



Communication – Positive Techniques

2 Hours

Presented by:



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June 2014

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Objectives

Effective communication is considered a best practice, but it takes time and effort. Through recognizing and practicing positive communication techniques, caregivers can communicate more effectively with the individuals they support, strengthen their relationships with them, and fulfill the individuals' needs. The purpose of this training is to help caregivers explore various methods used for communicating and to suggest techniques that can effect positive communication.

The objectives for this training module are for the participant to:

- List benefits of positive communication
- Recognize negative communication techniques
- Recall positive communication techniques

Opening Exercise

In order to be more open to the ideas of positive communication techniques, take a few minutes to think about three things that went well today (or at any time) due to a pleasant interaction or communication. Think about what caused those things to go well.

For example:

- Have you ever had a friend call just to say he or she was thinking about you?
- Has your boss ever told you that you handled yourself well in a difficult situation?
- When you were stressed, did someone sit and listen to you talk about it? Did you feel better afterwards?



Defining Communication

Merriam-Webster's online dictionary defines communication as:

“the act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else” (n.d.).

One component of caregiving is to understand a person's wants and needs; and the best way to obtain that understanding is to communicate with the person. Although people tend to think about communication in terms of verbal communication, there are other ways people share information, some of which may not be apparent until later reflection.

Defining Communication (continued)

Communication often consists of verbal messages and nonverbal messages.

- **Verbal messages** are expressed using words. “Verbal” is defined as the act of **using words** to communicate a message. Spoken and written words are considered forms of verbal communication.
- **Nonverbal messages** are expressed through signs, behaviors, actions, tone of voice, and body posture.

The basic theory is that communication consists of three components:

(1) **message**, (2) **sender**, and (3) **receiver**.



Positive vs. Negative Communication

While this fundamental definition of communication is helpful, it does not address the effects of communication, i.e., positive or negative results.

The effect of **positive communication** is that participants are heard, understood, and respected. Messages are conveyed in a clear, non-judgmental manner.

- The person sending the message takes care to convey it in a way that respects the feelings, thoughts, and personal beliefs of the receiver.
- The person receiving the message is able to understand and respond without feeling belittled, insulted, or otherwise offended or hurt.

Negative communication has the opposite effect. Participants are not heard, understood, or respected. Messages are blurred by negative feelings.

- The person sending the message does not consider how the message might be perceived.
- The person receiving the message perceives it as harsh, judgmental, inconsiderate, rude, or disrespectful.

Scenario

Consider the following scenario:

A speaker arrives at a group home to provide education to a group of individuals with I/DD. Caregivers are busy helping individuals to their seats.

One individual does not recognize the speaker and asks, “Who is that? Why is she here?”

Without looking at the individual, a caregiver replies, “Don’t worry about it; just go sit down.”

The individual walks over to an empty chair, sits down, and remains quiet.

What was the effect of the communication?

Were both parties heard, understood, and/or respected?

How might the communication have been more positive?

Scenario Answers

The communication had a negative effect. The individual felt *chastised* and *disrespected*, as if the caregiver did not feel it important that the individual understand.

The individual's concern about the presence of a stranger in the house was *not heard*. The caregiver *did not understand* the man's concern about safety and *did not respect* that the group home is the man's home and that he wants to know who is in his home.

The caregiver could have taken a moment to look at the individual when answering his questions and responded in a respectful way that addressed the individual's concerns.

- “That’s Janet. She’s here to give a training.”
- “She is here to do a training. I’m sure she will tell us her name once everyone is seated.”

Communication Guidelines

When conversing with people with I/DD, there are additional communication techniques or guidelines to consider.

- **Use the *18-Second Rule*.** Individuals with I/DD may need time to process and respond to what another person says. One way to accommodate this need for additional time is to follow the “18-second rule” by allowing an individual with I/DD at least 18 seconds to respond.
- **Do not rush.** Speak clearly using simple, uncomplicated words. Repeat and/or rephrase information, as needed, to ensure the individual understands.
- **Avoid abstract language.** Avoid using words and phrases that require interpretation. “Please sit down” is more likely to be understood than “Grab a chair.”

Negative Communication Techniques

Negative communication techniques can prevent positive effects by discouraging the receiver from expressing his or her feelings and ideas.

Negative communication techniques include:

- **judging (approving/disapproving)**
- **blaming**
- **belittling**
- **arguing**
- **defensive responses**
- **sympathy**

Judging

Judging communicates the message that a person should be acting, thinking, or feeling a certain way. A judgmental statement suggests either approval or disapproval; either way, the message represents the values of the person sending the message, not those of the person receiving it.

As with other communication techniques, judging can be conveyed verbally and nonverbally. An example of nonverbal judgment would be rolling one's eyes or nodding one's head in response to what someone else is saying.

Terms such as *good*, *bad*, *should*, *ought*, *right*, and *wrong* are judgmental. “*I understand you're feeling upset*” does not convey the judgmental message that “*You **should** be upset*” conveys. Even when said with good intentions, telling a person that he or she should feel, act, or think a certain way diminishes that person's individuality and freedom. It is a method of imposing one's values and beliefs onto another person.

When a caregiver sends such messages, individuals receive the underlying message that others have the right to overrule their feelings, actions, and thoughts.

Judging (continued)

Consider the following scenario:

An individual tells her caregiver that she would like to go to church on Sunday. Her caregiver responds by smiling and nodding, then saying, “Great! You should go to church!”

Even though the response supports the individual's decision, it is considered *negative* communication because it makes a judgment about the individual's personal beliefs. The judgment is easier to recognize when the opposite messages are stated:

An individual tells her caregiver that she is not going to church on Sunday. Her caregiver responds, “It's wrong not to go to church. You should be going every Sunday!”

Judging (continued)

Nonjudgmental responses to the individual's original statement would include:

- ***“You would like to go to church. What time do the services start?”***
- ***“Which church do you attend?”***
- ***“Is there a choir at your church?”***
- ***“Do you have a favorite part of the service?”***

The concept of judging as a form of negative communication can be difficult to grasp and appears to contradict what many people have learned about communicating, especially in terms of approval. It may take practice and reflection to understand fully how it applies to messages sent and received in everyday conversations.

Blaming

Blaming a person – accusing him or her of misconduct – can undermine that person’s need to feel accepted and safe. It is a form of judgment that suggests the person is less capable than others or that his or her behavior is inappropriate. Blaming implies that the person placing blame is better than the person being blamed.

Blame invalidates a person’s experience and may imply that he or she deserves consequences. For example: If an individual overeats at dinner and later complains of an upset stomach, the statement “You ate too much; no wonder you feel sick!” implies the person deserves to be sick.

Blaming belittles the person receiving the message and prevents the sender of the message from hearing and responding to the person's needs.

Belittling

Belittling communicates that the feelings expressed by the speaker are unimportant or unwarranted. When a person is belittled, the message received is that his or her experiences, feelings, and thoughts are not as important as someone else's. Over time, the person may begin to feel less worthy than others and that his or her desires, wishes, hopes, and dreams are not important. These feelings can lead to depression, problems with anger, and the display of challenging behaviors.

Belittling can also result in confusion about how someone feels. The person might begin to believe that whatever happens – good or bad – the feelings experienced are not valid, or that he or she is over-reacting. As a result, the person will not know what feelings are appropriate and may become frustrated, confused, and sad. Constant doubting of one's emotions eventually leads to a lost sense of self.

Belittling (continued)

Consider the following scenario:

An individual tells a caregiver, "I am sad that I can't visit my friend today." The caregiver responds, "Don't feel that way. You get to see her all the time."

The caregiver's response invalidates the individual's feelings and makes him or her feel "smaller" than the caregiver.

Non-belittling responses might include: *"You're feeling sad that you won't see her today;"* or *"Will you be seeing her again soon? Let's check the calendar to see when your next visit is scheduled."*

Arguing

Arguing, or challenging a person's perceptions, invalidates feelings that are real and valid to that person.

Ex: *"How can you say you don't like your food? You picked it out!"*

The implication is that the person is perhaps misinformed, lying, or uneducated. Much like belittling, arguing leads a person to doubt whether his or her experiences are valued as highly as those of other people. If it appears that the only way to be heard is to argue, a person may decide to stop expressing thoughts and opinions. The result for this person may be increasing difficulty with forming and maintaining relationships, to the point of social isolation.

Ex: A more positive approach to the situation in the above example would be: *"What don't you like about the food? Does it not taste how you thought it would?"*

This type of approach allows the caregiver's perception of reality to be presented without negative implications and encourages the individual to express his or her perception with the implication that it is valued by the caregiver.

Defensive Responses

There may be times when individuals express criticism about how something is done in their home or at a day program. There may also be times when they feel they need to "vent" and talk about a negative situation or interaction that occurred there. If a caregiver is experiencing a challenging situation – personally or professionally – he or she might respond defensively to such criticism received from an individual.

Defensive responses are aimed at protecting oneself from verbal attack. If a caregiver interprets the individual's communication as an attack, then he or she is likely to react in a defensive manner.

Defensive Responses (continued)

Consider the following scenario:

Joe, an individual residing in a group home, was taken to a doctor's appointment during the morning shift by a caregiver named Sue. Sue told Joe they would stop for a soft drink on the way home. However, the appointment lasted longer than expected, and the van was needed back at the house to transport another person to an appointment. Sue did not have time to stop to buy Joe a soft drink on the way back to the house. She apologized and promised to make it up to Joe soon. When the caregivers working the next shift arrived at work, Joe told them, "Sue lied!"

The caregivers might offer defensive responses such as:

- ***"None of us lie to you."***
- ***"I am sure Sue didn't mean to upset you."***

Defensive responses prevent the opportunity for a person to explain feelings of dissatisfaction or anger. As a result, the caregivers in the above scenario did not hear what Joe was communicating, leaving him feeling angry, upset, and unheard. By avoiding defensive responses, caregivers might discover the underlying concerns of the individual's message and help de-escalate a situation that otherwise might reach crisis level.

Defensive Responses (continued)

Examples of non-defensive responses to the scenario involving Joe and Sue include:

- ***“What did Sue say that you believe was not true?”***
- ***“It seems as if this really bothered you. Do you want to talk about it?”***

A non-defensive response does not imply agreement with the criticism but allows the individual to be heard. It also builds trust and improves the relationship between the participants of the communication exchange.

Sympathy

Sympathy can be a form of negative communication. While it may begin with intent to express a sense of solidarity with someone else's situation, sympathy often results in a shift of focus from the person in the situation to the experiences and feelings of the person expressing sympathy.

Ex: A caregiver might say to an individual, ***“I feel so badly that you have to go to the hospital and have surgery.”***

This may seem like a nice thing to say; however, the statement focuses on the feelings of the speaker rather than on the feelings of the individual having surgery. The statement used to express sympathy with the person having surgery actually shifted the burden of support onto the person having surgery. That person may hear this comment as, “I feel terrible about your situation, and need you to help me feel better.” More simply, the individual gets the sense that the caregiver's feelings are perceived as more important than what the individual is experiencing.

Sympathy (continued)

Imagine now what the individual's response might be: "I'm sorry you feel bad – it will be okay." The individual needing support is now the one providing it; in the end, that person's feelings are not expressed, considered, or addressed.

The caregiver in this situation could convey his or her concern by saying: "I hear you are having surgery this week. Would you like to talk about it?" This statement focuses on the individual and provides an opportunity to express his or her feelings about the situation.

Note: This does not mean that it is wrong to say, "I'm sorry to hear that" or "that makes me sad." It is simply a reminder that the focus needs to be on the individual's (not the caregiver's) feelings.

People often make statements of sympathy. When a caregiver expresses sympathy by saying, "I'm sorry to hear that," it is important to follow up with a statement like, "How are you feeling?" in order to keep the interaction focused on the individual.

Positive Communication Techniques

A caregiver's role in the life of a person with I/DD includes supporting the person's right and efforts to live an *Everyday Life*. Living an *Everyday Life* means the individual has opportunities to make choices to decide how to live life and is responsible for his or her decisions and actions.

Positive communication techniques can help caregivers support the principles of *Everyday Lives* by providing a conversational foundation that fosters positive effects and encourages expression of feelings and ideas. Individuals who feel free to talk about their feelings, beliefs, experiences, and thoughts usually have greater feelings of self-worth and are more likely to feel heard than those who do not have the chance to express themselves.

Positive communication techniques:

- **Active listening**
- **Silence**
- **Paraphrasing**
- **Empathy**
- **Self-disclosure**
- **Sharing observations**

Active Listening

A person will not feel heard if those with whom he or she is talking are not paying attention. In return, those not paying attention may not understand why the person appears to be upset, angry, or sad. For example, a man is watching television while his wife is trying to talk with him. She is telling him something that is important to her, but he simply nods his head and says, “Yes, dear.” He hears her voice but does not hear what she is saying. Later, he is bewildered when she is angry with him.

To facilitate positive communication, practice active listening techniques:

- face the person who is speaking
- maintain eye contact
- give the speaker full attention
- limit distractions

If necessary, suggest moving to another room or a quiet area to limit distractions during a conversation.

Active Listening (continued)

Nonverbal communication often conveys messages more subtly and powerfully than words. Be aware of what body language can communicate. If a person is tense during a conversation, his or her body language may communicate that message – sometimes more "loudly" than the verbal message communicated. Being relaxed during a conversation can prevent unintentional nonverbal messages and allow one to hear more fully what the other person is communicating.

Active listening fosters empathy. A person who listens and understands what a speaker is communicating maintains focus on the speaker rather than on his or her own thoughts and feelings.

Active listening does not involve thinking about what to say next while someone else is speaking – doing so obstructs one's ability to pay attention to what is being said.

The goal of active listening is to hear and understand what is being communicated; this requires full attention and engagement on the part of the listener.

Paraphrasing

Paraphrasing – restating another person’s message in one’s own words – is a highly effective listening skill. This technique conveys an understanding of (or at least a desire to understand) what the person is communicating.

Paraphrasing goes beyond, “I know how you feel,” and encourages a deeper level of communication while building trust and a stronger relationship by inviting the other person to talk about what he or she is feeling and experiencing. The statement, “I know how you feel,” communicates that the person saying it assumes knowledge of what the other person is experiencing and is not interested in discussing that person’s feelings, thoughts, or experiences. On the other hand, someone who repeats the essential ideas of the other person's message communicates interest and reassurance that the person is being heard.

Paraphrasing (continued)

Paraphrasing may feel awkward at the beginning, but with time and practice it will feel more natural.

Ex: An individual says, *“I enjoy running, biking, and weight lifting.”*

One might paraphrase this as, *“It seems you enjoy several kinds of exercise.”*

Ex: An individual says, *“Since my mom died, I feel sad and confused.”*

One might paraphrase this as, *“It sounds as though you really miss your mom and you don’t know what to do.”*

Practice Paraphrasing

Sample practice conversation:

Speaker: “Hi. My name is Brian.”

Listener: “Hi, Brian.”

Speaker: “I love fishing. On most weekends, I hitch my boat up to my truck and head to camp. My camp is an hour away and close to a lake. I drive up Friday nights and make a campfire. I go fishing first thing Saturday mornings. It is relaxing and peaceful on the lake. Hopefully, I will catch plenty of bluegill and sunfish. My whole family likes fish.”

Listener (attentive while speaker talks about his weekend hobby): “So, you enjoy getting away, relaxing, and fishing from your boat on weekends! Sounds as if that time is very special to you.” (This paraphrases what the speaker said without repeating it word-for-word.)

Empathy

Empathy means identifying with the feelings, thoughts, or emotions of another person. This technique involves putting oneself in someone else's shoes and imagining what that person might feel in the given situation. Empathy is essential for building relationships and promoting positive communication, but is often overlooked. It works hand-in-hand with paraphrasing – paraphrasing helps one to understand more clearly the message a person is communicating; empathy helps one to understand that person's feelings in regard to that message.

Empathy communicates an understanding of the speaker's feelings through empathetic verbal comments and nonverbal interactions. Some examples of verbal comments one might use would be: "That makes you feel sad," or "It can be frustrating to try so hard and not be able to do that."

Empathy maintains focus on the individual who sent the message, not on the person who received it.

Empathy (continued)

Examples of nonverbal empathetic responses include:

- mirroring the facial expression of the speaker
- nodding when the person is speaking
- adopting a similar stance (if standing) or posture (if sitting)

If the speaker is talking about something that made him or her sad and looks sad, the listener could exhibit a genuinely sad facial expression to communicate empathy. At first, mirroring might appear insincere or mocking; but mirroring someone's posture and facial expression helps that person to feel heard, understood, and not alone in his or her experiences.

Empathy is a powerful and effective tool in facilitating positive communication.

Practice Empathy

Sample practice conversations:

Speaker (with angry expression): “My mom called. She’s not coming to visit tonight.”

Listener: “It is upsetting when visits get cancelled.”

Speaker: “I wish I could take care of myself so I could live on my own!”

Listener: “I imagine it can be frustrating to rely on others for support.”

Speaker (with sad expression): “My fish died. I love my fish. I’m going to miss him.”

Listener (with sad expression, perhaps nodding): “It is sad when a pet dies.”

Self-disclosure

Self-disclosure can be described as the act of sharing true personal experiences to emphasize similarities and differences of experiences. These exchanges can be used to validate someone's feelings and express a deeper level of understanding based on similar experiences and feelings.



Caution: It is recommended that self-disclosure be used sparingly and kept brief and to the point. People can get caught up in their own memories and feelings, making it difficult to return the focus to the person who is describing an experience.

For example, if an individual was telling a caregiver about something that happened in their past, the caregiver may say, “That happened to me once, too. It was very difficult.” While this statement highlights a personal experience of the caregiver, it does not take the focus away from the individual who is telling the story.

After a brief self-disclosure statement, a caregiver might say, “How are you feeling about what happened to you?” to make sure the focus of the interaction returns to the individual.

Self-disclosure (continued)

Consider the following scenario:

An individual (speaker) begins to tell the caregiver (listener) about a puppy he recently rescued from a shelter and wants to share how house-training is going. The speaker no sooner gets out the words, "I got a new puppy," when the listener interrupts and starts telling the speaker all about her own dog – its name, age, breed, etc. The conversation ends without returning to the main topic the speaker wanted to share.

The caregiver became so involved with disclosing information about her dog that she forgot that the conversation initiated with a focus on the individual's dog. As a result, the self-disclosure did not have a positive effect on the communication.

Alternative self-disclosure responses that return the focus of the conversation to the speaker and have positive effects on the communication include:

- *"I love puppies. Tell me about yours."*
- *"I remember training my puppy was difficult. How is it going with your puppy?"*
- *"My dog is a poodle. What kind of dog do you have?"*

These self-disclosure statements are very brief, and each is followed by a "return" statement/question.

Sharing Observations

People often do not realize how others perceive (see) them. They may not be aware that nonverbal communication can reveal their feelings no matter what message they are expressing verbally. In such instances, it may be helpful to share observations about the message being received based on how the person sounds, appears, or acts.

Sharing observations with an individual enables a caregiver to call attention to nonverbal messages that indicate what the person is feeling. This may encourage the person to speak more openly about what he or she is experiencing and/or feeling. Caregivers can make and share observations, then allow the person to decide if they wish to comment on it.

Examples of sharing observations include:

- *“You seem sad.”*
- *“You look tired.”*
- *“I notice you’re quiet today.”*
- *“I haven’t seen you eat today.”*

Someone who appears withdrawn or quieter than usual may be experiencing issues at work, school, or home. Sharing observations may encourage communication.

Sharing Observations (continued)

Sharing observations is a non-confrontational method of "checking in" with a person that does not put the person on guard or trigger defensive responses. It allows the individual to decide whether to share what he or she is experiencing and provides an opportunity to share feelings.

If a person denies an observation or seems unwilling to talk about it, do not push or "harp on" it. The individual may choose not to respond or may need more time to think about the observation before commenting on it. Eventually, he or she might respond to the observation and discuss the matter more openly.

Note: Observations related to health and/or safety warrant evaluation. Changes in behavior and/or appearance may be related to a medical condition. Consult a physician to rule out the possibility of a medical condition as the cause.

Review Techniques

To assess your understanding of the communication techniques presented in this training, match each of the following statements with the technique it represents.

If you had finished your meal, you would not be hungry now.	Defensive response
Don't be a baby about this.	Empathy
You seem happy today.	Arguing
I have tried diets. It is hard to give up sweets.	Sympathy
I'm sure your caregiver did not lie to you.	Blaming
You have something to wear. There are clothes in your closet.	Sharing observation
It makes me so sad to hear that.	Belittling
I imagine it is frustrating to be unable to have what you want.	Self-disclosure

Review Techniques - Answers

To assess your understanding of the communication techniques presented in this training, compare your responses to the correct responses below.

If you had finished your meal, you would not be hungry now.

Blaming

Don't be a baby about this.

Belittling

You seem happy today.

Sharing observation

I have tried diets. It is hard to give up sweets.

Self-disclosure

I'm sure your caregiver did not lie to you.

Defensive response

You have something to wear. There are clothes in your closet.

Arguing

It makes me so sad to hear that.

Sympathy

I imagine it is frustrating to be unable to have what you want.

Empathy

Review Effects: Positive or Negative?

For each of the following communication techniques, indicate whether the effects are positive or negative.

Blaming	Positive	Negative
Active listening	Positive	Negative
Judging (approving/disapproving)	Positive	Negative
Belittling	Positive	Negative
Paraphrasing	Positive	Negative
Arguing	Positive	Negative
Self-disclosure	Positive	Negative
Sympathy	Positive	Negative
Empathy	Positive	Negative
Sharing observations	Positive	Negative
Defensive response	Positive	Negative

Review Effects: Answers

To assess your understanding of the effects of the communication techniques presented in this training, compare your responses to the correct responses below.

Blaming

Positive

Negative

Active listening

Positive

Negative

Judging (approving/disapproving)

Positive

Negative

Belittling

Positive

Negative

Paraphrasing

Positive

Negative

Arguing

Positive

Negative

Self-disclosure

Positive

Negative

Sympathy

Positive

Negative

Empathy

Positive

Negative

Sharing observations

Positive

Negative

Defensive response

Positive

Negative

At Your Best

Think about a situation when you felt "at your best" – at home, on the job, participating in a hobby, etc.

Reflect on that situation.

- What were you doing?
- Who was with you?
- What helped you to feel that you were at your best?

Try to identify the communication techniques used by you and others during that situation that made you believe that you were at your best. Those are the techniques to practice and use when communicating with people with I/DD.

Caregivers who model positive communication techniques encourage individuals with I/DD to engage in positive communication techniques, as well.

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