-evaluate her safety planning choices and the overall effect on her health and well being.

- The advocate should have sufficient time to provide comprehensive safety planning. Safety planning is best accomplished in person, allowing opportunity to consider complicated options, while respecting the pace of communication and needs of the victim.
- Safety planning information should be presented in clearly understood language with materials available in alternate formats. For example, safety planning questions and information can be communicated through role play, pictures, calendars, diagrams or use of an interpreter as appropriate. Additionally, safety planning skills may need to be practiced and discussed repeatedly until a victim feels comfortable with the plan.
- Safety plan efforts should consider how other service providers and disability resources interact with the victim and her abuser. The victim's abuser may also have a disability and receive services from the same agency. Advocates should look out for the sharing of information that violates the victim's confidentiality and creates (intended or unintended) alignment with the abuser. If both the victim and the abuser share the same caseworker, it is best to request a separate caseworker be given to each person. Additionally, when you arrange for a personal care attendant, reader or interpreter, check with the victim to ensure that the service person fits their needs and is not aligned with the abuser.
- Safety planning efforts should include knowledge of the possible legal remedies available under RCW 74.34 Abuse of Vulnerable Adults and RCW 74.34.110 Protection of Vulnerable Adults -Petition for protective order. Under RCW 74.34.110, a legally defined "vulnerable adult" may initiate and seek relief from abandonment, abuse, financial exploitation or neglect by filing a petition for a protection order in Superior Court. Under RCW 74.34.150, the Department of Social and Health Services may seek relief on behalf of and with the consent of any vulnerable adult by filing a petition for a protection order in Superior Court. (Note: These references relate to the state of Washington.)

Responding In a Crisis

The primary goal of locating a safe place remains true for all victims. The advocate will want to quickly find out:

- What is the individual experiencing?
- What does she fear and how does her disability impact the situation?
- What specific tasks are problematic in reaching safety and what accommodations are available to reduce or eliminate these concerns?
- Are the support services staff that the victim works with allied with the abuser?

The advocate then needs to evaluate the effectiveness of existing accommodations and determine if other strategies are needed.

- Crisis personal attendant services and interpreter information should be available for your program to contact as needed for emergency services.
- If your agency provides transportation to victims seeking safe shelter, accessible crisis transportation should also be available. Additionally, check with your local law enforcement for accessible transportation arrangements. For example, in some locations, the police cannot arrest an abuser in a wheelchair because there is no accessible transportation or holding facility.

Responding When There Is Time to Plan and Prepare

Develop a contingency plan with the victim that includes:

- A plan for calling 911 from home or in the shelter.
- Quick access to critical information that she may need in a crisis.
- Housing options that are accessible for the victim's disability.
- Involving caseworkers and other appropriate support staff and involving them in the preparation as necessary.

Along with other things to gather and have available for escape, the victim should consider including:

- Spare batteries and back-up assistive devices or information on how to get replacements for the device if it is damaged.
- Instructions for use of technical equipment.
- Medications, medical information and medic alert systems needed.
- Social Security award letter/payee information or other benefit information.
- Supplies for service animals.

Skill Sets an Individual May or May Not Have for Enhancing Safety

Listed below are sets of skills that are part of a spectrum of response tactics. A victim with a disability may find that they do not have the same options available for safety because of their disability, lack of information or misinformation, discriminatory experiences or barriers in the community. A victim with a disability may not have had the opportunity, permission or option to use any of the listed skills without suffering further harm or losing autonomy or control over their life. An advocate should be careful not to assume that an individual has these skills, but to check with the victim if they are in doubt.

Self-Defense and Escape Skills

- Ability to say no
- Ability to say no with stern face, appropriate voice tone
- Ability to deceive, keep secrets
- Ability to perceive a strike coming, or ability to move to avoid a strike

- Ability to carry out safety planning
- Mobility with/without a wheelchair
- Ability to leave the house (e.g., could be physical or psychological barriers)
- Partial loss or loss of all skills (e.g., catatonia)
- Ability to use public transportation
- Ability to see alternative solutions to barriers
- Ability to use safety devices
- Strength and stamina of limbs
- Ability to sense where someone is touching, private areas without nerve functioning
- Distance able to travel, accessible pathways of travel to safety
- Dependence level and replacement of devices dependent on for safety
- Short-term and long-term memory
- Concentration, organization and focusing skills
- Knowledge about human biology and social mores
- Ability to recognize an emergency

Skills for Using Domestic Violence Support Services and Interacting with Other Systems (such as Criminal Justice System or Social Services)

- Communication skills, ability to use a phone, ability to call 911
- Ability to use public/pay phone
- Ability to know when to call 911
- Able to communicate quickly /fast responses to questions
- Ability to relate personal history to authority as needed and use short term and long term memory
- Ability to explain events consistently and in time sequence
- Ability to trust and use resources in the community
- Ability to live independently or qualify for support resources
- Have funds available for personal attendant services
- Availability of emergency caretakers
- Reading and writing skills, filling out forms and applications

Sample Safety Planning Questions

1. How does your abuser react to your disability in private?
2. What does your abuser tell others about your disability?
3. Do you have any concerns about how your disability might affect your safety?
4. Do the effects of your disability change? If so, what causes the change? Can you predict when changes will happen? How does it affect your safety?
5. Does your abuser do things that make your disability worse? Does your abuser do things that take advantage of your disability?
6. Does your abuser do things that take away your independence? Do you have any thoughts about using….(name of the domestic violence or other community resource)…?
7. What is your abuser's involvement with….(personal care or other disability support service)…?
8. What are your ideas for dealing with….(identified barrier to service)….?
9. Is there any equipment, medication, or other kinds of technology that help you stay safe?
10. Does your abuser interfere with your use of …(items needed for safety)…?

Excerpted from: MODEL PROTOCOL ON SAFETY PLANNING FOR DOMESTIC VIOLENCE VICTIMS WITH DISABILITIES

Cathy Hoog, Abused Deaf Women's Advocacy Services for the Washington State Coalition Against Domestic Violence. Revised 2004

To review additional information to enhance program and agency accessibility, see Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide, Cathy Hoog for the Washington State Coalition Against Domestic Violence, Seattle, WA, January 2003, www.wscadv.org.

Module 7 – Reading 7-1

Survivor's Planning Form

Client Name or Case Number: _____

Advocate's Name: _____ Date: _____

Goals to be addressed	*Objectives/ Action Steps*	*By whom*	*By when*	*Status*

Module 7 – Reading 7-2

Survivor's Planning and Update Form

Client Name or Case Number: _____

Advocate's Name: _____ Date: _____

Progress To Date	*Barriers Encountered*	*Possible Solutions*	*By Whom*	*By When*