

Addressing Challenging Behaviors



Presentation

by

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About the Presenter



Ervin R. Munro has a Master's degree in School Psychology and a Bachelor's degree in Education from the University of Wisconsin-Whitewater. He has worked in the human services field for over 35 years as a licensed school psychologist, educator, Director of Social Services, operations manager, and case manager in a variety of settings.

Mr. Munro has worked with numerous populations including homeless individuals, persons with mental illnesses, substance users/abusers, elderly, homeless and runaway youth, immigrants, and persons affected by HIV/AIDS.

In addition to serving as a school psychologist and educator, some of his accomplishments include Co-founder and Co-chair of the Case Management Task Force of Los Angeles County, as well as Co-founder of AIDS Project Los Angeles where he served as the first Acting Executive Director. Mr. Munro has worked as a private Consultant and Trainer for numerous social service agencies and has received several awards and commendations for his workshops.

His responsibilities with SRO Housing included overseeing and directing the daily operations and management of all supportive-housing programs including case management services for homeless and low-income persons, specialty services for persons with physical disabilities, chronic health conditions, HIV/AIDS, veterans, persons with mental illnesses, dual-diagnosed individuals, people in recovery, and elderly. Other services include socialization/recreational activities, transportation services, money management, food services (congregate and home-delivered meals), special events, and community activities.

- **National Association of Case Management Conferences** - Omaha, NE; Kansas City, MO; Las Vegas, NV; Los Angeles, CA; Atlantic City, NJ; Philadelphia, PA; New Orleans, LA
- **Annual Conferences of the Case Management Task Force of Los Angeles County**
- **County of Los Angeles, Dept. of Health Services, Office of AIDS Programs & Policy**
- **County of Los Angeles, Department of Mental Health**
- **Numerous Social Service Agencies, Universities, Local Conferences, Panels, etc.**

Board Member – National Association of Case Management

Board Member – Advisory Board, College of Education and Professional Studies, University of Wisconsin-Whitewater

Member – American Case Management Association—Wisconsin Chapter

Mr. Munro is the recipient of the National 2011 “Distinguished Alumni Award for Community/Regional Service” from the University of Wisconsin-Whitewater.

Is it a Behavior or a Label?

Write “B” (for behavior) or “L” (for label) in front of each of the following words:

- | | |
|-----------------------|-------------------------------|
| ___ 1. eating | ___ 21. ridiculous |
| ___ 2. kicking | ___ 22. laughing |
| ___ 3. depressed | ___ 23. arguing |
| ___ 4. angry | ___ 24. stealing |
| ___ 5. smoking | ___ 25. irritating |
| ___ 6. slamming doors | ___ 26. pounding fist on door |
| ___ 7. disrespectful | ___ 27. promiscuous |
| ___ 8. argumentative | ___ 28. lazy |
| ___ 9. mean | ___ 29. running |
| ___ 10. disrobing | ___ 30. spitting |
| ___ 11. fighting | ___ 31. drunk |
| ___ 12. outrageous | ___ 32. runs in and out |
| ___ 13. disruptive | ___ 33. crazy |
| ___ 14. jerk | ___ 34. talking loudly |
| ___ 15. crying | ___ 35. old |
| ___ 16. obnoxious | ___ 36. discourteous |
| ___ 17. rude | ___ 37. happy |
| ___ 18. uncooperative | ___ 38. biting |
| ___ 19. washing hands | ___ 39. filthy |
| ___ 20. shouting | ___ 40. liberal-minded |

What is Behavior?

In general, **behavior** is only two things. Either the person “said” something or “did” something. Most everything else that we use to describe behavior is really labeling behavior rather than identifying behavior. **Behavior** is observable and measurable.

Labels are the conclusions we draw from observing behavior, e.g. if I observe someone moving slowly, holding her head down, and talking slowly with slurred words, I may say, “She is depressed.” When in fact, she may be over-medicated, ill, tired, emotionally distraught, under the influence, etc. We don’t know what is causing her to behave in the manner she is, only that she is moving slowly, holding her head down, and talking slowly with slurred words.

Remember, a behavior is observable and measurable. If you can’t see it or hear it, it probably doesn’t exist. A label is a conclusion you have made about an observation. For example, if we say, the client fell down three times in a ten-minute period, that “behavior” is observable and measurable. However, if we say the person was “drunk”, that is not observable or measurable. Therefore, “drunk” is a label. From this description, we do not know what caused the person to fall down. S/he may or may not be drunk.

Sometimes, we also personalize and emotionalize behavior. For example, a person may walk down the hallway and spit on the floor. The Janitor just finished mopping the floor and becomes very angry, throws his mop on the floor, and starts yelling at the person, calling him/her a series of bad things.

The Janitor may have **personalized** the person’s behavior if he felt that s/he did this “despicable” act just to spite him. It’s as if the person woke up that morning and thought, “I’m going to go downstairs and spit on the floor in front of the Janitor just to make him angry today.” The Janitor acts as if this event occurred exclusively for him.

The fact that the Janitor also reacted angrily to the event means that he **emotionalized** the behavior/event. He chose the feelings he wanted in order to respond to the event. We are in charge of our own feelings. The Janitor could have selected other responses/feelings such as ignoring the behavior, reporting the behavior to the appropriate person, cleaning up the mess and moving on, reporting it to the Manager, etc. However, he chose to react to the behavior and he chose negative feelings.

Behavior – anything that an organism does involving action and response to stimulation.

Webster’s Ninth New Collegiate Dictionary

Examples of Acting-Out Behaviors

Directed toward others:

- Shouting
- Verbal Abuse
- Slamming Doors
- Fighting
- Disrobing
- Smoking (Non-Compliant)
- Arguing
- Breaking Things
- Cluttering
- Writing on Walls
- Defecating
- Suicide Threats
- Homicide Threats
- Promiscuity
- Setting Fires
- Stealing
- Refusing to Pay Rent
- Sexual Harassment
- Refusing Meds
- Not Washing

Directed toward self:

- Crying
- Using Drugs
- Self-abuse
- Over-eating
- Under-eating
- Smoking
- Alcohol Abuse
- Talking to Self
- Self-mutilation

- Suicide Threats

- Promiscuity

- Refusing Meds
- Not Washing

When reporting behaviors, define them in **observable and measurable** terms, e.g. instead of saying, “He’s disruptive or obnoxious.” you might say, “He yelled at the participants twice during our group session.” or “He started an argument three times this week with different people.” Avoid using any labels such as he is “rude.” Ask yourself, “What did the person say or do that brought me to this conclusion?” That is the information you need to record.

Manipulative Behaviors

Definition:

1. Behaviors that result in a request that is inappropriate to the relationship.
2. Requests that continue despite attempts to say no or set limits.
3. Behaviors that hook:
 - a. Create enough discomfort in the receiver, that the receiver will do anything to stop it.
 - b. Behaviors that flatter or feel good.
 - c. Behaviors that instill guilt. “Feel-sorry-for-me” behaviors.

Why People Manipulate:

1. Learned behavior is repeated because it works.
2. Less threatening than a direct request, explanation, or expression of need.

General Points:

1. Manipulative people are not bad people. Separating the behavior from the individual helps to understand the behavior without judging it.
2. Everyone exhibits manipulative behaviors at some point.
3. If behavior doesn’t “hook” you, it ceases to manipulate.

How to Handle Manipulative Behaviors

Assess:

1. Are you being manipulated?
 - a. Is the behavior inappropriate to the relationship?
 - b. Does the behavior continue despite requests to stop?
2. How is the behavior affecting you? How does it make you feel?
 - a. Is your own discomfort (or comfort) interfering with your judgment?
3. Assess for:
 - a. Substance Abuse
 - b. Dementia/Psychiatric Disorder
 - c. Violent Behavior

Set Limits:

1. Make an observation of the behavior; then confront the behavior directly, friendly and politely.
2. Explain the rules, guidelines and/or options clearly.
3. Encourage the person to take responsibility for his/her actions.
4. Make clear the consequences if unacceptable behavior continues or if the person loses control.
5. Make it clear that the behavior, not the person or person’s feelings, is unacceptable. You can validate the feelings or person without condoning the behavior.
6. Set limits that are fair and appropriate. Try not to fall into the role of a punitive or permissive figure.
7. Don’t over-stimulate or further aggravate the person by:
 - a. Becoming very emotional yourself (anger, hostility, panic, condescension, defensiveness, etc.)
 - b. Touching or make threatening gestures.
 - c. Talking too much, too loud, or using words the person doesn’t understand.

Some Possible Causes of Challenging Behaviors

There are many reasons why challenging behaviors may occur in people. Sometimes the behavior may be related to changes taking place in the brain. In other instances, there may be events or factors in the environment triggering the behavior. Some behavior is a learned response of how one gets their needs met. It's most helpful to try and understand why a person is behaving in a particular manner. Determining the cause, or behavior trigger, may lead to possible solutions to the behavior, or preventative techniques to keep the behavior from happening in the first place. Judging, labeling and dismissing the person because of their behavior is not helpful.

The following is a list of four categories of possible causes of challenging behaviors:

1. Causes Related to the Person's Physical and Emotional Health

- a. **Effects of medications.** Medications can cause confusion, sudden changes in a person's level of functioning, falling, drowsiness, a sudden increase in agitation, strange mouth or hand movements, sleepiness, depression, and many other side effects.
- b. **Impaired vision or hearing.** Both problems can affect a person's ability to communicate and may lead to inadvertent non-compliance.
- c. **Chronic and acute illness.** Some individuals may endure sudden and ongoing medical problems that can affect their overall mood and irritability.
- d. **Dehydration.** Many people do not get or retain enough fluid. Symptoms of dehydration may include dizziness, confusion, delusion, refusal to drink, skin that appears dry, flushing, fever, and rapid pulse.
- e. **Depression.** Symptoms of depression include impaired concentration, memory loss, apathy, and sleep disturbances.
- f. **Fatigue.** Disturbed sleep patterns can cause angry or agitated behavior.
- g. **Physical Discomfort.** Pain, hunger, being too hot or cold, or not having one's immediate needs met can increase challenging behaviors.
- h. **Dementia.** People with dementia suffer from progressive brain damage that can affect their behavior.
- i. **Mental Illness.** Learning the symptoms of a mental health diagnosis can aid one in understanding why a person may act in a certain way. Some symptoms may be beyond the person's control.
- j. **Substance Use.** Use and/or misuse of substances can alter a person's behavior and mood.

2. Causes Related to the Environment

- a. **Excessive stimulation.** Difficulties can occur when there is too much going on in the environment for the person to absorb. The person may simply have reached a saturation point and not be able to cope with the stressful situation and respond with anger and frustration.
- b. **Unstructured environment.** If people are cognitively impaired, they may encounter more problems with negotiating the environment. For example, when daily routines continuously change as they try to access agency services, individuals are more likely to become agitated or frustrated. When working with people, it's important to be predictable and dependable. This further adds to your credibility as a "problem-solver" and someone they can trust.
- c. **Poor sensory environment.** Infections can impair an individual's ability to hear, see, feel, taste, and smell. These changes can interfere with clear communication, the person's ability to adhere to a treatment plan, as well as disrupt/impair appropriate behavior.
- d. **Unfamiliar environment.** An environment that is new or unfamiliar is more likely to be confusing. As individuals attempt to negotiate the environment and encounter barriers, frustration and lack of follow-through often occur.

3. Causes Related to the Task

- a. **Task is too complicated.** Sometimes we ask people to do tasks that are too overwhelming and difficult for them, although they may seem simple to us. Breaking a task down into small, concrete steps can help a person complete the task successfully. Maybe there are too many words or acronyms. Go from the abstract to the semi-concrete to the concrete, e.g. instead of just giving verbal instructions (abstract) to go to a particular location, perhaps you can draw a map (semi-concrete), or arrange for a "buddy" to walk with them (concrete) to the location.
- b. **Too many steps combined.** Make sure the person is doing one small step at a time. Simply breaking steps down into small pieces, but still lumping them all together, can appear to be a very complicated task. Each step needs to have a recognizable completion point before the person moves on to the next step. It's often best to void multi-step instructions.
- c. **Task not modified for increasing impairments.** As a person's functioning declines, it may become necessary to involve others, or do the first few steps together, to get the person started. Eventually, caretakers may have to do many of the steps for the person. However, it's always important to try to keep the person involved in doing as many steps as possible on his/her own. The goal should always be to strive toward self-reliance as much as possible.

4. Causes Related to Communication

- a. **No one is understood.** Communication between you and another person is extremely important and sometimes a difficult part of the helping process. Many times, people get angry or agitated because they don't understand what is expected of them. Or, they may be frustrated with their seeming inability to be understood. Often, the person may repeat themselves, or speak louder and faster, in hopes of being understood.

What is a Relationship?

Relationships are established in a variety of ways, e.g. employer/employee, partners, husband/wife, boyfriend/girlfriend, roommates, client/case manager, physician/patient, friends, colleagues, etc. These “adult-to-adult” relationships are based on two primary elements: mutuality and honesty.

What do these two words mean in terms of a relationship? Let’s examine each and see how a violation of either element may seriously compromise the relationship.

1. Mutuality – means that **the relationship (adult-to-adult) between the two parties must be viewed as equal** as possible, i.e. neither party is considered to be inferior or superior to the other. Although we may be in different stations of life, each party strives to provide mutual regard and respect for the other. This is a very difficult process and often is violated through the use of words, condescending remarks, attitudes, behavior, body positions, and other methods. Let’s look at just a few examples that violate mutuality:

- a. Standing over another and talking down to him/her.
- b. Doing for others what they can do for themselves (especially without their permission), e.g. “Here, let me help you with that.” or “Here, let me do that for you.” Every time we do this, we relinquish the right of others to do for themselves—to make their own decisions. We, in fact, are disempowering people when do this. Further, we are teaching dependency and stifling self-reliance; assuming the other person is helpless; giving the message that we are better or can do better; assuming a role of control or superiority, etc. Help is NOT always helpful. Beware of the “helper” (controller, manipulator, etc.) who is always there to “take care of you.”
- c. Using words that the other person does not understand.
- d. Speaking to another in a condescending manner... “Well, I know how you are.”
- e. Making decisions on behalf of others.
- f. Making assumptions about another person.
- g. Using any kind of manipulative behaviors.

These are only a few examples of the violation of mutuality that we may exercise every day. Each time we do this, we compromise the integrity of the relationship. Often the other person is not aware of any identifiable violation—they just know it doesn’t feel right. This frequently happens when control and superiority are disguised as “helping” the other person. “I’m doing this for your benefit.”—see what a nice person I am.

In addition to assuming an equal (adult-to-adult) relationship with the other person, mutuality means that there is **a free flow of information between the two parties involved**. If either party withholds information (or provides too much information), there is an imbalance in the relationship and mutuality is violated. If, for example, I fail to give you pertinent information so that I may have better control of a situation, I have violated mutuality. If I ask you a lot of questions about yourself and fail to give you any information about myself, I have created an information imbalance. This creates discomfort and violates mutuality.

2. Honesty – means that **the information shared between the two parties involved must be without distortion or deception.**

Distortion

If either party distorts the information for their own gain, they have violated mutuality. For example, I may want to befriend you. So, I tell you some things about myself including a few “white” lies. Later, you ask me about a certain situation I had told you—one of my little white lies. Now I have two choices: either continue the lie and attempt to remember all the details or tell the truth. If I continue the lie, not only do I have to live with my own dishonesty, sooner or later my details are not going to match up. If I tell the truth, I have seriously undermined your trust in me. Distortion of information is a very dangerous game in a relationship and should be avoided at all costs.

Deception

Sometimes we might want to deceive the person we are establishing a relationship with. We might have a “hidden agenda” and therefore give out information, or take actions, with an “intent” that is different from what the other person understands. For example, you may want to have sex with someone. So, you invite the person to go out with you to a dinner, a movie, and/or some drinks. The hidden agenda is that afterwards, the person will feel obligated to go home with you.

Or perhaps, you want to give a false image of who you really are. Therefore, you may provide information in such a manner as to mislead the person. This too is deceptive and violates the element of honesty.

False Relationships

A violation of either element (mutuality and honesty) will seriously compromise the integrity of a relationship. If a relationship is to continue in good-standing, it will always be necessary to go back and fix any violations. A relationship that continues in the presence of a violated element is not a positive, healthy relationship.

An unhealthy relationship may be the result of a forced necessity, a fear, an illusion, a false hope, or something else but it is not a positive, healthy relationship.

Perhaps a person has a strong need for love and will suffer through emotional, social, and/or physical abuse to be with another person. Perhaps there is a need to have money available. Maybe there are children involved in the relationship. Perhaps there is the fear of losing one’s job. Perhaps a client is fearful they will lose their services if they speak out. Maybe one person knows something that is detrimental to another and holds it over his/her head. The possibilities are unlimited. In any case, if you are in a false relationship, do whatever is necessary to remedy the situation as soon as possible.

One-Way vs. Two-Way Communication

Communication is simply the exchange of information between individuals. It happens in many different ways from simple smiles, to gestures, body positions, words we say (or not say), touch, things we write, drawings, paintings, music, etc. In general, we do a fairly good job of effectively communicating with each other considering all the possibilities there are for misinterpretation. However, for any of us who feel we have been misunderstood, or just haven't been heard, we know how difficult communication can sometimes be. However, with a little practice, we can improve our communication skills. First, let's talk about two common methods of "verbal" communication—one-way and two-way communication.

One-Way Communication

Speaker -----(talks at)-----> Listener

One-way communication is when we talk "at" people. It is often used in casual, social conversations. This type of communication does not require the listener to necessarily respond to the speaker in any substantive manner. The listener may respond on an intermittent basis by simply smiling, nodding, giving short expressions (oh, huh, really, exactly, no kidding, etc.) and looking at the speaker. This method of listening is often referred to as "passive listening." For example, if we ask a person, "What's happening?" they will often continue to talk "at" us as long as we give short, intermittent responses of some sort. One-way communication is an effective type of social conversation which allows the speaker to vent or share information. However, sometimes the person may want help addressing a particular concern or problem. When entering into the problem-solving/decision-making mode, using two-way communication is usually a more effective method.

Two-Way Communication

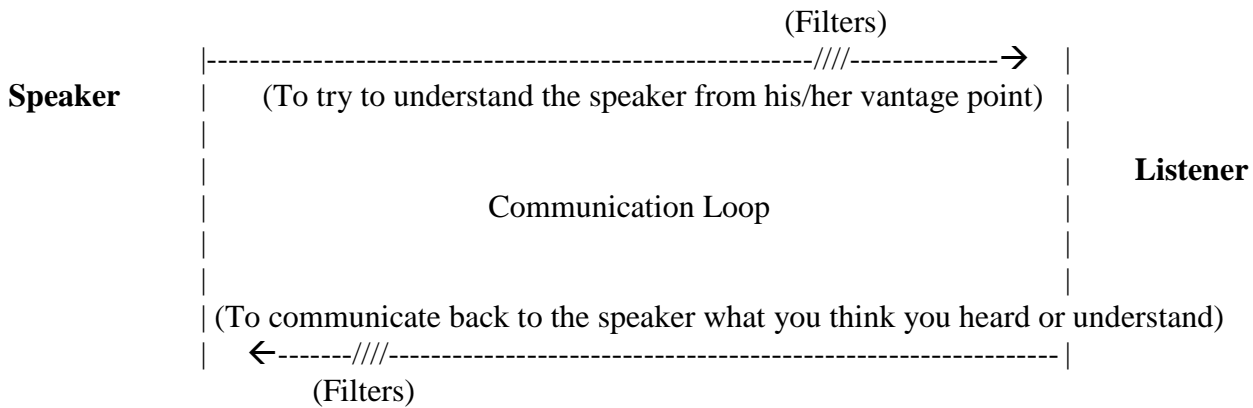
Speaker <-----(talks with)-----> Listener

Two-way communication is a much more complex process and demands a great deal more from the listener. This method of communication is often referred to as "active listening" because it actively engages both the speaker and the listener. Two-way communication means we are talking "with" each other rather than "at" each other.

Responsibilities of the Listener

There are two primary responsibilities of the listener during two-way communication:

1. To *try to understand* the speaker from his/her vantage point, and
2. To *communicate back* to the speaker what we think we heard or understand.



Filters

Attempting to meet the two primary responsibilities of active listening is a very difficult process. Our knowledge and experiences are very different from that of the speaker. As the speaker talks with us, we attempt to relate to the person by comparing the information provided to our own knowledge and experiences. The speaker's words pass through our "filters" that represent our own knowledge and experiences. These filters are all of the things that make us up, i.e. our values, race, gender, age, belief systems, ethnicity, language, sexual orientation, geographic upbringing, political affiliations, religious/spiritual beliefs, education, and all our experiences—both good and bad. Therefore, the information provided by the speaker becomes distorted as we attempt to relate our experiences to the words being said.

These filters that are used during the communication process are often referred to as "interference factors". It is critical that the listener is aware of this interference and makes every attempt to hear what the speaker is saying, from his/her vantage point, and avoid converting the speaker's words into our own experience. This is a very difficult feat.

It is often said that "no two people ever read the same book" or that "no two people ever watch the same movie." As we read a book, we relate to the written words using our own knowledge and experiences—our own personal references. Each person's response to the words will be different. Consequently, we are reading the book from a different vantage point than another person. In fact, we know as we grow and develop, that if we read the same book a few years later, it will be different. This is because our knowledge and experiences have changed over time and we now reference the words differently.

Understanding the Other Person

Attempting **to understand another person from his/her vantage point** is an extremely difficult process and we could never reach a true understanding of the other person's situation. Even persons who have had "common experiences" have had very different experiences. It would be impossible for us to have had the same experience. Think about such things as going to a concert, experiencing an earthquake, falling in love, driving a car for the first time, going to school, getting married, drinking with friends, the death of a parent, flying in an airplane, etc. None of these experiences could be the same for every person.

Those who have had common experiences often make assumptions about the other person's experience. Making assumptions is a reckless approach to communication and it often leads us away from understanding the other person. Our attempt as a listener should be to try to get inside the person and see the world through his/her eyes—not ours. Most importantly, **"Do not make assumptions"** about the other person's experiences.

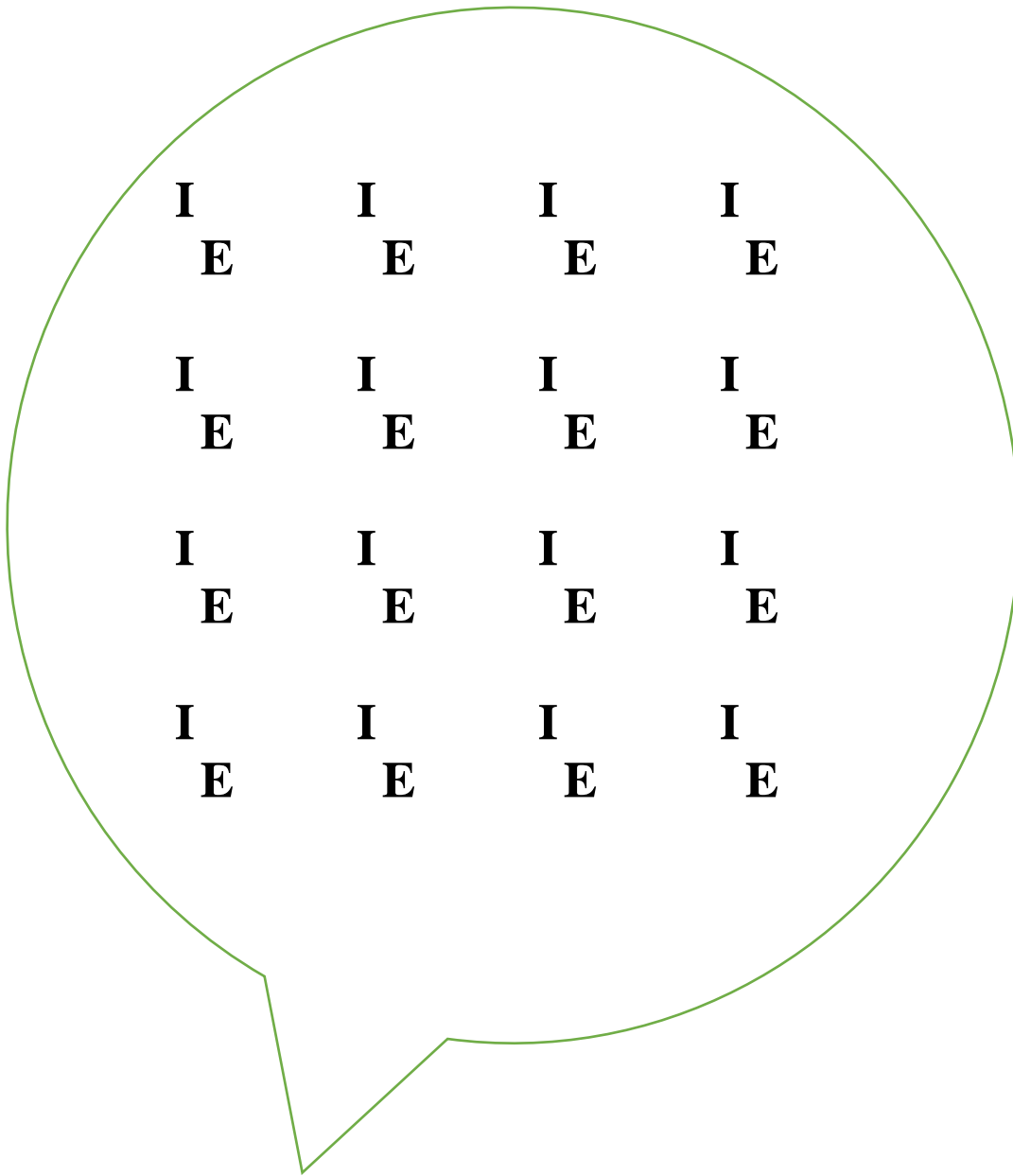
Communicating our Understandings to a Person

If trying to understand isn't hard enough, after we've heard what the speaker told us, we now have **to communicate back to the person what we think we heard or understand**. We might say something to the effect, "So what you're telling me is that _____." or "Let me see if I understand what you are saying. You're telling me _____. Is that right?" Often times the speaker will respond, "No, no, no that's not what I'm saying. What I'm trying to say is _____." Consequently, we may have to keep repeating the information back and forth to each other until we come to a common agreement on what is being said.

Repeating the information back to the speaker is critical to ensure we are on the same frequency. If we don't verify what the speaker is saying, or make assumptions, we may be completely off base and not know the difference. This is not helpful to the speaker, nor the listener, and it leads to much confusion. Not only do we have filters that interfere with the communication process, so does the speaker. This too must be taken into consideration.

It's amazing that we can communicate at all with so much interference going on and so many possibilities for misunderstanding. Somehow, we manage to bungle through the process—although not always very effectively.

Issues and Emotions



Throughout each day, we collect a series of Issues (I) and Emotions (E). For example, perhaps you overslept and ended up late to the bus stop. You missed the bus and arrived at work quite late. Clients were backed up and your colleagues were not happy with you. Your boss demanded an explanation for all of the commotion and you had to start work immediately without any coffee or time to settle in. You finally got caught up and were able to take a break. One of your colleagues bought you a cup of coffee and you chatted about what happened. You're now back to feeling somewhat normal and ready to take on the day.

This scenario turned into a whole series of Issues with attached Emotions to each issue. Perhaps when you woke up late, you felt a state of “panic” and then “anger” at yourself for not setting the alarm. You then felt “rushed” to get ready and run out the door. When you missed the bus, you became “frustrated” and was now feeling a bit “helpless” on how you planned to get to work on time. When you finally did arrive and saw all the clients, you may have felt “overwhelmed.” When your colleagues started in on you, you felt somewhat “betrayed” that they didn’t try to help, and you felt “unsupported.” When your boss demanded an explanation, you felt “stupid” and “intimidated.” After you finally got caught up, you began to feel “happy” and there was a new sense of “confidence.” When your colleague bought you a cup of coffee and listened to your story, you felt “relieved, renewed and supported.”

Each day our balloon fills up with Issues and Emotions. It’s important that we “deflate our balloons” each day so that we can begin the new day with a new balloon. If we don’t, the obvious will happen. Our balloons will pop from over-inflation.

We often deflate our balloons by talking with a friend, chatting with a spouse or significant other, calling a colleague from work, going to happy hour and chatting with whomever, perhaps seeing a counselor, attending a social group, an AA meeting, a mental health support group, etc. There seems to be endless possibilities available to deflate our balloons.

However, all people don’t necessarily have access to, or even seek opportunities, to vent and deflate. Consequently, their balloons continue to get bigger and bigger putting them at very high risk.

We might ask someone with a hugely inflated balloon a simply question, such as... “So how are you doing?” and the person may immediately try to deflate the whole balloon at one time, with a gush of I’s and E’s flooding out.

It’s critical at this point that we know how to address all of these Issues and Emotions and be able help the person feel a sense of relief and get back in control. Although much of the information may just be a need to ventilate and deflate the balloon, there may be several issues that need to be addressed further. Those issues should be noted, and after a period of ventilation, addressed through the “Problem-Solving/Decision-Making Process.”

Problem-Solving/Decision-Making Process

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
What	How	What	How	What
Define the situation.	Determine the emotional response to the situation.	List options/alternatives/ideas/possibilities to address the situation.	Assess the emotional response to each option/alternative/idea/possibility.	Select the best option/alternative to address the situation.
<p><i>What's happening?</i></p> <p>What's going on?</p> <p><i>What do you need?</i></p> <p>What's on your mind?</p> <p><i>What would you like to talk about?</i></p>	<p><i>How are you feeling?</i></p> <p>How does that make you feel?</p> <p><i>How are you doing?</i></p> <p>How did you feel about that?</p>	<p><i>What have you done about it already?</i></p> <p>What do you see as a possibility?</p> <p><i>If you could change anything, what would you do?</i></p> <p>What do you think might work in your situation?</p>	<p><i>How do you feel about that idea?</i></p> <p>How does that possibility work for you?</p> <p><i>How does this option differ from that one?</i></p> <p>How do you think this alternative will work in your situation?</p>	<p><i>What would you like to do about it?</i></p> <p>What do you think is the best option for you?</p> <p><i>What alternative are you most comfortable with?</i></p> <p>What would you like to try in your situation?</p>
Defining Situation	Exploring Options		Selecting Alternative	

The alternative selected becomes the “goal” that the person will use to address the situation. The next step is to “implement the alternative.”

Some Examples of Feelings

Levels of Intensity	Happy	Caring	Depressed	Inadequate	Fearful	Confused	Angry	Lonely	Guilt/Shame
STRONG	thrilled on cloud 9 ecstatic overjoyed excited elated sensational exhilarated fantastic terrific turned on	tenderness toward affection for captivated by attached to devoted to adoration infatuated enamored cherish idolize	desolate dejected hopeless alienated gloomy dismal bleak in despair empty barren grieved	worthless insignificant washed up powerless helpless impotent crippled emasculated useless finished like a failure	terrified frightened intimidated horrified desperate panicky terror-stricken stage fright dread vulnerable paralyzed	bewildered puzzled baffled perplexed confounded in a dilemma befuddled in a quandary embroiled confused jumbled	furious enraged seething outraged infuriated burned up pissed off mad violent nauseated violent	isolated abandoned all alone forsaken cut off forgotten overlooked neglected disregarded omitted slighted	unforgiving humiliated disgraced horrible mortified exposed faulty blamed culpable embarrassment dishonor
MEDIUM	cheerful light-hearted happy serene wonderful up aglow	caring fond of respectful admiration concern for hold dear pride	distressed upset downcast sorrowful demoralized miserable rotten	whipped defeated incompetent inept overwhelmed ineffective unimportant	afraid scared apprehensive jumpy shaky threatened alarmed	mixed-up disorganized foggy troubled adrift flustered frustrated	resentful irritated hostile annoyed agitated aggravated exasperated	alienated estranged remote alone	ashamed guilty remorseful demeaned to blame lost face
WEAK	okay so so restful	close kind attentive	discouraged tearful a bit blue	unable small no good	risky butterflies awkward	a bit lost disconcerted ambivalent	upset with offended mean	lonely apart from others isolated from other	crummy

Words to Avoid When Problem-Solving

Often times in a casual, social conversation, we use words without much thought to their consequences. However, when talking with persons who are attempting to solve problems, the use of certain words becomes more critical. Throughout the problem-solving/decision-making process, it's important that we not inhibit the process by using language that may appear to be judgmental or lead the person to believe that we are imposing our ideas or solutions on them. Therefore, we can enhance the communication process by removing some of our favorite words and phrases. Here are some of the most common:

1. **Why?** - The reason why we don't ask "Why" is because it:

Infers Judgment, e.g. "Why did you do that? Why did you get into that situation? Why would you want to do that?" Because a trusting relationship is based on honesty and mutuality, it's important that we avoid putting ourselves in a role of superiority by asking judgmental questions. Questions of this nature, often violate mutuality and puts the person on the defensive.

Demands an Explanation. Even if the person could explain his/her current situation, nothing would have changed about the situation after the explanation. It would still be the same situation several hours later. Avoid your temptation to be voyeuristic and want to know all the gory details of someone's past. Focus on the present and "define the situation." Although some background history/information may be necessary to understand a situation, it's not necessary to retrace the entire life history of every person in the scenario. This is just plain nosiness. Explanations are not resolutions. Resolutions demand that we process through a problem—not just talk "about" the problem.

A good substitute for "why" is "for what reason." Although it asks the same question, it doesn't appear as demanding and judgmental, e.g. "For what reason would you choose this possibility as opposed to that one?" Remember to flatten your intonation when asking the question.

2. **...but...**- Using the word "but" to continue the conversation with a person tends to discount what the person has just said, e.g. "Well I hear what you are saying but I think you should...". An alternative is to substitute the word "and" for the word "but," e.g. "I hear what you are saying and that reminds me of some other ideas we might consider." or you may simply start another sentence and omit the word "but," e.g. "There may be some other alternatives we can look at also. Let's see if we can talk about this further and add to the list." Whatever you do, try to keep your "but" out of the other person's situation.
3. **I think...** - This expression immediately suggests that you are going to impose your agenda on the speaker. "I think" is often followed by what the person should do. Whose "should" is this? It's yours. By saying "I think," we immediately place ourselves in a superior position—which is a violation of mutuality in the relationship. Avoid providing "I think" responses unless they are specifically solicited. Even then, we need to present our responses with great caution.
4. **You should...** - What does this expression tell you? That's right! It dictates to the speaker what s/he "should do" based on what works for you and your particular values and beliefs. It doesn't in any way guarantee that the suggested solution will work for the other person. Yes, and once again, it puts you in the position of knowing everything—a superior position. What happened to mutuality and processing? Avoid "you should" statements whenever possible.

Every time we give our solutions to others we deny them the right to find their own. **Do not do for others what they can do for themselves.** This takes power away from others and it assumes that they are unable to do for themselves. Be careful not to relinquish the other person's right to choose—keep your quick fixes to yourself and afford the person an opportunity to find his/her own solution. Avoid teaching dependency—rather provide opportunities to empower the person by allowing them to make their own decisions leading toward greater self-sufficiency.

5. **I understand** - First, we could never fully understand another person's situation. We're not in it. Secondly, it tends to trivialize what the speaker is telling us as if to say, "Ya, ya... I know all about that—don't bother me with the details." Also, "I understand" often times means in social conversation to "shut up". Haven't you heard people say, "Ya, ya, I understand (person puts his/her hand up in a stop position) but what I think you should do is ...". To avoid giving the person the perception that you are telling him/her to shut up or are not interested in what they are saying, avoid using "I understand." You might say, "Let me see if I'm understanding what you are saying (state your understanding); or, "Help me understand that... can you tell me more about that?" "I think I'm understanding... are you saying such and such?"
6. **That's right** or **that's wrong...** - Once again it puts us in position of judgment; a position of superiority. We want to avoid judging what the speaker is saying and *try to understand* what s/he is saying from his/her particular vantage point. Judgment only impedes the communication process. It puts the speaker on the defensive and soon s/he will censor the conversation to those things s/he thinks the listener wants to hear. Again, in social situations, we often judge what the person is saying by grunts, verbalizations, facial expressions, body language, etc., e.g. "Really?, I can't believe it!, That's terrible!, That's great!, You're kidding!, How could that have happened!?" Or, we might use looks of surprise, frown, throw up our hands, etc. all suggesting we are judging what the person is saying.

Try to view the person's situation as simply different from yours rather than right or wrong. It's not our responsibility to change the person to be the same as us; nor to believe that our ideas are the only ones that are true and correct. **It is what it is and it will be what it will be.**

7. **Avoid giving a "preface" or "explanation" to a statement**, e.g. "I'm not a bigot but...; It isn't that I don't mind working with women but..."; or after you've already stuck your foot in your mouth, you state... "Well, what I was really trying to say was..." These tags on a statement often indicate that what followed or preceded the tag was not true. Just make the statement without any tags before or after it. If you feel a need to qualify or explain your statement, perhaps it shouldn't be said.
8. **Avoid using clichés and figurative language** - Very often clichés trivialize what is being said and contribute little to the conversation, e.g. simply say, "yes" instead of repeating words like "ya, right on, you got it, I hear you, really, positively, totally, excellent, definitely, affirmative, exactly, gotcha," etc.

Some other vogue phrases that take the place of conversation include... whatever, like, you know, just saying, you know what I mean, to tell the truth, actually, cutting edge, not to worry, no brainer, go for it, fast-track, on the same page, think outside of the box, well look, bottom line, drill down, hands-on, on a roll, power-anything, read my lips, world class, no problem (which usually is, thus raising false hope), etc., etc. These phrases are vague and ambiguous, say less annoying, and leave matters to personal interpretation.

9. **Avoid making comments that raise false hope or give false encouragement.** This is especially true when talking with a person who has a serious illness, has experienced a major trauma, or may have a potentially terminal illness. We would want to avoid statements like “buck up, cheer up, don’t worry it will all work out, everything will be better soon... don’t make such a big deal about it.” We cannot guarantee the outcome of another person’s situation nor do we want to trivialize it by making a mundane “hope” statement.

The listener’s ability to convey the fact that s/he is interested in the person speaking, as well as the problem and its solution, often is proof enough that things may get better just knowing there is support and an empathetic ear.

10. **Avoid labels and group-specific language** – Labels are often used to hurt, judge, or distance ourselves from others. Labels don’t provide useful information to the other person and it sets up a situation of speculation—often in the negative. What do we mean when we say he’s conservative, he’s a drug addict, AIDS victim, she’s in denial, she’s Black, they’re Catholics, he’s Latino, they’re all Jews, homosexuals, he’s depressed, nerd, crack head, queer, etc. These “buzzwords” are often used in an offensive manner and may cause a negative emotional reaction.

Also, we all belong to different groups, professions, organizations, etc. Consequently, we often learn a language that is specific to our particular group. However, when we talk with others, they don’t necessarily know what we mean by certain words, acronyms, in-house jokes, etc. Attempt to be inclusive in conversations rather than using language that alienates people.

11. **Avoid starting a sentence with the word “no” or using any other negatives** – Try to reword your statement to begin with a positive, i.e. tell the person what you CAN do as opposed to what you CAN’T do. For example: “No, we don’t do that here. No, I can’t help you with that.” Instead, the conversation may go something like this, “Oh okay, I hear what you need. (Repeat the need). Let me give you a number where you can talk to someone about that.” It’s unnecessary to explain what you can’t do. It only frustrates the person further and may escalate a situation. Also, avoid saying the usual negative cliché statements, e.g. "No problem; Don't forget to...; No, I agree; No, that's a great idea; etc." Substitute with, "I'll take care of it; Glad to help; Please remember to...; Yes, I agree; Yes, that's a great idea."

12. **Avoid interpreting conversations** – “Oh yes, I’ve heard about that before. I think it’s probably because of such and such.” People usually want only to share their story with you and they are not necessarily asking that you interrupt every few sentences to offer an explanation as to what you think they are saying. Ask yourself, “For what reason am I doing this?” “What is the purpose of my interpretation/speculation?”

13. **Avoid sharing your own personal stories.** Your responsibility as a listener is to *try to understand* what the person is telling you from his/her vantage point—not to impose your own personal stories on them. Your stories may confuse the other person and/or complicate the situation even further. Again, ask yourself for what reason are you telling the person this information.

Interpersonal Techniques

The following techniques will help you to communicate more easily with persons while they are going through the problem-solving/decision-making process as well as in day-to-day social conversations. Each of the techniques is of equal value. Any technique may be used throughout the communication process when the situation warrants. No one technique is to be used exclusively over and over again. These techniques are quick inserts into the communication process and help to enhance the flow of the conversation.

Although sample language is provided below, it's best if you use your own words that fit your natural conversational pattern.

Technique	Explanation/Examples
1. Using Silence	1. Silence is especially crucial during problem-solving. The speaker needs time to process information and feelings. The listener also needs time to process. And, at times, there are no appropriate words.
2. Showing Acceptance	2. Use any method of letting the speaker know that you are hearing him/her (although not necessarily agreeing). Examples: Yes; Uh-huh; I hear what you are saying; I think I'm following you; nod; smile; facial expressions.
3. Giving Recognition	3. Acknowledge those traits/characteristics or behaviors of the person that lets them know you are aware of them. Examples: Ah, I see you got your hair cut; That's really a colorful shirt; I really enjoy listening to you talk about _____. I notice you are limping today.
4. Offering Self	4. Offer to share the burden of the other person. Examples: I'm here with you; Maybe I can help—tell me about it; What kind of help do you need?; Let's work on it together. Let's see what we can do about it.
5. Giving Broad Openings	5. Avoid asking about specific problems or concerns. Let the speaker decide what is of concern to him/her. Examples: What are you thinking about?; Where would like to begin?; Is there something you'd like to talk about?; What's going on right now?; What's happening?
6. Offering General Leads	6. Occasionally, it may be necessary to prompt the speaker or cue him/her that it's okay to continue. Examples: Go on; And then?; Tell me about it; And?; What happened?

7. **Placing the Event in Time or Sequence** 7. This helps the speaker to sort out information and feel a better sense of control of the situation. Examples: What seemed to lead up to _____?; When did that happen?; Was this before or after _____?; Who did you talk to first?
8. **Making Observations** 8. Acknowledge the truth about the person and the reality of the situation. Don't ignore the obvious. The unspoken message may be that you are afraid, oblivious, or don't care. Examples: Yes, I noticed that also; You sound more tense today; How did you lose your finger?; You seem to avoid taking your medication; You've completed every appointment—good for you!
9. **Encouraging a Description of Perceptions** 9. Ask the speaker to describe how s/he perceives various places, persons or situations. Each of us views the world from a different vantage point. **AVOID making any assumptions** about the person's perceptions—they may be very different than yours. Examples: How was your visit to the doctor (therapist, Social Security office, family, etc.) yesterday?; How did your phone call go with your mom?; Tell me about your new job.
10. **Encouraging Comparison** 10. By comparing current situations with past ones, the speaker gets a sense of definition and security about what's happening in his/her life. The person gains a better sense of control. Examples: Was that something like _____ or _____?; Have you ever had any similar situations? Did this ever happen before? Tell me about it.; What did you do when you experienced this before?
11. **Restating** 11. This technique is used to clarify the speaker's situation. It's used only as a transition in the conversation. Try to repeat the person's own words to avoid distorting the intent of the speaker.

Example: Speaker: I can't sleep—I just stay awake all night.

Listener: So you're having a lot of difficulty sleeping at night.

Speaker: Ya, I keep thinking about ...

or

Ya, I have so much pain ...

12. **Reflecting**

12. This is similar to “Restating” and is used for the same reason. However, “Reflection” is usually the paraphrasing of a larger conversation.

Example: Speaker: . . . so, I just don’t know. Do you think I should tell my parents?

Listener: We’ve been talking about this for some time and you’re still wondering if you should let your parents know about this. What are thinking?

Speaker: Well, I know what my Mom would say but my Dad . . . Wow!

Listener: What would your Mom say?

13. **Focusing**

13. The speaker may be rambling about several topics simultaneously or skimming over a topic without providing understandable information. Help the person focus on one topic at a time. Examples: We seem to be talking about several things. Which one would you like to talk about first?; I’m getting a bit confused. Help me understand ___; Can you clarify what you mean by ___?

14. **Exploring (Probing)**

14. Each topic area the person discusses needs to be clearly understood. Make no assumptions about what s/he is saying. Examples: Tell me more about that; How did that make you feel?; Would you carry that a little further?; Help me understand that a little better?

15. **Giving Information**

15. **This is not advice**, a personal story, nor an opinion. It is only verifiable information that can help the speaker make an informed decision. Examples: Well, we know that AIDS is caused by a virus that can affect anyone; You’ll need to discuss that with your doctor—I just don’t know; No, I’ve never used cocaine. However, I’ve had special training regarding substance use. What did you wish to talk about?

16. **Seeking Clarification**

16. It is crucial to clearly understand what the speaker means and not what we think s/he is saying. Examples: I’m not sure I understand ____; What do you mean by ____?; Please explain that further.

(I know that you believe, you understand what you think I said, but I’m not sure you realize, what you heard is not what I meant.)

17. **Presenting Reality**

17. Acknowledge the situation that exists and don't try to ignore it. State what is really going on to let the person know you are tracking him/her and to give reassurance. Examples: It sounds like you are sleeping more lately; You've missed three of your appointments; Your friend seemed upset with you. (State only as an observation and not a judgment.) What's happening?; A ticket to Boston costs over \$300.

18. **Voicing Doubt**

18. If something sounds bizarre, let the person know you are aware of it, not afraid to discuss it, and that you genuinely care. Examples: That sounds a bit unusual; Really? That sounds pretty amazing to me... Are you sure that's what you heard?

19. **Seeking Consensus**

19. Always verify with the person his/her use of words before continuing to use them in the conversation. Examples: Tell me whether my understanding of it agrees with yours; Are you using this word to mean ____? How do you want me to refer to you? (Seek permission from the person.)

20. **Verbalizing the Implied**

20. Occasionally, it may be necessary to assist the person in stating what s/he means. (Defining the Situation)

Example:

Speaker: I can't talk to you or to anyone. It's just a waste of time.

Listener: What do you mean you can't talk to anyone?

Speaker: I don't know. I just can't talk to anyone.
(Speaker and Listener repeat this several times.)

Listener: Is it your feeling that no one understands you or that nobody cares about you? Do you feel nobody understands your concerns or your situation?

Numbers 20 and 21 should rarely be used. **Never do for persons what they can do for themselves.**

21. **Attempting to Translate into Feelings**

21. Sometimes it may be necessary to help the person find the appropriate words to define his/her emotional state.

Example:

Speaker: I'm dead.

Listener: What do you mean, "I'm dead?"

Speaker: I don't know. I'm just dead?

(Both keep repeating several times and then Listener offers some options)

Listener: Are you saying that ...
... you feel lifeless?

... life seems without meaning?

... you think you are going to die?

... you wish you were dead?

(Offer the person several options to choose from.)

22. Encouraging Evaluation

22. Ask the person to constantly assess the situation as s/he goes through the problem-solving/decision-making process. Examples: What are your feelings in regard to ____?; Does this also make you feel uncomfortable?; What would you like to do about that situation?; Looking back on your decision, what would you have done differently?; How do you think your family would react to that?; On a scale of one to ten, where would you rate your situation?

23. Suggesting Collaboration

23. This is similar to “Offering Self”. However, this is more than emotional support. It involves real action steps. Suggest to the person that the two of you can work together on a particular problem. Make sure that the person assumes some responsibility, e.g. you might explore the intake procedures for a particular outside resource while the person calls around for additional resources. Examples: I’ll call ____ tomorrow and you can check out any new possibilities/agencies. Perhaps we can find someone else who knows more about this matter; Let’s work together and develop a plan for that.

24. Summarizing

24. Ask the person to discuss or summarize what has been talked about. If s/he is unable to summarize, you may initially need to assist. Example – Listener: Well, during the past hour, we’ve talked about ____ and _____. It sounds like there are several more things you’d like to talk about. Perhaps tomorrow we can continue, if you want; Well, we’ve been talking for the past hour about whether you want to continue your chemotherapy. Where are we at now?

Speaker: Well, I think I’ll call my mom tomorrow.

25. Encouraging a Plan of Action

25. Ask the speaker to describe his/her plan of action. If the person does not have a clear definition of what the next action step is, further processing will be necessary.

Example:

Listener: What do you plan to do about continuing your chemotherapy?

Speaker: I’m going to call my doctor tomorrow and tell her it’s all over... No more chemotherapy for me. I’m aware of the consequences but I just don’t want to feel doped up any more.

Problem-Solving/Decision-Making (PSDM) Process

Often times... clients, friends, partners, family members, and others, may be casually talking with you about various matters when suddenly they begin telling you about an undefined situation/problem. The person may begin by saying, "I have a really big problem and I know you can help me. You're a smart, compassionate person and I know you can fix my problem." You have no idea what the person is talking about.

Because of these kinds of scenarios, a structured problem-solving/decision-making (PSDM) process has been developed so that you can assist others to more easily define their situations and focus on solving the problem(s) at hand.

Stage 1

When using the PSDM process, you begin by asking a "what" question. This question can be framed any way that you feel comfortable, e.g. What's happening? What problem? What's going on?, etc. It doesn't make any difference how you ask the question, as long as it begins with a "what." This stage of the Problem-Solving/Decision-Making process, is referred to as the "head" stage (above-the-shoulders functioning). The person is asked to define the situation for you and this becomes the "issue" at hand.

Stage 2

After the problem has been clearly defined, now assess how the person is doing relative to the situation. You might ask, So how are you doing right now? or How does that situation make you feel?, etc. Again, the question can be asked in many different ways as long as it begins with "how." This stage is referred to as the "body" stage (below-the-shoulders functioning). This is the expression of how the person "feels" about the situation. It's the emotional response to the situation. The "how" stages always go backwards to the "what" stages, i.e. "what" defines the situation and "how" defines the person's feelings about the situation.

Stage 3

Now that the problem or situation has been defined, as well as the feeling(s) about the situation, you once again ask a "what" question, e.g. What have you thought about in order to address this situation? What do you think you can do about the problem? What do you see as a solution to this situation? Again, it can be asked many different ways as long as it begins with "what." Now we are back into a "head" stage and the person, in conjunction with you, begins to brainstorm around how to resolve the problem. You are encouraged to write down as many options as possible.

It's critical during this stage (3) that you do NOT judge anything that the person proposes, no matter how absurd it may appear. The idea is to get the person to consider a wide range of possibilities in resolving his/her concern and taking ownership of the situation.

Your goal is to keep the person thinking about possible solutions. If the person is judged, they will simply shut down and refuse to address the problem. This is called the "hump" stage. If you can get the person over the hump, it is downhill from there. People are often hesitant to answer the question, "What do you think you can do to address this situation?" If they answer the question, it infers that they will have to take responsibility for the situation. The person may have been hoping to just drop the problem on you and wait for your answer.

However, we never do for others what they can do for themselves. Every time we do for people what they can do for themselves, we disempower them. Our goal should always be to empower people, aiming toward self-sufficiency. Therefore, it's critical that we work with the person to brainstorm without any form of judgment. Just the process of selecting ideas, no matter how bonkers they may appear, is important in terms of keeping the person thinking in a forward manner toward solving his/her problem. The goal is to keep the person in a positive mindset as much as possible.

Stage 4

Now that you, in conjunction with the person, have developed a long list of possibilities to address the person's situation, proceed on to the next "how" stage. Ask the person how s/he feels about each option and if s/he feels it will work in his/her situation. You might say, How do you feel about this possibility? How does this option feel in terms of addressing the situation? etc. It's as if the person is trying on each option to see how comfortable it feels in terms of addressing his/her problem.

It's critical that ONLY the person with the concern/problem defines how s/he feels and not you as they are the only one who knows what's comfortable for them. As the process goes along, the person will discard several of the options as not feeling comfortable. Through this process of elimination, the person will finally come down to one BEST option (with perhaps a few backup options).

Stage 5

After the person has gone through the process of elimination, you might say, "So, we've discussed a lot of possibilities to address your situation. What do you think is the best thing for you to do right now?"

Now you are back to the “what” questions again—the final stage. The person has to carefully think about the process s/he has just been through and what is the most practical and comfortable option to select. This becomes the plan for the person to solve his/her problem. Now, it’s simply a matter of the person implementing the plan.

If that particular option doesn’t work, just go back to the list in Stage 3 and repeat the last stages.

A **Sample Dialogue** may go something like this:

You – “So what’s happening?” (Stage 1)

Friend – “*I lost my money and I can’t pay the rent.*”

You – “Wow... how are you doing right now?” (Stage 2)

Friend – “*Not very well... I’m really scared that if I don’t pay my rent on time, I’ll get an eviction notice.*”

You – “Have you thought about what you can do to get the rent money?” (Stage 3)

Friend – “*Not really... I need your help.*”

You – “Okay... what **HAVE** you thought about so far and let’s see if we can come up with a list of some other possibilities as well.”

You and the other person develop a list of ideas to obtain money for rent.

Friend – “*I could probably call my mom. Hmmmmmm... Maybe I could pawn something until my new check comes. Since it’s only \$250.00, perhaps I can pawn my TV. Or... maybe I could ask to borrow some money from friends.*” (Other possibilities.)

You are free to throw in a few options during this process as well, as long as it’s two or more. You don’t want the person to think you are suggesting only one way to address the problem. They must take ownership for the final selected idea.

You – “Wow... *it looks like we came up with a lot of possibilities. How do you feel about calling your mom?*”

Go through each alternative and ask the person to try them on. (Stage 4) Eliminate those that they feel may not work or they are uncomfortable with. Friend – “*I’m not too sure my mom would give me \$250.00 again. I asked her once before.*”

You – “*Okay... how do you feel about taking something to the pawn shop?*”

Friend – “*I’m okay with that... I took my TV there once before.*”

After completing this process, ask the person “what” alternative s/he wants to do.

You – “*Well, it looks like we’ve explored a lot of options... what do you think you want to do right now?*” (Stage 5)

Friend – “*I’m going to take my TV to the pawn shop.*”

You – “*Okay... great. Let me know how this all works out for you. Let’s talk tomorrow.*”

General Information:

The PSDM process takes persons from where they’re at and respects the Right to Self-Determination. It’s critical that you don’t impose your values and/or belief systems onto the other person when doing the PSDM process. It’s your responsibility only to provide information, education, and support as you facilitate this process. All decisions are to be made exclusively by the other person.

Occasionally, a person may begin in another stage rather than at the beginning of this process. For example, they may begin by expressing how they feel (Stage 2), i.e. “I’m really angry today... I feel like just punching somebody.” In those cases, simply acknowledge what the person said (or did) and then go back to Stage 1. The dialogue may go something to this effect... “Wow... I’ve never seen you so upset as you’re telling me right now. What’s going on?” Or the person may say, “I’m going to kill myself.” (Stage 5) Again, simply acknowledge what the person said and go back to stage one, e.g. “Whoa... what are you talking about... killing yourself? What’s happening?” (Stage 1) Avoid reacting to the statements or making any judgments about the statements. They simply are what they are and should be acknowledged as such.

When facilitating the PSDM process, it’s critical that you avoid using a whole set of words that may upset the person, inflame the situation, are negative, appear judgmental, appear as if you are imposing your ideas or feelings onto the person, imposing personal agendas, etc.

Complaining

Criticizing

Judging

Labeling

Dismissing

Arguing

Assuming a Victim Role

Gossiping

Blaming

Offering Excuses

Choosing Negative Feelings

Losing Control

↔ Reactive

- Negative Language

H i s t o r i c a l

I n f o r m a t i o n

Coaching

Counseling

Provide Information

Provide Education

Developing Action Plans

Discussing

Collaborating

Cooperating

Being Supportive

Offering Solutions

Choosing Positive Feelings

Taking Control

Proactive ↔

Event/

Situation

(Stop, Think, Do)

+ Positive Language

An explanation is not a resolution.

Imposing Personal Agendas on Others

As we become more familiar with people, our inclination is to share personal values, beliefs systems, and/or personal conditions/situations with them. As professionals, or as lay persons facilitating the problem-solving process, we need to be aware of this fact and guard against it for many reasons. Some reasons may include:

- A client/staff relationship is not a friendship
- It may encourage dependency on behalf of the other person
- It's a violation of professional boundaries
- It may confuse the role of the client/staff relationship
- Our role is not to control another person nor to impose our own agendas upon the person
- It may adversely affect a person's decision

Staff relationships are short-term interventions in the client's life and should not be considered a long-term friendship. As a part of focusing on clients' strengths and striving toward empowering clients:

- We don't do for people what they can do for themselves
- We encourage people to develop and implement their own plans
- We interpret (clarify and verify) what people say and then explore their options and the consequences of each. What may be perceived as an appropriate option for us may be an inappropriate option for another person.

Personal Situations/Conditions people may be tempted to share with others:

- Own medical history
- HIV status
- Office problems/situations
- Financial matters
- Home situations
- Family matters
- Personal relationships
- Drug use history
- Favoritism/Preferential treatment based upon gender, sexual orientation, race, age, etc.

Belief systems:

- Religious beliefs
- Political beliefs
- Lifestyle beliefs
- Treatment options
- Lifestyle options (living arrangements, drug use, sexual behaviors, hangouts, etc.)

Values:

- Deciding what is right or wrong with what people say or do
- Making moral judgments about the person and their situations
- Trying to persuade the person to accept our values
- Attempting to force people to accept options of our choice for their situations

Some Possible Remedies to Address Challenging Behaviors

I. The Importance of Good Communication Skills

Communication is the key to addressing challenging behaviors. Understanding and being understood can help reduce conflicts. The following items describe some of the causes of poor communication and some suggestions for better communication.

A. Your Approach – You Set the Tone

1. **Think about how you are presenting yourself.** Are you tense? Frowning? Are you being bossy or controlling? People are extremely aware of non-verbal signals such as facial expression, body tension, and mood. If you are angry, tense, or stressed out, the person you are interacting with may also become anxious, annoyed or even angry. The world is a mirror out there—what you put out is often what you get in return.
2. **Try a calm, gentle, matter-of-fact approach.** You set the mood for the interaction. Your relaxed manner may be contagious.
3. **Try using touch to help convey your message.** Sometimes touch can show that you care, even when your words don't, or when they are not understood. Some people shy away from being touched. However, most find gentle touching or close proximity reassuring.
4. **Begin your conversation socially.** Gaining the person's trust can often make a task much simpler. One way of doing this is to spend time chatting before approaching the task at hand. For example, you might spend ten minutes talking about weather, family members, or some non-threatening and reassuring topic (football game, recent movie, a current event in the area, etc.) to help the person develop a relaxed frame of mind. Again, you are creating a pleasant mood.

B. Things to Think About When You Speak

1. **Talk to the person in a place that is free from distractions.** Avoid situations where there may be equipment noise, television, radio, or other conversations.
2. **Begin conversations with orienting information.** Identify yourself, if necessary, and call the person by name. After creating a relaxed atmosphere, explain what your role is and how you will be working with the person.
3. **Look directly at the person and make sure you have his/her attention** before you begin to speak. If you cannot get the person's attention, wait a few minutes and try again. Move slowly. If a person is despondent, try a gentle touch on the arm or hand. If a person is agitated, keep your distance, stay calm, and speak firmly in short, simple, directive sentences.
4. **It's important to be at eye-level with the person,** especially when talking to people with a hearing or cognitive impairment. You want your body position to be on an equal plane and not above or below the person.
5. **Speak slowly and say individual words clearly.** This is particularly important for people with hearing problems or those who are in the later stages of dementia. Also, for second-language persons who may need more time to process words.
6. **Use very concrete terms and familiar words.** Individuals may not be able to understand abstract concepts or complicated language.
7. **Talk in a warm, easy-going, pleasant manner.** Try to use a tone of voice that you would like people to use with you.

8. **Keep the pitch of your voice low.** Sometimes when people don't immediately understand, we have the tendency to talk more loudly or faster. This may upset the person and make communication even more difficult.

C. Task Development

1. **Give choices whenever possible.** Giving choices increases the interaction between you and the person you are helping; and may help the person to feel a better sense of control over his/her life.
2. **Allow plenty of time for the information to be absorbed.** Give a period of silence after giving a task instruction. Let the person read the task steps you have written in the action plan you developed together. Allow for questions and restate the task(s) to be completed before the person leaves you. Never let a person leave a problem-solving/decision-making process without an action step. It could be as simple as... "Call me tomorrow at 10:00 a.m. so we can talk more about this matter." Or... "Let me know on Wednesday how your appointment went."
3. **Repeat instructions exactly the same way.** When a person indicates that s/he does not understand an instruction, do not change how you described the instruction. Additional words and explanations may further confuse the person. If the person still does not understand the instruction after you repeated it, you may want to try using different key words, demonstrate, or role-play what you want the person to do.
4. **Break the task down into simple steps.** Telling a person that they need to go to the Department of Mental Health, make an appointment with a Counselor, discuss how to get disability insurance, etc. may be very overwhelming. Depending on the person's level of functioning, you may need to start by instructing the person on how s/he will get to the Department of Mental Health and establish a contact person before they go. In addition, role-playing, such as asking who they need to talk to once they have made it to the office, may be helpful. You might want to use a simple map.
5. **Modify the steps, as a person becomes more impaired.** You may need to break the steps into smaller parts or you may need to do some of the steps yourself. Perhaps a "Buddie" could be assigned to the person.
6. **Praise sincerely for success.** We all need to hear that we are doing a good job. Praise doesn't need to be long or "gushy" but a simple thank-you or "You handled that very well!" Try catching the person doing something good and acknowledge it.

D. When You Are Having Trouble Being Understood

1. **Be sure you are allowing enough time.** It may seem to you that you have waited a long time for a person to respond. However, persons with impairments may need extra time to process the information.
2. **Try demonstrating visually what you are saying.** Though not always possible, this technique of doing and saying at the same time is often a very effective way of communication.
3. **Think about the complexity of what you are saying.** Can you say it more simply? Is it too many words or too abstract for the person to understand? Can you be more concrete? Avoid offering detailed explanations to instructions. Every word you say after the instruction could subtract from the instruction. Stay focused on the task.
4. **Change the subject.** If you are both getting frustrated, it may be a good idea to drop it for the moment and try later. Simply say, "Why don't we take a break and come back to this matter later. What do you think?" Do something totally different from the task at hand.

E. When You Are Having Trouble Understanding

1. **Listen actively and carefully to what the person is trying to say.** If you don't understand him/her, apologize and ask the person to repeat it. Let him/her know when you think you do understand by repeating or rephrasing it. Allow the person to verify if you are on the right track.
2. **Try to focus on a word or phrase that makes sense.** Repeat it back to the person and try to help him/her clarify what is being said.
3. **Respond to the emotional tone of the statements.** You may not understand what is being said, but you may recognize that it's being said angrily or sadly. Make an observation... "It seems you're feeling pretty angry right now." This will at least acknowledge the feelings, even if you cannot decipher the words. Ask the person to verify your observation. "Are you feeling pretty angry right now?"
4. **Try to stay calm and be patient.** Remember the person is not always exhibiting difficult behavior on purpose. Your calmness and patience will help create a caring atmosphere that may calm the situation.

F. Things Not To Do

1. **Do not argue with the person.** This always makes the situation worse. Furthermore, the person you are arguing with may no longer have the ability to be rational or logical to the extent you do. Simply terminate the conversation and suggest continuing the conversation at a later time.
2. **Do not be condescending.** It's hard not to sound like you are using a condescending tone of voice when you are speaking slowly and in short sentences. However, a condescending tone is likely to provoke anger, even if the words are not understood.
3. **Do not put other people in danger.** If a person is acting in a threatening manner, get others out of the area to a safe place.
4. **Do not talk about people in front of them.** It's easy to fall into the habit of talking about a person in front of them when they can no longer communicate well. It's impossible to know how much someone understands, even if they don't speak your language.

G. When Verbal Communication Fails

1. **Ignore verbal outbursts.** If you cannot think of any positive response, it's much better to ignore angry or agitated statements than to become angry yourself. You might want to try to apologize, let the subject drop, or change the emotional tone of the conversation.
2. **Try other forms of communicating.** There are lots of ways of communicating that don't involve words. A gentle touch, providing food or water, or taking a walk can often demonstrate concern more effectively than words. These modes of communication can also help soothe a troubled person and take the edge off difficult moments.
3. **Try distracting the person.** Sometimes simply diverting the person's attention to other activities such as going for a walk, changing the subject, or offering a snack/drink, may be enough to diffuse an angry or anxious mood.

H. Problem-Solving

When you are faced with challenging behaviors or situations, *try to understand* why this behavior is occurring. What are some of the factors that may be triggering the behavior that you can change? It's important to recognize elements in the environment, the mental or medical situation, or problems of communication that may be contributing to the problem.

1. **When does this problem occur?** It may be helpful to keep a log describing the problem or situation. Jot down the time and what happened. Think about what was going on right before the behavior occurred: Who was involved, who was affected by the behavior, what emotions were being expressed, and how did others respond?
2. **Carefully review the four categories** previously described and try and pinpoint specific causes. Is the problem related to the person's health, the environment, the task, or communication?
3. **Develop a list of alternative strategies** for responding to the behavior or situation. Be creative, seek supervision, and set limits.
4. **Think about the strategies you have identified.** Decide on the one that you are going to try first. Don't worry if it fails. You are gaining new information about the situation even if your approach doesn't work.
5. **Problem-solving is a process of trial and error.** There are no simple solutions. You may no sooner solve one problem than another problem develops. You may find that your solutions work sometimes but not at other times. Be flexible!
6. **Reassure the person** after an upsetting situation to let him/her know that you want *to understand* and care.
7. Remember if the **behavior is caused by organic conditions**, the person is not deliberately trying to be nasty, stubborn, or annoying.
8. **Don't try to handle difficult situations alone.** It's okay to ask for help and seek clinical supervision.

I. Additional strategies for addressing challenging behaviors, when the person:

A. Demonstrates Hostility/Sarcasm

1. Keep the interview as friendly as possible.
2. Sell the person on telling the truth.
3. Set limits that are fair and appropriate, stay focused on the goals.
4. Confront the behavior directly, friendly, and politely.
5. Explain the rules and/or options clearly.
6. Encourage the person to take responsibility for his/her actions.
7. Make clear the consequences if unacceptable behavior continues or if the person loses control. Avoid idle threats.
8. Make it clear that the behavior, not the person or person's feelings, is unacceptable. You can validate the feelings or person without condoning the behavior.
9. Model appropriate behaviors such as regard, respect, good listening, and remaining calm.
10. Do not over-stimulate or further aggravate the person by:
 - Becoming very emotional (demonstrating anger, hostility, panic, condescension, defensiveness, etc.).
 - Touching or making threatening gestures.
 - Talking too much, too loud, or using words the person does not understand.
11. Develop a behavioral or service agreement with the person.

B. Talks Too Much

1. Ask specific questions rather than vague or open-ended questions.
2. Re-focus the person often to the topic being discussed.
3. Model appropriate behavior.
4. Set limits and time-frames and stick to them. “Just a reminder... we have approximately 10 minutes left today.”
5. Develop a behavioral or service agreement with the person.

C. Becomes Restless/Nervous

1. Keep the interview friendly.
2. Acknowledge non-verbal behavior.
3. Give the person space and time to calm down.
4. Offer something to drink and/or a snack.
5. Reassure confidentiality.
6. Explain the process of what you want to accomplish with the person and provide an approximate time-frame of completion.

D. Is in Crisis

1. Remain as calm as possible.
2. Explore the situation.
3. Acknowledge the person’s feelings.
4. Use calming phrases.
5. Explore alternatives.
6. Reaffirm that the person is safe with you.
7. Protect and ensure the safety of the person and other individuals, including yourself.
8. Call for back-up, if necessary. (Have a plan.)

E. Uses Manipulative Behavior

1. Ask highly specific questions.
2. Be persistent in a low-key, non-demanding manner.
3. Avoid questions that allow for rationalizing.
4. Set limits that are fair and appropriate; stay focused on the goals.
5. Confront the behavior directly, friendly, and politely.
6. Explain the rules and/or options clearly.
7. Make clear the consequences if unacceptable behavior continues or if the person loses control.
8. Make it clear that the behavior, not the person or person’s feelings, is unacceptable. You can validate the feelings or person without condoning the behavior.
9. Model appropriate behaviors such as respect, good listening and remaining calm.
10. Don’t over-stimulate or further aggravate the person by:
 - Becoming very emotional (demonstrating anger, hostility, panic, condescension, defensiveness, etc.).
 - Touching or making threatening gestures.
 - Talking too much, too loud, or using words the person does not understand.
11. Develop a behavioral or service agreement with the person.
12. Remember the underlying motivation of manipulation is survival/control (to win)—not defiance.

Case Management Services

Behavioral Agreements

(Sample Information)

Non-adherence to Case Management Services

This is a severe impediment to managing client care. The Case Manager can positively affect client participation by providing consistent and regular support and monitoring of the client's progress in achieving the goals of the Individual Action Plan. While the frequency of follow-up contacts should be agreed upon between the client and the Case Manager, it's incumbent upon the Case Manager to be consistent and predictable in performing his/her follow-up activities.

Case Managers need to determine on a case-by-case basis whether more frequent contact with a particular client is needed in order to avoid potential dropouts. If after a reasonable effort, the Case Manager has not been able to contact the client for three months or more, the client's case can be closed, and another client can be added to the Case Manager's caseload.

Behavioral Service Agreements

Clients may exhibit behavioral problems that interfere with case management activities for many reasons. Prevention is always the first method that should be utilized for reducing behavioral problems and is done so by establishing clear boundaries, rules, roles and responsibilities.

For those clients who still exhibit behavioral problems, behavioral contracts may be necessary in order to define what behavior needs to change. Continuous behavioral problems including intoxication, threats, harassment, and physical or verbal abuse do not need to be tolerated by case management agencies or staff.

If a client is unable to follow the behavioral contract, they should be discharged from case management services. Do not put yourself or others at risk.

On March 19, 2018, Casey Client, Case Number 07-145, came in without an appointment to see Case Manager, Sue Langer. Client became verbally abusive with Front Desk staff when he was informed that there would be about a 30-minute wait to see his Case Manager. Client was informed that he could schedule an appointment to avoid a long wait in the future. Client proceeded to throw agency brochures all over the waiting area and stomped out of the building when Front Desk staff informed him they would call Security if he did not leave.

Sample Case Management Behavioral/Services Agreement

Service Agreement

I, **Casey Client**, must observe the following guidelines in order to continue to receive case management services at ABC Agency.

1. While at the agency, I will behave in a respectful manner with staff and other clients. Any verbal abuse or aggressive behavior will not be tolerated, and I will be asked to leave.
2. In order to see my Case Manager in a timely manner, I must make an appointment. If I am unable to make an appointment by phone, I can come into the agency to do so. If I come in without an appointment, I may have to wait to be seen or may not be able to be seen by my Case Manager that day. If I decide to wait or make an appointment at the agency, I must do so without disturbance.
3. I understand that if I break any part of this Agreement, I may no longer be allowed to return to the agency for case management services. I will be given referrals to meet my needs, as they are available.
4. If I have any concerns or questions regarding this Agreement, I can discuss it with my Case Manager and the case management supervisor.
5. I have been made aware of and have received a copy of the case management services Grievance Procedures.

Client's Signature

Date

Case Manager's Signature

Date

Supervisor's Signature

Date

Methods to De-escalate Volatile Situations

- Avoid reacting to the person
- Listen to the person
- Stay calm
- Speak with a soft, low voice (least audible tone)
- Avoid arguing with the person
- Change the subject
- Avoid disagreeing
- Use non-threatening body language
- Allow time for venting
- Ignore the behavior
- Walk away from the situation
- Attempt to find common ground
- Separate persons
- Avoid extraneous stimulation
- Identify yourself
- Use person's name
- Avoid carrying any objects
- Stay at eye level
- Avoid abstract language or expressions
- Define expectations
- Remain non-judgmental
- Avoid touching person
- Acknowledge the feelings that are being heard or observed
- Define the behavior; avoid labeling the person
- Don't overload by using too many words, too fast
- Be assertive, clear, and direct
- Provide a safe, private place to talk
- Explore options/alternatives with the person
- Keep hands visible
- Avoid an aggressive stance (feet apart, arms crossed)
- Allow person to make own decisions
- Use least amount of words possible
- Be supportive and caring
- Make eye contact

Addressing Anger – Tips on How to Cope

How many times have you had someone walk into your office red-faced with steam coming out of both ears looking for answers or action on a particular issue? Your initial reaction may be to hide under your desk or lock yourself in the closet, but you'll have to come out for air sometime and that person will still be there. Instead of running for cover, consider these tips to help diffuse anger in others and better manage a difficult situation.

Ways to Diffuse Anger in Others

- Acknowledge that their issue is important to them
- Treat the person with respect
- Use reflective listening, paraphrasing their concerns so they know that you're listening
- Take notes.
- Use humor, if appropriate
- Avoid patronizing by using professional jargon
- Tell them exactly what you are going to do about the problem and follow through. Avoid promising more than you can deliver.
- Model the behavior and attitude you want them to exhibit
- Sit down, lean forward, and maintain an open stance to indicate interest
- Speak softly and slowly
- Never raise your voice
- Make eye contact, but don't stare. Staring can be perceived as aggression.

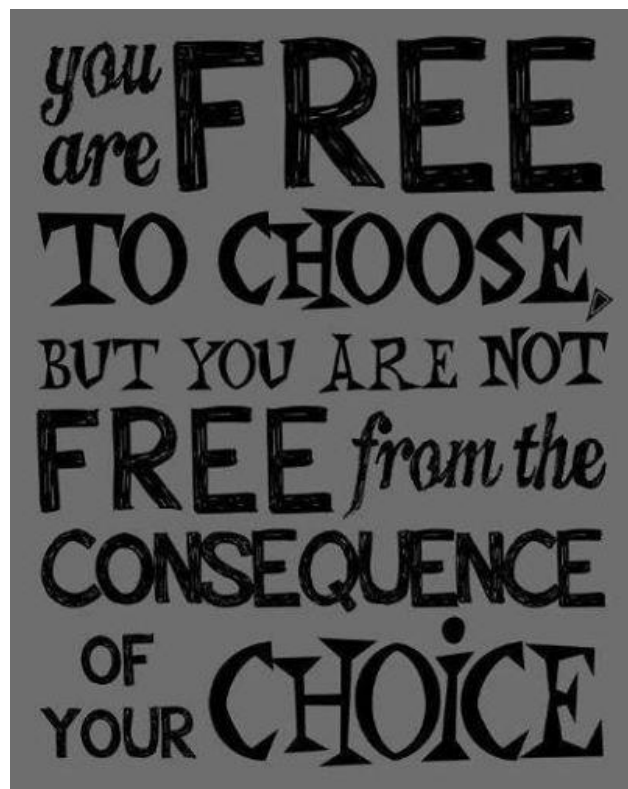
Active Listening Techniques

- Totally focus on what the person is saying
- Paraphrase in your own words to check for accuracy
- Don't think about your own response while the other person is talking
- Make eye contact
- Use body language that projects acceptance
- Use a calm tone of voice and speak slowly
- Avoid being defensive by explaining your position
- Don't interrupt

Some Steps to Follow When Feeling Attacked

- Take time to breathe deeply and to feel yourself relax.
- If the other person generates feelings of fear or anger in you, recognize and accept these feelings.
- Continue to breathe deeply as you continue to relax. This will help buy time, increasing your chances of responding in a calm, rather than a defensive or aggressive manner.
- Take time before verbalizing your response. This helps you maintain control of yourself and the situation. (Proactive vs. Reactive)
- Affirm your belief in yourself. Accept the fact that there may be some truth in what the other person says. Remember, you don't have to be perfect, be right all the time, or have all the answers.
- See the situation as an opportunity to learn and grow rather than getting defensive. If you allow it, your critic will provide you with more information about yourself and about himself/herself.
- Try to put yourself in the other person's position.
- Stay focused on a common solution that benefits you and the other person. Time and energy are wasted proving someone is right or wrong. Keep refocusing this concept during the entire process. This helps diffuse feelings of fear and anger and keeps you focused on problem-solving, and often develops mutual trust.

Source: *Building School Communities—Strategies for Leaders*, B.J. Meadows & Marilyn Saltzman, Fulcrum Publishing, Pp. 95-97.



Some Possible Examples

Speaker	Listener
1. Can you help me?	1.
2. What should I do about my problem?	2.
3. I can't stay away from drugs . . . I've tried.	3.
4. I want you to help me make a decision. Won't you help me?	4.
5. Do you think it's right for my parents to be nosing into my personal affairs?	5.
6. I want to tell my congregation at church I'm gay and how awful I've been.	6.
7. I love my boyfriend, but I don't know how far to go with him.	7.
8. (Telephone Conversation) Hi... How are you today?... The TV is on the blink... I used to watch the news everyday... I probably should get my new prescription... Have you had lunch yet? ... When I got up this morning...	8.
9. All I feel is pain. Why should I continue? There's really no purpose to life anyway.	9.
10. Just one drag on a joint won't hurt, will it?	10.

Change Plan Worksheet

The changes I want to make (or continue making) are:

The reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I know that my plan is working if:

Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Change Plan Worksheet (Outline)

The changes I want to make (or continue making) are:

List specific areas or ways in which you want to change.

Include positive goals (beginning, increasing, improving behavior).

The reasons why I want to make these changes are:

What are some likely consequences of action and inaction?

Which motivations for change seem most important to you?

The steps I plan to take in changing are:

How do you plan to achieve the goals?

Within the general plan, what are some specific first steps you might take?

When, where, and how will these steps be taken?

The ways other people can help me are:

List specific ways that others can help support you in your change plan.

How will you go about soliciting others' support?

I know that my plan is working if:

What do you hope will happen as a result of the change?

What benefits can you expect from the change?

Some things that could interfere with my plan are:

Anticipate situations or changes that could undermine the plan.

What could go wrong?

How might you stick with the plan despite the changes or setbacks?

What I will do if the plan isn't working:

List specific ways to address any concerns with your Change Plan.

Change Plan Worksheet (Example)

The changes I want to make (or continue making) are:

1. *Stop smoking crack.*
2. *Reduce my drinking.*
3. *Take better care of my kids.*

The reasons why I want to make these changes are:

1. *Get out of trouble with Probation—avoid dirty urine tests.*
2. *Take better care of my health.*
3. *Give my kids a better chance.*

The steps I plan to take in changing are:

1. *Keep coming to group and treatment here.*
2. *Give urines to my P.O. every week.*
3. *Schedule time each day to focus on my children.*
4. *Go to my kids' schools to meet their teachers.*
5. *Stop using crack, one day at a time.*
6. *Get a sponsor at NA.*
7. *Avoid hanging out with people who use.*
8. *Go back to church.*

The ways other people can help me are:

1. *My P.O. can encourage me when I give a clean urine.*
2. *My counselor can help me deal with my depression.*
3. *My group can help me talk about my difficulties in quitting.*
4. *My mom can care for my kids when I'm working or in treatment.*
5. *My sponsor can help me when I have a craving.*

I know that my plan is working if:

1. *I am not using crack.*
2. *I am giving clean urines.*
3. *I am coming to group 8 out of 10 times.*
4. *I am spending time each day focusing on my children and their needs.*
5. *I am going to NA three times a week.*

Some things that could interfere with my plan are:

1. *If I get sent back to jail for a dirty urine.*
2. *If I don't plan ahead for cravings and urges.*
3. *If I don't stop hanging with using friends.*
4. *If I quit treatment.*

What I will do if the plan isn't working:

1. *Be honest with my counselor and my group and ask for help.*
2. *Make another plan that takes care of cravings/urges better.*
3. *Tell my P.O. I need residential treatment or more treatment.*
4. *Refuse to let myself feel like a failure.*

A Checklist for Improved Listening

(How many of these do you practice? Answer True or False.)

1. ____ I understand that being a good listener does not mean I must believe what I am hearing or subscribe to the values of the other person.
2. ____ I understand that when a person feels s/he is being understood, s/he tends to be less aggressive and less defensive.
3. ____ I try to avoid reacting to emotionally charged words.
4. ____ When I disagree with something, or don't find something exciting, I make a special effort to listen carefully.
5. ____ I understand that I am learning little when I am talking.
6. ____ If I am having trouble being understood, I understand that the burden is on me to try to communicate more effectively with the other person.
7. ____ I know when I may be intimidating others through threatening behavior.
8. ____ I can tell when there is a hostile, emotionally charged atmosphere.
9. ____ I consider the person involved as well as the situation.
10. ____ I try to understand the person I am talking with.
11. ____ I listen for what is "not" being said as well as what "is" being said.
12. ____ I listen for "feelings" and "tone" as well as for words.
13. ____ I "look" and "behave" as if I am listening.
14. ____ When I give an instruction, I obtain feedback to ensure that I am understood.
15. ____ I understand that while I have the right to influence others, they also have the right to influence me.
16. ____ I know my biases and prejudices and I make an effort to avoid filtering out certain messages.
17. ____ I understand that people "speak" through a myriad of non-verbal ways and that I must "hear" this communication as well.
18. ____ If I were the listener, I would happy to listen to myself.

Listen

When I ask you to listen to me
and you start giving advice,
you have not done what I've asked.

When I ask you to listen to me
and you begin to tell me why I shouldn't feel that way,
you are trampling on my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my problems,
you have failed me (strange as that may seem).

Listen! All I asked was that you listen --
not talk, or do -- just hear me.

I can "do" for myself.

I am not helpless...
Maybe discouraged and faltering...
but not helpless.

When you do something for me that I can and need to do for myself,
you contribute to my fear and feelings of inadequacy.

But when you accept as a simple fact that I do feel what I feel,
no matter how irrational,
then I quit trying to convince you and can get about the business
of understanding what's behind this irrational feeling.

And when that's clear, the answers are obvious,
and I don't need advice.

Irrational feelings make sense
when we know what's behind them.

Perhaps that's why prayer works, sometimes, for some people --
because God is mute and doesn't give advice or try to fix things.
God just listens and lets you work it out for yourself.

So please... just listen and hear me.

And if you want to talk,
wait a minute for your turn,
and I'll listen to you.

--Ralph Roughton, M.D.

Addressing Difficult Behaviors

True or False:

1. ___ Slamming doors would be considered a “behavior.”
2. ___ If we say that a person is “argumentative,” that would be considered a label.
3. ___ We “personalize” behavior when we believe that a person did a particular act specifically to spite us, e.g. dropped candy wrappers on the floor in my office.
4. ___ We “emotionalize” behavior when we “react” to another person’s behavior, e.g. if a person calls us a name, we react back and start calling him/her names.
5. ___ It’s best to stand over people when you are talking with them so that they know you’re in charge.
6. ___ Stealing, breaking things, and being verbally abusive would be examples of “acting-out behaviors.”
7. ___ Behaviors that flatter, instill guilt, or create discomfort are examples of “manipulative behaviors.”
8. ___ Mutuality in a relationship means that the two parties involved strive to view each other with equal regard/respect and allow for a free flow of information between them.
9. ___ Behavior is what people “say” and/or “do.”
10. ___ Choosing “anger” (yelling loudly) as a behavior can help people escape from things they don’t want to do.
11. ___ During the problem-solving/decision-making process, two-way communication is an effective method of communicating with people.
12. ___ Acknowledgment means that we strive to hear what the person is saying as well as sense the emotion(s) underlying the words the person is using and then comment on their situation.
13. ___ Fatigue may be a cause for acting-out behavior.
14. ___ The primary goal of “active listening” is to try to understand the other person from his/her vantage point.
15. ___ “Alcohol abuse, talking to self, and over-eating” are examples of acting-out behaviors.
16. ___ Over-stimulating a person by talking a lot may escalate a volatile situation.
17. ___ To assess if someone is using manipulative behavior, we may ask, “Does the behavior continue despite requests to stop?”

18. ___ Sitting down, leaning forward, and maintaining an open stance to indicate interest, may help to diffuse anger.
19. ___ Understanding the “feelings” of another person during the problem-solving/decision-making process is not important. Focus only on the problem.
20. ___ Physical and emotional health may be a cause of challenging behaviors.
21. ___ An unstructured environment, such as a disruption in an agency routine, may be a cause for acting-out behavior.
22. ___ The goal when helping others is to promote self-sufficiency.
23. ___ Being depressed is a special kind of behavior that is usually observable.
24. ___ During the problem-solving/decision-making process, the listener should ask the speaker “why” as often as possible to better understand the situation.
25. ___ Before entering into an “anger” situation, we should ask ourselves, “Can I keep from trying to control the other person? Can I avoid trying to coerce him/her into doing something s/he doesn’t want to do?”
26. ___ Most people want advice and we should help them with their problems.
27. ___ Using the word “disrespectful” to discuss a person’s behavior would be considered a label.
28. ___ “Using Silence” is an example of an Interpersonal Technique that may enhance the communication process.
29. ___ Dehydration does not have an adverse effect which would cause people to act differently.
30. ___ When working with a person with a mental illness, we should avoid being offended by strong language.
31. ___ Talking with a person in an environment that is free of distractions may help to de-escalate a volatile situation.
32. ___ We should always try to avoid arguing with a person.
33. ___ Dementia only comes about much later in life as a part of the aging process.
34. ___ The two primary elements of a positive relationship are mutuality and honesty.
35. ___ A Service Agreement may be one form of addressing “acting-out” behavior.
36. ___ Imposing our personal agendas on a person would be a violation of a positive relationship.
37. ___ We should always avoid using labels when noting the behavior of people.

38. ___ One-way communication is not a useful form of communication and should be avoided.
39. ___ A good Progress Note may be “Client reported he was ill and had chest pains.”
40. ___ A good Progress Note may be “Client never cooperates and makes everyone mad.”
41. ___ Starting sentences with “No” or “I think” are usually inappropriate.
42. ___ It’s the responsibility of all staff to work together to address individual client behaviors.
43. ___ We should judge people’s proposed options during the problem-solving process, so they have a better understanding of the consequences of their options.
44. ___ Our personal filters may prevent us from hearing others effectively.
45. ___ A cardinal rule of active listening is “Do not make assumptions!”
46. ___ When we do for others what they can do for themselves, we disempower people.
47. ___ Taking time to think about your response is an example of a “proactive” behavior.
48. ___ We should tell people about our own personal difficulties in life so that they can better relate to us.
49. ___ Making moral judgments about people and their situations is an example of imposing our personal agendas upon them.
50. ___ Our goal in active listening should always be to strive to understand.

NOTES:

Some Other Books to Read

1. **LIFE Strategies: Doing What Works – Doing What Matters**, Phillip C. McGraw, Ph.D., Paperback, 304 pages, \$12.95, ISBN 078688459-2

- a. Life Law #1: You either get it, or you don't.
Strategy: Become one of those who gets it.
- b. Life Law #2: You create your own experience.
Strategy: Acknowledge and accept accountability for your life.
- c. Life Law #3: People do what works.
Strategy: Identify the payoffs that drive your behavior and that of others.
- d. Life Law #4: You cannot change what you do not acknowledge.
Strategy: Get real with yourself about life and everybody in it.
- e. Life Law #5: Life rewards action.
Strategy: Make careful decisions and then pull the trigger.
- f. Life Law #6: There is no reality; only perception.
Strategy: Identify the filters through which you view the world.
- g. Life Law #7: Life is managed; it is not cured.
Strategy: Learn to take charge of your life.
- h. Life Law #8: We teach people how to treat us.
Strategy: Own, rather than complain about, how people treat you.
- i. Life Law #9: There is power in forgiveness.
Strategy: Open your eyes to what anger and resentment are doing to you.
- j. Life Law #10: You have to name it before you can claim it.
Strategy: Get clear about what you want and take your turn.

2. **I AM NOT SICK, I Don't Need Help!** How to Help Someone with Mental Illness Accept Treatment – Xavier Amador, Ph.D., Vida Press, New York, 2012

Dr. Amador is an internationally sought-after speaker, clinical psychologist, Columbia University professor and Director of the LEAP Institute (Listen-Empathize-Agree-Partner). He is the author of eight books and has over 25 years of experience working with adults, families and couples. Dr. Amador lives in New York.

3. **How the Way We Talk Can Change the Way We Work**, Robert Kegan, Lisa Lakow Lahey, Paperback, 256 pages, \$16.95, ISBN 0-879-6378-X

- a. Transform complaining into an honest statement of underlying belief and mission.
- b. Stop blaming and take responsibility.
- c. Convert traditional myths about the organization into realistic progress.
- d. Replace flattery and artificial rewards with ongoing regard.
- e. Change constructive criticism to courageous dialogue from different perspectives.

4. **Do One Thing Different: Ten Simple Ways to Change Your Life**, Bill O’Hanlon, Paperback, 209 pages, \$13.00, ISBN 0-688-17794-8
- Changing the doing of the problem: Insanity is doing the same thing over and over again and expecting different results.
 - Changing the viewing of the problem: There’s nothing as dangerous as an idea when it’s the only one you have.
 - Applying solution-oriented therapy to specific areas of your life.

5. **Who Moved My Cheese?** Spencer Johnson, M.D., Hardcover, 94 pages, \$19.95, ISBN 0-399-14446-3

The four imaginary characters depicted in this story—the mice: “Sniff” and “Scurry”, and the little people: “Hem” and “Haw”—are intended to represent the simple and the complex parts of ourselves, regardless of our age, gender, race, or nationality. Sometimes we may act like Sniff, who sniffs out change early, or Scurry, who curries into action, or Hem, who denies and resists change as he fears it will lead to something worse, or Haw, who learns to adapt in time when he sees changing leads to something better! Whatever parts of us we choose to use, we all share something in common: a need to find our way in the maze and succeed in changing times.

6. **The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change**, Stephen R. Covey, Paperback

True success encompasses a balance of personal and professional effectiveness. This book is a manual for performing better in both areas. Before you can adopt the seven habits, you’ll to accomplish what Covey calls a “paradigm shift”—a change in perception and interpretation of how the world works. Covey takes you through this change, which affects how you perceive and act regarding productivity, time management, positive thinking, developing your “proactive muscles” (acting with initiative rather than reacting), and much more.

7. **Communication Briefings: ideas that work**

Newsletter to provide you with down-to-earth communication ideas and techniques you can put into action to persuade clients, influence peers and motivate employees; to help you earn approval, command respect, spur productivity, gain recognition and win public support. Communication Briefings, 1101 King St., Suite 110, Alexandria, VA 22314, TEL (800) 722-9221, FAX (703) 684-2136 or go to: <http://www.communicationbriefings.com>

