Family and Person-Centered Communication

Purpose:

This session focuses on components and strategies for effective communication.

Goals of the Session:

Participants will:

1. Describe what is meant by family or person-centered communication.

2. Identify barriers to effective communication.

3. Recognize preferred language in communicating with and about people with disabilities.

4. Identify and practice strategies for active listening.

5. Identify some impacts of cultural diversity on effective communication.

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Support and Techniques
for Empowering People

Chapter 4
Family and Person-Centered Communication

Description of the Activities

Activity	Approximate Time

4-1 What is Family or Person-Centered Communication? — 10 minutes
This activity describes family and person-centered communication.

4-2 Barriers to Effective Communication — 30 minutes
This activity identifies benefits and potential barriers that can interfere with effective communication among service providers, individuals, and families.

4-3 The Power of Language — 40 minutes
This activity identifies words used to describe individuals that reflect negative attitudes and that may hinder the development of collaborative relationships. Participants will generate or review guidelines for speaking respectfully to and about individuals.

4-4 Active Listening — 40 minutes
This activity reviews the elements of active listening and gives participants an opportunity to practice active listening skills.
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4-5 Strategies for Communicating Clearly and Respectfully — 30 minutes
This activity reviews useful family and person-centered communication techniques and strategies.

4-6 Cultural Diversity in Communication — 40 minutes
Communication between persons from different cultural backgrounds is explored. Cross-cultural verbal and non-verbal communications are discussed.

4-7 Situation Studies — 30 minutes
Opportunities to apply family or person-centered communication principles are presented.

What is Family or Person-Centered Communication?
Activity 4-1

Purpose:

This activity describes family and person-centered communication principles.

Time Required:

10 minutes.

Learning Experience:

Discussion.

Materials:

Handout/transparency:
     Key Elements of Family and Person-Centered Services

Overhead projector and markers

Introduce The Activity And Tell The Group:

> "Family and person-centered communication involves using skills that help overcome barriers between professionals and individuals/families. Let's first look at the principles for the delivery of family or person-centered services."

Place the transparency *Key Elements of Family and Person-Centered Services* on the overhead.

Tell The Group:

> "Let's look at how these principles apply to communications among individuals, advocates, families, and professionals."

Ask the participants to suggest some examples of how each principle would be evident in communications. Below are some examples:

Honoring the racial, ethnic, cultural and socioeconomic diversity of individuals and families.

1. Communicate with individuals/families using their language, free from unnecessary professional jargon and acronyms.
2. Avoid assuming that any one way of providing services will work for all individuals/families.

Recognizing individual and family strengths and respecting different methods of coping.

1. Respect an individual's/family's right to make a decision that is different from one a professional may recommend.
2. Recognize that individuals or family members might have different ways of handling situations.
3. Recognize cultural differences in methods of coping.

Sharing with individuals, advocates, and/or parents, on a continuous basis and in a supportive manner, complete and unbiased information.

1. All information and options should be offered to individuals/families so that they can make informed choices.
2. Don't censor information out of fear that individuals/families won't be able to handle bad news.

Summarize And Transition:

Tell The Participants:

"Now that we have looked at how the principles for family and person-centered services can impact communication, let's take a look at some of the barriers to effective communication."

Activity 4-1

Key Elements of Family and Person-Centered Services

- Recognizing that the family is the "constant element" in the individual's life, while the service systems and personnel within those systems fluctuate.

- Facilitating individual/professional collaboration at all levels of service provision:

  ➢ Services for the individual

  ➢ Program development, implementation, and evaluation

  ➢ Policy formation

- Honoring the racial, ethnic, cultural, and socioeconomic diversity of individuals and families.

- Recognizing individual and family strengths and respecting different methods of coping.

- Sharing with individuals, advocates, and/or parents, on a continuing basis and in a supportive manner, complete and unbiased information.

- Encouraging and facilitating family-to-family and individual-to-individual support and networking.

- Understanding and incorporating the developmental needs of infants, children, adolescents, and adults and their families into service delivery systems.

- Implementing comprehensive policies and programs that provide emotional and financial support to meet the needs of individuals and families.

- Designing accessible service delivery systems that are flexible, culturally competent, and responsive to individual and family-identified needs.

(Adapted from "Key Elements of Family-centered Care," National Center for Family-Centered Care, the Association for the Care of Children's Health.)

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Purpose:

This activity gives participants an opportunity to identify potential barriers to effective communication between individuals and service providers.

Time Required:

About 30 minutes.

Learning Experience:

Large group discussion.

Materials:

Flip chart
Flip chart markers
Tape (to secure flip chart pages to the wall)

Introduce The Activity:

Title a flip chart "Benefits of Effective Communication." Lead the group in a making a list of how individuals, advocates, and professionals will benefit by using the principles to enhance their communications. As the participants offer their ideas, list their responses on the flip chart. (A recorder may be appointed for this task.) Tape your list to a wall when completed.

Title another flip chart "Barriers to Effective Communication." Lead the group in another discussion based on the following questions:

> "What are some barriers to effective communication between service providers and individuals, advocates, and/or families?"

> "How about between you and the individuals you will be working with?"

As the participants offer their ideas, list their responses.   Be sure that the participants recognize the impact of barriers such as :

By-passing: a misunderstanding in which the meaning of a word used by the speaker is <u>different</u> from the meaning attached to that word by the listener. The Oxford dictionary lists 14,070 different meanings for the 500 basic words people use in the English language. For example, the word "round" has 73 different meanings.

Stereotyping: the use of a <u>general</u> term as if all members of the group represented by that term were the <u>same</u>. Attitudes favoring or rejecting certain groups are a determining factor in the formation of and use of stereotypes.

Polarization: the tendency to reduce everything to one of two opposite classes ("black and white thinking"). The tendency to force things into one or the other of a pair of <u>contraries</u> will distort the reality and create a verbal impression that does not fit the reality.

Allness: The tendency to look at a situation from a single point of view and believe that all that is relevant or important had been observed, said, heard, or considered. This is the tendency to arrive at an attitude of "that's all there is to is." This tendency leads to a closed mind.

Inference-proneness: the tendency to go beyond the facts that are seen or heard and to form conclusions too hastily.

Summarize and Transition:

Tell The Participants:

"We'll get a chance to practice some skills and strategies for communicating effectively, but first let's take a look as some of the language issues related to communicating with and about people with disabilities."

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Purpose:

This activity identifies words used to describe families and individuals that reflect negative attitudes and that may hinder collaborative relationships. Participants will generate or review guidelines for speaking about families and individuals.

Time Required:

Approximately 30 minutes.

Learning Experiences:

Discussion and large group exercise.

Materials:

Handouts/transparencies:
> *Meeting People With Disabilities*
> *The Problem With "Problem"*
> *Guidelines for Reporting and Writing About People with Disabilities*

Overhead projector and markers
Flip chart and markers
Tape (to secure flip chart pages to the wall)

Preparation:

Review the handouts, and prepare to lead a discussion of the main points.

Introduce The Activity:

> "Collaborative relationships are built on partnerships between individuals and service providers. Many words used to describe individuals with disabilities and their families are outdated and inaccurate, and stem from misconceptions. These words create attitudes and behaviors that may hinder trusting relationships. It's important to know the effect these words have on the people who hear them and those who use them."

Divide a flip chart page into three columns. Label the left hand column "Negative Words."

Tell The Group:

> "Let's think about some words used to describe families and individuals that reflect negative attitudes. Let's make a short list of the negative words you have commonly heard, read, or even used about families."

As the group offers words, list them in the "Negative Words" column of the flip chart. About five to seven words should be enough. (Examples are: dysfunctional, handicapped, crippled, non-compliant, uncooperative, uninvolved, etc.)

When the group has finished, label the middle column "Feelings."

Ask The Group:

> "We've identified some words that are commonly used to describe families and individuals. How would you feel if you or your family were described by these words?"

You can ask the group to respond as you indicate each word in turn, or you can ask them to respond to the list in general. As the participants offer ideas, list their responses in the middle of the flip chart.

When the group has finished, label the right hand column "Assumptions."

Lead the group in a discussion based on this question:

> "When we hear or see these words used to describe families or individuals, we tend to make assumptions. What are some of the assumptions made about people when we hear them being described by these words?"

Again, you can ask the group to respond as you indicate each word in turn, or you can ask them to respond to the list in general. (Some common assumptions might be: this family is too hard to work with; this family is not doing what it is supposed to do; these parents are not "good" parents; this person deserves pity; this person is childlike, etc.) As the participants offer assumptions, list their responses.

When the discussion is finished, tape the flip chart page to a wall.

Tell The Group:

> "We've identified some words, thought about the effects they have on families and individuals, and thought about the assumptions people sometimes make. These words can hinder a trusting, collaborative relationship between individuals or advocates and their service providers or other professionals."

> "Let's take a moment to think about some alternatives to using these words to describe families and individuals. The alternatives we develop can be considered guidelines for speaking about and describing families and individuals."

Label the top of a fresh sheet of flip chart paper "Guidelines for Speaking About Families and Individuals."

Tell The Group:

> "Let's make a list of guidelines that should influence the language we use when we refer to, or talk with, families and individuals."

As group members offer their ideas, list their responses on the flip chart.

Here are some examples:

- Families and individuals should be described in the same respectful manner, whether or not they are present; or, in the case of a written report, whether or not they will read the document.

- Become aware of and avoid language that families might find offensive (e.g. say "child without speech" instead of "dumb" or "mute").

- Use people first language (e.g. one should say "child with cerebral palsy" rather than "CP child," or "person with disabilities" rather than "disabled person").

As an alternative to this portion of the activity, you may want to direct the participants to the handouts in this section, and present a mini-lecture highlighting key information.

Tell The Group:

> "There are some additional perspectives on language in your handouts. We've identified the currently-accepted terminology and practices. Try to keep these in mind when you are communicating with and about people with disabilities. And remember that preferred language tends to change over time as society changes."

> "Service providers, advocates, and families can help shape the views others have of individuals with disabilities. Very often, people use shorthand, jargon, and labels without realizing the effect on individuals and on the perceptions others develop about them. We need to incorporate the guidelines we generated today for speaking about individuals into all of our communications -- for example, the way we write reports and letters, discuss individuals in meetings, and talk with families and individuals themselves."

Summarize and Transition

Ask the participants to give a summary of the key points of this activity, or as a form of review, ask them to identify one or two new ideas that they plan to incorporate into the language they use. Transition into the next activity, which gives participants information about the skill of active listening.

MEETING PEOPLE WITH DISABILITIES

1. It's okay to offer help to someone, but ask first, or wait for the person to ask you for help.
2. It's okay to ask people about their disabilities and it's okay for them not to want to talk about it.
3. Remember just because people use a wheelchair or crutches or just because they have a disability doesn't mean they are sick. Many people who have disabilities are healthy and strong.
4. When talking with people who use wheelchairs, sit down so they won't have to look up at you.
5. It's okay to use words like "see", "hear", "run" and "walk" when talking with people with disabilities.
6. Words like "crippie", "gimp", "afflicted", "patient", "spastic", "retard", "sufering", or "victim", among others, are not used when referring to people with disabilities because they tend to be demeaning and promote negative perceptions.
7. It's okay to ask people who are deaf or people who have speech impairments to repeat what they said if you don't understand them the first time.
8. If a sign language interpreter is helping you speak with a person who is deaf, make sure you talk to the person, not the interpreter.
9. Don't speak loudly when talking to people who are blind or other people with disabilities.
10. People with disabilities like to have fun. Think of ways to include them in activities with friends and co-workers.
11. Canine companions, such as guide dogs, are on the job whenever they are in the community. Never pet or play with them because they should not be distracted from their work.
12. Do not park in parking spaces designated for people with disabilities. They need them more than you do.
13. Treat a person with a disability the way you like to be treated.

For more information contact REACH at www.reachils.org.

Guidelines for Reporting and Writing About People with Disabilities

These guidelines, excerpted from those developed by the Media Project, Research and Training Center on Independent Living, University of Kansas, offer suggestions for appropriate ways to describe people with disabilities and explain preferred terminology. They reflect input from over 100 national disability organizations and have been reviewed and endorsed by media and disability experts throughout the country. Although opinions may differ on some terms, the guidelines represent the current consensus among disability organizations. Portions of the guidelines have been adopted in the 1986 edition of the Associated Press Stylebook.

Please use these guidelines when you write about people with disabilities. If you have any questions or would like more information or additional copies of the guidelines, contact: Media Project, Research and Training Center on Independent Living, BCR/3111 Haworth, University of Kansas, Lawrence, KS 66045.
You can also phone: (913) 842-7694 (Voice/TDD).

Portrayal Issues

Please consider the following when writing about people with disabilities.

1.   DO NOT FOCUS ON DISABILITY unless it is crucial to a story.

2.   DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN. Even though the public may admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve this level.

3. DO NOT SENSATIONALIZE A DISABILITY by saying afflicted with, crippled with, suffers from, victim of, and so on. Instead, say person who has multiple sclerosis or man who had polio.

4. DO NOT LABEL PEOPLE AS PART OF A DISABILITY GROUP, such as the retarded. Instead, say people with mental retardation.

5. PUT PEOPLE FIRST, not their disability. Say woman with arthritis, children who are deaf, people with disabilities. This puts the focus on the individual, not the particular functional limitation. Because of editorial pressures to be succinct, we know it is not always possible to use preferred style (to put people first). Consider the following alternatives. These suggestions are not necessarily sanctioned by the disability groups who have endorsed the Guidelines. However, if the portrayal is positive and accurate, the followings variations may be used: disabled citizens, nondisabled people, wheelchair-user, deaf girl, paralyzed child, and so on. Crippled, deformed, suffers from, victim of, the retarded, infirm, the deaf and dumb, etc. are never acceptable under any circumstances.

6. EMPHASIZE ABILITIES not limitations. For example: uses a wheelchair/braces, walks with crutches, rather than confined to a wheelchair, wheelchair-bound, or crippled. Similarly, do not use emotional descriptors such as unfortunate, pitiful, and so forth.

7. SHOW PERSONS WITH DISABILITIES AS ACTIVE MEMBERS OF SOCIETY. Portraying persons with disabilities interacting with nondisabled people in social and work environments helps break down barriers and open lines of communications.

8.   PEOPLE IS PREFERRED OVER PERSONS WHEN REFERRING TO A LARGE SEGMENT OF A POPULATION, eg, people with mental retardation. Persons is appropriate for a specific number under 25, for example "12 persons with disabilities hold management positions in the company."

Appropriate Terminology for Specific Disabilities

Listed below are preferred words that reflect a positive attitude in portraying disabilities:

Blind. Describes a condition in which a person has a loss of vision for ordinary life purposes. Generally, anyone with less than 10% of normal vision would be regarded as legally blind.

Burn Injury. Describes damage to the skin which permanently alters its appearance. Rather than say burn victim say burn survivor or person with a burn injury.

Deaf. Deafness refers to a profound degree of hearing loss that prevents understanding speech though the ear. Hearing impaired and hearing loss are generic terms used by some individuals to indicate any degree of hearing loss--from mild to profound. These terms include people who are hard of hearing and deaf. However, some individuals completely disfavor the term hearing impaired. Others prefer to use deaf or hard of hearing. Hard of hearing refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use women who is deaf, boy who is hard of hearing, individuals with hearing losses, people who are hearing impaired.

Disability. General term used for a functional limitation that interferes with a person's ability for example, to walk, lift, hear, or learn. It may refer to a physical, sensory, or mental condition. Use as a descriptive noun or adjective, such as person living with AIDS, woman who is blind. or man with a disability. Impairment refers to loss or abnormality of an organ or body mechanism, which may result in disability.

Handicap. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment, or by one's own self. Some individuals prefer inaccessible or not accessible to describe social and environmental barriers. Handicap can be used when citing laws and situations but should not be used to describe a disability. Do not refer to people with disabilities as the handicapped or handicapped people. Say the building is not accessible for a wheelchair-user. The stairs are a handicap for her.

Head injury. Describes a condition where there is long-term or temporary disruption in brain functioning. Use persons with head injury, people who have sustained brain damage , woman who has sustained traumatic brain injury, or boy with a closed head injury.

Mental Illness/Mental Disability. Describes a condition where there is loss of social and/or vocational skills. Do not use mentally deranged, crazy, deviant. Mental disability describes all of the recognized forms of mental illness, severe emotional disorder, or mental retardation. Terms such as neurotic, psychotic, and schizophrenic should be reserved for technical medical writing only. Use man with mental illness, woman with a mental disorder.

Nondisabled. Appropriate term for people without disabilities. The terms normal, able-bodied, healthy, or whole are inappropriate.

Seizure. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc. resulting from a neurological condition such as epilepsy or from an acquired brain injury. Rather than epileptic, say girl with epilepsy or boy with a seizure disorder. The term convulsion should be used only for seizures involving contraction of the entire body.

Spastic. Describes a muscle with sudden abnormal and involuntary spasm. Not appropriate for describing someone with cerebral palsy. Muscles are spastic, not people.

Special. Describes that which is different or uncommon about any person. Do not use to describe person with disabilities (except when citing laws or regulations).

Specific Learning Disability. Describes a permanent condition that affects the way individuals with average or above-average intelligence take in, retain and express information. Specific is preferred, because it emphasizes that only certain learning processes are affected.

Speech Disorder Describes a condition where a person has limited or difficult speech patterns. Use child who has a speech disorder. For a person with no verbal speech capability, use woman without speech. Do not use mute.

Spinal Cord Injury. Describes a condition where there has been permanent damage to the spinal cord. Quadriplegia describes substantial or total loss of function in all four extremities. Paraplegia refers to substantial or total loss of function in the lower

part of the body only. Say man with paraplegia, woman who is paralyzed.

Visually Impaired is the generic term preferred by some individuals to refer to all degrees of vision loss. Examples: boy who is blind, girl who is visually impaired, man who has low vision.

The Problem with "Problem"

Revolutionary Common Sense

By Kathie Snow

"Well, yes, she has a lot of problems with reading, math, behavior, social skills, and a few other things, but there's no reason she shouldn't be included in a regular ed classroom."

"Oh, I'd like my son to be in the community, but he has too many problems."

"I wish we could use a regular babysitter, but we have to use the respite care services because of all my daughter's problems."

"Well, we've been trying to place this guy in a job in the community, but he's got a lot of problems."

"I tried to get my daughter in the Girl Scout troop, but they said they couldn't handle all her problems."

My unscientific study of language reveals that the #1 word used about people with disabilities is "problem." And the problem with "problem" is that it's also the #1 word that activates exclusion! Let's look at the bigger picture of the error of our ways and the "Duh!" factor will be revealed!

Peggy wants her daughter, Brittany, included in a regular ed classroom. She knows the law (IDEA), has done her homework prior to the IEP (Individualized Education Program) meeting, and feels confident she'll be successful. But her best laid plans fall apart when the regular ed teacher hears the laundry list of Brittany's "problems." The classroom teacher just doesn't feel she can handle this "bundle of problems" named Brittany.

Similar situations are repeated every day, across all environments: inclusion in the community and in school, real employment, independent living, and everywhere else! In most cases, our efforts are noble: we attempt to ensure the needs of a person with a disability will be met by describing all their "problems." But when we use the word "problem," we set a person up for failure in our own minds, the minds of others, or both.

Worse, however, is how this makes children or adults with disabilities *themselves!* What must it do to their hearts and minds to repeatedly speak of them primarily—or only—in terms of their "problems?"

Forget for a moment that you know anything about people with disabilities. As a teacher, business owner, or leader of a community activity, what reaction would *you* have if someone wanted you to take responsibility for a person with a basketful of "problems?" You, too, would most likely reject the whole idea. So add a big *"DUH!"* when wondering why our efforts at inclusion often fail.

The solution to the dilemma we have created is relatively easy, however. It takes no more effort than speaking about people with disabilities in the same ways we speak about ourselves!

Think about the following two questions. Do you regularly tell friends, acquaintances, and even strangers, the most intimate and/or negative details of your life? Do you routinely detail what you need by describing your "problems?" Most likely, the answer to both questions is "no." If we don't do it to ourselves, we must not do it to people with disabilities!

Let's look at these two issues one at a time. We don't usually share intimate details of our own lives with casual acquaintances, but we routinely expose the lives of people with disabilities for public consumption. Parents, accustomed to reviewing a child's history to every professional they come in contact with, frequently get in the habit of blabbing very intimate details about their children to other parents, educators, and even strangers in the grocery store! Many adults with disabilities have inadvertently been "trained" to do the same about themselves. And professionals often divulge far more information about a child or adult than is actually necessary.

In general, we reveal intimate details about people with disabilities even though *they have never given us their permission to do so.* How dare we behave in such an arrogant and patronizing manner? How dare we violate a sacred trust? How would you feel if your spouse or best friend described personal details about you with three or four coworkers at lunch?

A very few circumstances (doctor visits, IEP meetings, and so forth) may require the sharing of personal information. But in general, way too many stories are told about people with disabilities—personal, intimate, private details—that are nobody's business!

The second issue concerns how we talk during those few times we do need to discuss details about a person's life with others. Let's look at how we talk about ourselves, first.

HANDOUT

In essence, we frame our "problems" as "needs." For example, I wear glasses or contact lenses. I do not announce, "I have a problem seeing." Instead, I say, "I need [or wear] glasses." If we change the way we talk—by changing "problems"

to "needs"—not only will we speak more truthfully and with more respect for people with disabilities, but we'll also change the outcomes of our efforts!

If I described my son in the traditional way, I might say, "Benjamin has problems walking, writing, feeding himself, going to the bathroom by himself, and . . . ." Shall I go on? And the odds are great that this description would scare the pants off a classroom teacher or a youth group leader. Instead, however, I speak about my son the way I speak about myself, by describing his needs: "Benjamin uses a power chair, does his work on a computer, uses forks and spoons with big handles, and needs some assistance in the bathroom." This presents a far different—and more accurate and respectful—image than the "problem-filled" description!

But there's more. Most of us strive to create a good impression when we meet someone new, during our daily experiences, and anytime we're out in public. Commonsense dictates that we share positive information about ourselves. In addition, if I want you to know about me, I would not describe my functional abilities: "I can walk, talk, feed myself, hold my temper (most of the time)..." and so forth. Instead, I would share positive characteristics about myself: I enjoy reading mysteries; I like to sew, travel, and camp out; I love being at home with my family; I dream of having an RV; and more.

We must do the same for people with disabilities! When we need to speak about children and adults with disabilities, let's make sure that in addition to describing a person's needs in a positive way, we also detail who they are in terms of their wonderful and unique attributes: their interests, talents, abilities, and dreams!

Think about your most recent efforts to ensure a person with a disability was included. Did you inadvertently set failure in motion by the words you used? Is it time for the heel of your hand to make contact with your forehead in a "Duh!" moment?

If so, fear not! We've all done it, but each of us is capable of powerful change! Spend some time thinking about how you'll reframe "problems" as "needs." Consider which positive characteristics you'll add to the mix.

And when pondering how you'll speak differently in the future, keep in mind that respecting a person's privacy means there are times when it's best not to speak at all!

STEP

HANDOUT

"Problem"	"Need"
He has behavior problems.	He needs behavior supports in the classroom.
She has reading problems.	She needs large print [or books on tape].
He's nonverbal.	He communicates with his eyes [or a speaking device].
She can't feed herself.	She needs assistance with eating.
He can't walk.	He uses a power chair.

How can you reframe "problems" into "needs"?
Be creative and positive!

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Purpose:

This activity reviews the elements of active listening and offers participants an opportunity to practice active listening skills.

Time Required:

Approximately 40 minutes.

Learning Experiences:

Discussion and small group exercise.

Materials:

Handouts/transparencies:
> *Elements of Active Listening*
> *Some Principles of Active Listening*
> *It's All in the Eyes and Ears of the Beholder*

Overhead projector and markers
Flip chart and markers
Tape (to secure flip chart pages to the wall)

Introduce The Activity And Tell The Group:

> "A common barrier to communication occurs when people are more intent on expressing themselves than on listening to and understanding others. By using the skills involved in active listening, we can better understand other points of view and avoid making assumptions that will impede communication."

Give participants a few moments to read their handouts, or present a mini-lecture summarizing the highlights. Have examples ready, or ask the participants to give examples of the key concepts or skills.

Have the participants form groups of three to practice the elements of active listening.

Tell The Group:

> "There are three roles in this exercise – a speaker, a listener, and an observer. Begin by deciding who in your group will play each of these roles."

After each triad has formed and members have decided who will start out playing each role, distribute blank Elements of Active Listening handouts to the participants.

Tell The Group:

> "The speaker's role is to describe an experience that you have feelings about. It could be an experience with a family you know, a person you've worked with, or your own family. Choose an experience that you can describe in a couple of minutes."

> "The listener's role is to listen to the speaker, pay close attention, and use the elements of active listening that we discussed."

> "The observer's role is to observe the exchange, document your observations on the Elements of Active Listening handout, and give the listener feedback on how well he or she used the elements of active listening."

Allow the groups about two to three minutes to complete the first round of this activity and tell them to wrap up their stories. After they have finished, ask them to process the activity with each other based on the observers' feedback.

Repeat the process two more times, having the participants switch roles so that each participant has the chance to play the role of the speaker, listener, and observer.

Lead the group in a discussion, using some of these questions:

> "What were some of the challenges or difficulties you encountered when trying to use active listening?"
> "What kinds of feedback did you give each other?"
> "What issues did your group discuss?"
> "Were there any suggestions or ideas for implementing active listening?"
> "What techniques were easiest to use? Most difficult?"

Summarize And Transition

HANDOUT

Elements of Active Listening

Techniques	Examples
A. LISTEN ACTIVELY To ensure mutual understanding, be sure to listen carefully to others. Truly understanding the perspective of the speaker will help you avoid misunderstandings and be better able to express yourself clearly. 1. Be Attentive - Pay close attention to what is being said; demonstrate that you are listening through attentive body language. 2. Be Impartial - This is perhaps the most difficult of these techniques. It means not agreeing, disagreeing, or stating any opinion about what is being said. Remember that the purpose of active listening is to <u>understand</u> the other person. 3. Reflect Back - Use the same or similar words to reflect the speaker's idea back to him or her. This technique helps both to convey your interest and to elicit more information. 4. Listen for Feelings - If something is important to the speaker, he or she will have feelings about it. Often, the feelings themselves are the most important part of the message. Acknowledge the feelings the other person is conveying to you. (Recognize voice inflection, body language, etc.) 5. Summarize – Pick out what you think were the most important parts of the speaker's message. Summarize them back to the speaker, to be sure you understand and can convey your understanding. Ask for clarification whenever you're not sure you understand.	

Techniques	Examples
B. BE AWARE OF NONVERBAL MESSAGES Our bodies send messages all of the time. Does your body convey that you are confident, knowledgeable, and have positive expectations? How can your body convey that you are assertive, yet not adversarial, through: • Posture • Equal positioning (e.g. sitting side-by-side, rather than one person sitting in front of and the other behind a desk) • Facial expression • Gestures Nonverbal communication is strongly connected to culture. For example, in some cultures, keeping eye contact conveys self-confidence and interest. In other cultures, sustained eye contact shows disrespect. Be sensitive to cultural differences. Avoid making assumptions, and take cues from the other person.	
C. EXPRESS YOUR THOUGHTS AND FEELINGS 1. Openly and honestly. It's okay to disagree. Share your opinions, concerns, fears, understanding of the facts, etc. **2.** Know what you want to convey. Speak clearly. Choose words carefully. Give examples. Ask listeners if you have communicated your message clearly.	
D. COMMUNICATE ASSERTIVELY WITHOUT BEING ADVERSARIAL 1. Express concerns non-judgmentally. 2. Respond to concerns non-defensively. **3.** Use "I-messages." For example say "I feel ..," rather than "You make me feel ..."	

Activity 4-4

Some Principles of Active Listening

Have you had the experience of really needing to talk with someone - needing them to listen, support, understand - and coming away feeling confused, angry, sad, disillusioned: in short, feeling worse than you did before talking with that person? Consider the following:

"Nothing feels so good as being understood, not evaluated or judged. When I try to share some feeling aspect of myself and my communication is met with evaluation, reassurance, distortion of my meaning, I know what it is to be alone." (Carl Rogers, psychologist)

Listening is hard work! Active listening is more than just skill; it's also a matter of attitude. To be an active listener, you must accept people for who and what they are, not what you want them to be.

Blocks to active listening

1. *Judging people.*
Our tendency to judge people distorts our ability to really hear their message. We often spend more time applying labels to people than listening to their message ("Her outfit looks horrible." "He's loud and obnoxious." "They think they're too good for anyone else in this class.")

2. *Thinking in advance you know what someone is going to say.*
This can lead to mentally "tuning out" before the speaker is finished talking our just plain interrupting the person and finishing his/her sentence. In either case, it leads to misunderstanding, frustration, and possibly even anger and conflict.

3. *Twisting a message to make it say what you want someone to say.*
This is just another way of trying to make people into what you want them to be instead of accepting them for who they are. The result is that you only hear the message you want to hear, not what is really being said.

4. *Your own emotions.*
"Emotional cotton" can cause you to misinterpret what someone is saying.

> *Example:* Janet is talking with Peter, a new employee, explaining that he needs to turn in his status report every month. She isn't displeased with Peter's performance; she knows he is new and initially may just need a reminder about all of the company procedures. Peter, however, previously had an overly critical and demanding boss who always found fault with Peter's work. As Janet begins speaking with Peter, he immediately feels angry and defensive; his ears are plugged with "emotional cotton". He does not hear Janet's comments as supportive and reassuring. He explodes, "Is there any boss in this world that's not all over our backs!" and walks away. Janet is confused and wonders if she made a good hiring decision.

How to be a good listener: H-I-E-R

<u>H</u>ear the message.

- Pay attention. Look at the speaker, stop other tasks, and don't allow interruptions.
- Remove your "emotional cotton"; be aware of your "hot buttons".
- Select the information that is important.
- Recognize emotional messages

Interpret the message.

- Speakers do not always say exactly what they mean or mean exactly what they say. So you need to paraphrase and ask questions to ensure that your understanding of the speaker's message is accurate.

    Examples: "When I look at you, time stands still." "You have a face that would stop a clock."

- Look for non-verbals that might contradict what the speaker is saying verbally. If verbals and non-verbals don't match, check it out with the speaker.

    Example: "I just failed my math mid-term, but it's no big deal." (smiling, but eyes moist, voice shaky, eyes downcast).

Evaluate the message.

- Make sure that you have all of the important information before forming an opinion.
- Consider all available information carefully before making a final decision.
- Ask questions, don't jump to conclusions.

Respond to the message.

- Give feedback to let the speaker know what you heard and how you heard it. Responding allows you and the speaker to reach a common understanding.

    Example: "So, you will be meeting me at the west entrance of the Student Center at 5:15 p.m. If you aren't there, I am to park in the parking lot and go wait for you in the Hub. Is that correct?"

It's All in the Eyes and Ears of the Beholder:
How Assumptions Get Us Into Trouble

Making assumptions is the process of coming to some kind of conclusion about someone or something with incomplete information. We make assumptions about people and our environment constantly. The results range from mild to severe in terms of damaged interpersonal relationships.

- A person without a wedding ring isn't married (could be the person just left the ring on the sink this morning)
- A student who consistently gets D's and F's is unmotivated (could be the student has a learning disability or is dealing with emotional concerns)
- A black male student at USU must be a member of the football team (most of the black male students at USU aren't athletes)

Making assumptions can severely limit your ability to communicate effectively and honestly with other people. The good news is that you can increase your awareness of how and why you make assumptions, thereby reducing or eliminating the negative effects on your relationships.

Perceptual errors
Perceptions of people and events are often distorted due to the failure to consider important information. You (all of us!) overemphasize certain things, downplay others. This process is affected by a number of factors: age, health, sex, culture, social/sex roles, previous experiences, and even your self-concept: you tend to judge others on the basis of how you view yourself.

Understanding some of the most common perceptual errors can reduce the number of (mistaken) assumptions you may make:

1. We are influenced by what is most obvious, even though the most obvious factor isn't necessarily the only cause of something.

2. We cling to first impressions, even if they are wrong.

3. We tend to assume others are like us --- think like us, act like us, have feelings like we do about people and events.

4. We tend to favor negative impressions over positive ones.

5. We tend to blame innocent victims for their misfortunes. When others have problems, we tend to assume it is due to personality defects or negative personal qualities. When we have problems, we "externalize" the blame - we tend to find outside people or things as the cause.

Tips for Active Listening

Listen now, report later.
Report what you heard to someone else later. The act of speaking out loud what you heard and processed inside your head helps you to remember the information. It also provides a way you can identify what was not totally clear about what you heard.

Learn to want to listen.
We must be willing to focus on others when they are speaking. Learn to develop an interest in either the person and/or the topic. Practice concentrating on the speaker's words <u>and</u> feelings. Practice shutting distractions out, not allowing them to interfere with your effective listening.

Be present.
Daydreaming is a nice way to take a mental vacation and it provides a comfortable private escape. But it is one of the biggest barriers to active listening. Choose to "be present." Focus on the speaker and the message.

Become a "whole body" listener.
To be active listeners, we must involve our whole body. Not only are our ears tuned in, but so are our eyes, our intellect, our bodies. Good listeners give nonverbal and verbal signs that they are listening. They sit in an attentive posture; nod in acknowledgement; make good eye contact; convey a positive, encouraging attitude, give feedback.

Control your emotional "hot buttons".
Words, issues, situations, personalities can be emotional triggers for us. When these issues trigger our "hot buttons", we tend to distort, positively or negatively, the message we are hearing. We may tune out or pre-judge the message and/or the speaker.

Control distractions.
We must control our responses to distractions or they will control us. Distractions affect our ability to listen well because of their variety, novelty, or intensity (e.g., telephone, background noise, unfamiliar accent/vocabulary, lighting, headaches, hunger, fatigue).

Ten Steps for Controlling Emotional "Hot buttons"

Following is a list of coping skills you can use when a "hot button" is activated:

1. *Listen attentively without interrupting.* Take several deep breaths to help you control your physical reactions.

2. *Make a conscious choice about your response.* You can get angry, try to solve the problem, or ignore it. (Trying to solve the problem is the best way to keep it from happening again. But make sure you listen carefully to the speaker's whole message before jumping into the problem-solving phase.)

3. *Acknowledge the other person's feelings.* Make it okay for them to feel the way they do.

4. *Ask objective questions for clarification.* Open ended questions are useful.

HANDOUT

5. *Try to see the other person's point of view.* Agree where you can and feed back what you are hearing.

6. *Stick to the subject.* Define your problem and don't let other issues interfere.

7. *Be patient.* Problems don't always have immediate solutions. Be patient with the other person - and yourself.

8. *Express your point of view.* Don't force proof. Present your evidence without backing them into a corner.

9. *Explain why.* A reasonable explanation can often take the sting out of an emotional issue.

10. *Work out a "win-win" plan.* Make sure your solution is fair and workable for both (or all) of the people involved.

Bone, Diane. The Business of Listening. Los Altos, CA: Crisp Publications, Inc., 1988.

STEP

**Strategies for Communicating
Clearly and Respectfully
Activity 4-5**

Purpose:

This activity addresses strategies for communicating with respect and clarity.

Time Required:

Approximately 30 minutes.

Learning Experience:

Discussion.

Materials:

Handout/transparency:
 Strategies for Communicating Clearly and Respectfully

Overhead projector and pens

Introduce The Activity And Tell The Group:

> "We've looked at the importance of the language we use, active listening, and family and person-centered communication principles. Advocating for a person with disabilities is made easier when you communicate clearly and respectfully because this will contribute to the collaborative relationships that support the person to have the quality of life they desire. The handout titled *Strategies for Communicating and Respectfully* includes a list of strategies that was developed by asking families what is helpful to them, by asking service providers for their suggestions for best practices, and by incorporating principles from literature on communication skills and family-centered service delivery."

Review *Strategies for Communicating Clearly and Respectfully* with the group.

Tell The Group:

> "Let's review the strategies on this list and illustrate each one with a concrete example of how it can be put into practice. Give at least one concrete example of something you have done or have seen others do, or share a new idea that you would like to try."

Refer to the following Facilitator's Discussion Notes.

Summarize And Transition:

Transition to the next activity by explaining that communication techniques vary according to cultural norms. Explain that the following material will provide some information on factors to consider with cross-cultural communication.

Activity 4-5

Facilitator's Discussion Notes

Strategies for Communicating Clearly and Respectfully

Whenever possible, direct the discussion to focus on issues and concerns related to the participants'/individuals' programs and services. Examples are as follows:

1. Avoid assumptions. Refrain from drawing conclusions or developing opinions that are based on scant information.
    Example: Read only the amount of information about a family that you need to know in order to initiate an informed discussion before meeting them.

2. Avoid jargon and explain technical terms. Do not use language shortcuts that individuals and other service providers may not understand. Use layman's language and, if you need to use technical terms or acronyms, explain them clearly.
    Example: Use the words "occupational therapy and physical therapy" rather than "O.T. and P.T."

3. Share complete, honest, and unbiased information. Give all of the information possible so people can make informed choices. Avoid screening information based on your judgments and values.
    Example: Share assessment results in their entirely, allowing enough time to explain them carefully and to give practical implications. Check often to see if individuals have any questions.

4. Offer your opinions, but be sure the individual knows these are suggestions and not the only options. One of the greatest services that we can offer an individual is the benefit of our education and experience, but we need to recognize that individuals must balance our opinions with a host of other factors.
    Example: Share your clinical advice with the individual, but let them know of all other possible courses of action, and support them if they choose another.

5. Answer questions directly if you know the answer, or say "I don't know." People appreciate honesty.
    Example: If asked a question that you don't know the answer to, tell the individual that you don't know, but will look into it. Be sure to give them a time or date as to when you will get back to them.

6. Avoid patronizing language and tone. Don't speak to others in ways that make people feel inferior or devalued.
    Example: When at a meeting, include the individual and address him or her by name, as opposed to speaking as if he or she is not there.

7. Consider that people have differing abilities to understand. People take in and process information in different ways.

> Example: Be prepared to explain things in a variety of ways. Have an assortment of aids such as pictures, pamphlets, and videotapes available. Allow ample time for discussing and processing information.

8. Clarify mutual expectations. Individuals, families and service providers need to be sure that they share the same vision of what roles and responsibilities each will assume.

> Example: Take a conversational approach to building a relationship. Tell individuals/families what it is that you do, and ask directly "How can I help?"

9. Clarify the "next steps." Be sure that all parties share the same understanding of what took place and what will happen the next time.

> Example: With the individual, write down what happened during the conversation or meeting and include the "what, who, how, and when" that will happen next. The individual and providers should be given a copy to keep.

10. Realign the power. Individuals and/or families are consumers of professionals' services.

> Example: Offer to meet at a location that the individual suggests, perhaps in his or her home or elsewhere in the community.

11. Respect cultural differences. Recognize the power of culture in shaping the values, beliefs and actions of staff, families and individuals.

> Example: Because support systems and family constellations differ among cultures, don't assume you know who should be invited to a planning meeting, ask the individual.

12. Recognize time and resource constraints. Service providers often focus only on their specific area of practice, but this might be only a small part of the individual's world and priorities.

> Example: Ask what types of support an individual would find most useful; make suggestions but try to keep a holistic perspective. Be aware of budget and other pressures in an individual's life.

13. Pay attention and respond to nonverbal cues. Be aware of the messages sent by your own and others' body language.

> Example: If someone is frequently glancing at a clock, ask if he or she needs to go do something else.

Also, find ways to communicate with individuals who do not use verbal language, through someone who knows how to interpret their non-verbal cues and/or through other tools and or adaptive technologies.

14. Create an environment for open communication. Do what you can to make meeting spaces comfortable.

> Example: Arrange meeting rooms to guarantee privacy; remove barriers that create unnecessary professional distance and are accessible to everyone attending the meeting.

15. Use active listening.

16. Use appropriate language and terms.
    Example: In addition to avoiding jargon and technical terms, strive to use words
    that have the same meaning for you and the listener, and clarify meanings as needed.
    For example, if you say, "You should read to him often," you and the listener should
    agree on what "often" really means.

HANDOUT

Strategies for Communicating Clearly and Respectfully

Strategy	Example
• Avoid assumptions. • Avoid jargon and explain technical terms. • Share complete, honest, and unbiased information. • Offer your opinions, but be sure the individual/family knows these are suggestions and not the only options. • Answer questions directly if you know the answer, or say "I don't know." • Avoid patronizing language and tone. • Consider differing abilities to understand. • Clarify mutual expectations. • Clarify next steps. • Realign the power. • Respect cultural differences. • Recognize time and resource constraints. • Pay attention and respond to nonverbal cues. • Create an environment for open communication. • Use active listening. • Use appropriate language and terms.	

Cultural Diversity in Communication
Activity 4-6

Purpose:

To offer participants an opportunity to explore communication between persons from different cultural backgrounds and to realize that statements can take on new meanings when rephrased.

Time Required:

Approximately 40 minutes.

Learning Experiences:

Large group and small group discussions, brief individual activity.

Materials:

Handouts/transparencies:
> *Developing Cross-Cultural Competencies*
> *Cross-Cultural Communication: Context Notes*
> *Telephone Communications*
>   *Reframing Exercise*

Overhead projector and markers
Flip chart and markers

Preparation:

Prior to the session, the Facilitator should review the *Cross-Cultural Competencies* and *Cross-Cultural Communication: Context Notes* handouts. If the information has not been placed in the participants' notebooks, it may be helpful to send it to the participants prior to the session.

Introduce The Activity And Tell The Group:

> "All people communicate in different ways through verbal and nonverbal
> communication. Let's list some ways people communicate non-verbally."

List responses on the flip chart. Tell the group that culture can also affect the way we communicate.

STEP

Show *Cross-Cultural Communication: Context Notes* on the overhead and discuss the main points of the article. Discuss "high-context" and "low-context" cultures and review characteristics of effective cross-cultural communication including:

- Respecting individuals from other cultures
- Trying hard to understand the world from their viewpoint
- Being open to new learning
- Being flexible
- Having an appropriate sense of humor
- Tolerating things which are not very clear or precise
- Approaching others with a desire to learn

Refer participants to the *Telephone Communication* handout in their notebooks. Lead into a discussion regarding telephone communication and advantages and disadvantages in regard to high- and low-context cultures.

Transition into the next activity by discussing how cultural differences may cause negative characterizations; indicate that these differences may be approached successfully by using a technique called "reframing."

Read the definition of "reframing" to the group (reframing is: <u>Restating a situation or problem from a more positive perspective</u>). Indicate that reframing does not necessarily improve a situation, but it does help people to look at situations in a more positive light and to recognize the impact of culture in various situations, which can enhance relationships.

Cite an example (such as "teenagers are very self-centered" reframed becomes "teenagers have a strong sense of self and are very independent thinkers"). Give participants the opportunity to share other examples.

Point out that reframing has many benefits, including:

- Reduces defensiveness
- Encourages the recognition of differences in values and priorities, which may be culturally-based
- Opens the door to constructive problem-solving and collaboration.

Refer participants to the *Reframing Exercise* in their notebooks. Instruct them to take approximately 5 to 10 minutes to individually reframe the statements provided on the exercise sheet. If they are struggling, suggest that the participants think about the behaviors or events the speaker might have observed that lead to the negatively-stated conclusions in the exercise. For example, in statement #1, before concluding that the person "spends money foolishly," the speaker may have observed that the person spends quite a lot of money on recreation or leisure pursuits, that he eats at restaurants frequently, that he

voluntarily gives money very generously to relatives, or that he purchases things that give him pleasure for the present rather than putting money into savings. Thinking about possibilities such as these can help the class participants to recognize the values of the individual and some of his or her strengths. This can help the participants to re-think situations and to reframe statements more effectively.

When the participants have finished, read each statement and ask for someone to volunteer his or her response. Or, ask participants to pick a statement, read it aloud, then reframe it. Encourage additional examples. Continue to the end of the list or as time permits. (See Facilitator's Examples following the exercise page in this guide.)

Tell The Group:

> "Reframing is a good skill/tool to have and use in many walks of life. The more ways you can find to reframe, generally speaking, the better."

Process this section by asking the following (or similar) questions:

> "What are some stereotypes you may have about your own cultural group?"
> " What stereotypes might others have about your culture?"
> "What is one thing you never want people to say about your culture?"
> "What challenges might be faced by people raised in a non-dominant culture?"
> "What are some situations – personal or professional -- in which reframing could be beneficial?"

Summarize And Transition

Activity 4-6

Developing Cross-Cultural Competencies

The following information was taken from pp. 44-53 of "Developing Cross-Cultural Competence, " a guide for working with young children and their families.
Eleanor W. Lynch & Marci J. Hanson (Paul H. Brooks Publishing Co. 1994)

Please note:

Throughout this book, several caveats are emphasized, and they are especially relevant to gathering and using culture-specific information. Culture is only one of the characteristics that determine individuals' and families' attitudes, values, beliefs, and ways of believing. Socioeconomic status, educational level, degree of affiliation and identification with their roots, the language(s) spoken, the length of time that they have been in the United States, and their reasons for emigrating are all important variables that shape who they are and what they believe and desire. Assuming that culture-specific information gathered from books, cultural mediators, or language learning applies to all individuals from the cultural group is not only inaccurate but also dangerous – it can lead to stereotyping that diminishes – *rather than enhances* – cross-cultural competence. When applying culture-specific information to an individual or family, it is wise to proceed with caution.

CROSS-CULTURAL COMMUNICATION

Communication, both verbal and nonverbal, is critical to cross-cultural competence. Sending messages *and* understanding messages that are being received are prerequisites to effective interpersonal interactions. Because language and culture are so inextricably bound, communicating with those from different cultural backgrounds is very complex. When the language of the family and that of the interventionist are different, it is clear that communication will be severely compromised. However, speaking the same language does not guarantee communication. This section of the chapter focuses on general principles of effective cross-cultural communication, non-verbal communication, and working with interpreters and translators.

General Principles of Effective Cross-Cultural Communication

a. Communication in High-Context and Low-Context Cultures

Cultures differ in the amount of information that is explicitly transmitted through words, versus the amount of information that is transmitted through the context of the situation, the relationship, and physical cues (Hall, 1976, 1984). High-context cultures rely less on verbal communication than on understanding through shared experience, history, and implicit messages (Hecht, Andersen, & Ribeau, 1989). Fewer words are spoken and less emphasis is placed upon verbal interactions.

As might be expected, high-context cultures are more attuned to nonverbal cues and messages. Asian, Native American, Arab, Latino, and African-American are examples of high-context cultures in which meaning does not have to be communicated through words. Authors Hecht et al described high-context communication by stating, "thus facial expressions, tensions, movements, speed of interaction, location of the interaction, and other subtle 'vibes' are likely to be perceived by and have more meaning for people from high-context cultures" (p. 177). High-context culture is best understood by considering examples in one's own life in which high-context communication is used. For instance, couples who have lived together for many years, families, twins, and long-term colleagues often use abbreviated forms of communication that are very meaningful to them but nearly uninterpretable by outsiders. A look, a word, or a gesture may convey the equivalent of paragraphs of spoken words.

Individuals from low-context cultures, such as Anglo-European American, Swiss, German and Scandinavian, typically focus on precise, direct, logical, verbal communication and are often impatient with communicators and communications that do not get to the point quickly (Hecht et al., 1989). Members of low-context cultures may not process gestures, environmental clues and unarticulated moods that are central to effective communication in high-context cultures. Thus, communication between high- and low-context cultures often leads to misunderstanding and dissatisfaction for both parties.

High-context cultures tend to be more formal, more reliant on hierarchies and more deeply rooted in the past (Hall, 1976). In contrast, low-context cultures are used to more information, allow more equality in interaction, and have less knowledge about and reverence for the past. As a result, high-context cultures may change more slowly but provide a healthy stability for group members. Low-context cultures may be more responsive to and comfortable with change, but lack a sense of continuity and connection with the past.

When families and interventionists differ in the level of context that they use in communication, there may be misunderstandings. On the one hand, lots of talking, clearly specified verbal directions and detailed demonstrations may seem insensitive and mechanistic to individuals from high-context cultures. They may feel that the talking is proof that the other individual does not truly understand them and cannot, therefore, be of help. On the other hand, members of low-context cultures may be uncomfortable with long

pauses and silences, cryptic sentences, and indirect modes of communication such as story telling. They may feel that these things are time wasters and signs of resistance.

To help bridge this gap, it is the interventionist's responsibility to become aware of context that families use in their communication with outsiders and to adapt t HANDOUT that is comfortable for the family. It may often mean that interventionists must slow down, listen more than they talk, observe family communication patterns and consult with cultural guides or mediators to begin to pace their interactions to the family's communication style.

b. Nonverbal Communication

Nonverbal behavior often speaks louder than words, and the same nonverbal behaviors often have very different meanings from one culture to another. A gesture or facial expression that is accepted as positive or complimentary in one culture may be viewed as negative or even obscene in another. Although no one can be knowledgeable about the cultural and regional interpretations of all nonverbal behaviors, some of the basic issues warrant discussion. The

following paragraphs highlight differences that interventionists may encounter, but the discussion is in no way exhaustive. To learn more about the meaning and use of nonverbal behavior across cultures, interventionists may consult members of the culture, read the chapters in Part II of this book, and consult guidebooks describing cultural "do's" and "don'ts."

c. Eye Contact and Facial Expressions

In Anglo-European American culture, eye contact is valued in interpersonal interactions. When one is speaking or being spoken to, one is expected to make eye contact with only brief glances in another direction throughout the exchange. Among Anglo-European Americans, trustworthiness, sincerity and directness are communicated through this accepted form of eye contact (Asante & Davis, 1989).

However, eye contact has different interpretations among other cultural groups. Johnson (1971) stated that among African-Americans, making eye contact with someone in authority is viewed as disrespectful. Among Asian groups, eye contact between strangers may be considered shameful, and prolonged eye contact may be interpreted as disrespectful in Latino cultures (Randall-David, 1989).

Facial expressions are also subject to various interpretations across cultures. Smiling or laughing is often used to mask other emotions in Asian cultures (Althen, 1988; Randall-David, 1989). Although it may seem incongruous to an interventionist from another culture, it is not unlikely that an Asian family member may smile or laugh softly when describing something that is confusing, embarrassing, or even sad about an event that the interventionist regards as "serious." In the author's experience in Indonesia, laughter was often used to cover embarrassment or as a response when a request was made that could not be fulfilled.

Many Anglo-European Americans show emotion through facial expressions. Smiling typically shows happiness or amusement, a set jaw and an intense stare may show anger and rolling eyes may show disdain. Members of other groups such as Native Americans and Asians may not communicate emotion to the observer through facial expressions unless the observer has a deep understanding of the person and the cultural norm (Althen, 1988).

d. Proximity and Touching

Cultures differ in the amount of social distance with which they are comfortable. Anglo-European Americans tend to maintain a distance of about three feet (or an arm's length) between themselves and others during conversations, unless they are very familiar with the other person. Many Latinos, southern Europeans, Middle Easterners, and African-Americans are comfortable with closer conversational distances, whereas many Asians prefer more space between the speaker and listener (Althen, 1988; Randall-David, 1989). The social distance that is preferred is usually easy to gauge by observing people's movement patterns in an interaction. When people back up, the other person is usually too close for comfort. When they move toward the other person, they are attempting to get closer and reduce the social distance.

The amount and type of physical contact permissible is highly influenced by culture, but generalizations about touching are particularly dangerous because differences across cultures are confounded by differences in gender, age, religion, and personal preference. Although these same issues affect other forms of communication, one is far less likely to get into trouble for an inappropriate word or gesture than an inappropriate touch. Given that this is an area in which a cultural mediator or guide is of special importance, some examples of different interpretations of touch are highlighted.

Among many Chinese and other Asian groups, hugging, backslapping and handshaking are not typical and should be avoided by the interventionist. In those cultures where handshaking is used upon a first introduction, the handshake is often not so hearty as that used in the United States. Variations on handshaking, such as the *wai* greeting (bringing the palms of the hand together and raising them to the chest or tip of the nose while lower the head) practiced by East Indians, people from Thailand, and other Asian groups, are greetings that may or may not be appropriate for an interventionist to us. The same is true for the handshaking seen among African- Americans. For example, the *wai* is a general form of greeting that is a signal of respect, whereas the elaborated handshake used by some in the African-American communities may be a sign of in-group membership that would be inappropriate to use, until invited to do so.

Among Muslims and some non-Muslim Middle Easterners, use of the left hand to touch another person, to reach for something or to take or to pass food is inappropriate (Devines & Braganti, 1986). Because the left hand is associated with more personal bodily functions, it is not used in other ways. Although interventionists who are left-handed need not give up writing in this situation, they may choose to limit the use of their left hand for other functions when they are with a traditional family who holds this belief. Shoes and the soles of one's feet are also considered to be unclean. As a result, stretching out one's legs causing the feet to point at someone or touching someone with the feet is not appropriate.

Many Americans show affection for children by patting them on the head. This is not an acceptable form of touch among many Asians who believe that the head is the residence of the soul or among East Indians who may believe that the head is so fragile that it should not be touched (Devine & Braganti, 1986).

As with the other aspects of non-verbal communication, no one can be expected to learn, know, or always behave in ways that are considered to be culturally appropriate for everyone in the situation. It is, however, a sign of respect to learn the patterns of proximity and touch that prevail among those in one's own community and attempt to behave in ways that are not offensive.

e. Body Language

Positions and postures that are taken for granted by those who have been socialized in the United States may have different meanings for those from other countries or other cultures. Standing with one's hands on one's hips can be viewed as extremely hostile by some Sitting on the top of a desk or perching on the arm of a chair is seen as rude by man Muslims. Sitting so that one's head is higher that the elders or chiefs in the room is interpreted as an affront by Samoans. Although there are a number of popular press available about body language, interventionists must remember that they are typically from a Western perspective and may not accurately reflect how the same postures will be regarded by individuals from other cultures.

f. Gestures

Gestures can be used to supplement verbal communication or as symbols that substitute for verbal expression. Research on the cross-cultural interpretation of gestures suggests that members of different cultures claim recognition of 70%-100% of the gestures from other groups, but that their rate of correct interpretation of these gestures was as low as 30% (Schneller, 1989). As a result, gestural language often contributed more to misunderstanding than to effective communication. This is a critical piece of information when one considers the extent to which individuals rely on gestures when they do not understand one another's language.

Different cultures use body movements to a different extent when communicating. Anglo-European Americans tend to use "moderate" gesturing to accompany their talk (Althen, 1988, p. 141). Although hand and arm movements are used for emphasis, Anglo-European Americans typically do not allow their elbows to go above their shoulders with the exception of waving in greetings or goodbyes, raising a hand in a class or voting by a show of hands (Althen, 1988). More expansive gestures are construed as too emotional and are carefully avoided by most Anglo-European Americans.

Members of other cultures have different norms related to gestures: some Latinos, Middle Easterners and southern Europeans use large gestures with considerable arm waving when they communicate (Althen, 1988). Indonesians respect calmness and control in verbal communication and are often uncomfortable with the arm movement that is the norm for Anglo-European Americans. In addition to speaking with those who know the cultural

community and its regional variations, it is perhaps most helpful to observe interactions among community members and to try to bring one's own communicative style into synchrony.

Nodding the head up and down is taken as a sign of understanding and agreement in mainstream culture in the United States. This same gesture is interpreted quite differently in many other cultures. Among Asian, Native American, Middle Eastern and Pacific Island groups, it often means, "I hear you speaking." It does not signal that the listener understands the message nor does it suggest that he or she agrees. However, because disagreeing would be impolite, head nodding is used. Individuals from India signal that they have heard what has been said by moving their head in a figure-eight pattern (Althen, 1988).

Americans tend to beckon to people by pointing the index finger palm up and curling it toward the body. People from other cultures (e.g., Middle Eastern, Asian, East Indian) use this gesture only when summoning animals (Devine & Braganti, 1986). It is never used with children or adults in such cultures.

Finally, gestures that are common in the United States, such as bringing the thumb and index finger together to form a circle and holding it in the air to signify a job well done, or the thumbs up sign to signal readiness or praise, are obscene gestures among some Latino cultures. Because gesture language is so easily misunderstood, specific to regions of the country, and sometimes specific to one or more generations, it is important for interventionists to periodically consult with others to determine what is and is not appropriate.

HANDOUT

g. *Listening to the Family's Perspective*

A long-standing difficulty in communication between people who do not share a common language and worldview has been the tendency of the dominant group to describe the nondominant group in pejorative terms (Green, 1982). In an attempt to correct these faulty perceptions, anthropologists led by Franz Boas (1943) introduced another perspective. This new perspective suggested that the way to understand the thoughts of another group is to attempt to understand and analyze their experience in terms of their concepts rather than one's own.

Perhaps the first element in developing effective communication is to try to see the world from the family's point of view. For example, most interventionists believe strongly in the concept of change. The very choice of the title, "interventionist," suggests that there is a belief that by entering into the situation with information, activities or special expertise, positive change will occur. Thus, the "interventionist" views an early intervention program for an infant with Down syndrome very positively – almost as a necessity. However, not all cultures share the concept that they can influence change or even that change is a good thing. Instead, they accept "what is" and place value on living harmoniously with what they have been given. They may not want to enroll their infant in an early intervention program, have a physical malformation surgically corrected, or join a support group for families of

children with disabilities. Using the interventionist's concepts to analyze the situation, it might be said that the family is non-compliant or refusing treatment.

Using the family's concepts, it would be said that intervention is not useful and, in fact, it may interfere with achieving harmony in the situation.

Seeing the world from the family's point of view is not easy nor is it always reinforcing. It is difficult to consider the approach that the interventionist's culture values so highly is not valued by others. In interventionists' attempts to prove that intervention is "the right thing to do," families may feel harassed and so may distance themselves from the program. Likewise, when a family chooses not to participate or not to follow the recommendations of professionals, interventionists may feel that they have failed. Cross-cultural understanding and competence can help defuse the situation.

If the family feels that the interventionist is truly listening, honoring their right to make decisions, and respecting the decisions that they make, they will not need to pull away and be "lost to follow-up." If interventionists are able to see the situation from the family's point of view, they need not feel that they have failed. Only in those situations in which abuse or neglect are suspected and the situation must be reported should the interventionist's role be unilateral. Given information about all of the options and assistance in problem solving, the majority of families make decisions that are best for the child and the family. Although their decisions may be different from what the interventionist had hoped for and may not correspond to the interventionist's timeline, if the family "owns" a decision, it will be a decision they are likely to implement.

h. Acknowledging and Respecting Cultural Differences Rather than Minimizing Them

The United States as a melting pot was popularized in a play written by Israel Zangwill in 1909. Zangwill's conception of the country at that time was a fiery crucible in which people of all cultures would be thrown in and where their differences would be melted away resulting in a fusion of strength and the coming of a "new superman" (cited in Tiedt Tiedt, 1990).

Today, cultural differences are viewed as strengths rather than weaknesses and the melting pot is no longer an accurate metaphor for the United States. Rather than melting away differences, the emphasis is on celebrating diversity and strengthening society through contact with other attitudes, values, beliefs, and ways of behaving. As a result, cultural differences are not ignored or swept under the rug, but acknowledged, discussed and valued.

People in the United States speak openly and publicly about many ideas and issues. Rules related to sexual intimacy are now portrayed on billboards, products for personal hygiene are advertised on prime time television and there are support groups for almost every real or imagined problem. However, discussions of cultural, racial, ethnic, and language diversity among members of different groups are rarely heard. According to Sam Chan (*Personal Communication*, May 10, 1991), a person's color is the first thing that we see and the last thing we talk about. Effective cross-cultural communication includes the willingness to engage in

cross-cultural interactions that explore differences openly and respectfully, dispel myths, and open doors to understanding.

i. Communicating Attitudes Through Words

Attitudes about different groups of people and the ways in that they live and behave are communicated by the words that one uses to describe the people and their practices. Throughout history, in-groups have used pejorative terms to describe out-groups and many groups, such as Native Americans, were named by others instead of by members of their own group (Helms, 1990). To overcome the negative connotations that have come to be associated with certain words and to increase the sense of group identity, the names of many cultural groups have changed over the years.

Perhaps the most obvious changes in name have been associated with African-Americans as self-identity has recast vocabulary. As Neal and Allgood-Hill (1990) noted, "Negro," a word used by the Portuguese to describe the slaves that were brought to the United States, is a term probably chosen because it meant "black" in Portuguese. Although early slaves had a preference for the term African, negro was the name used by the slave traders and owners. As the ties to and memories of Africa were lessened by time, many slaves chose to be called "colored," a common appellation until the mid-1960's, when "black" became the preferred term. In the 1990's, a number of prominent black Americans published a statement calling for "African-American" to become the descriptor (Neal & Allgood-Hill, 1990).

These changes in the words used to describe a group are not unique to African-Americans. Asian has replaced Oriental (Tong, 1990) and there is growing emphasis on using the more specific tribal affiliation of Native Americans (LaDue, 1990). And, in some parts of the country, Latino has replaced Hispanic. Although the debate about names has not been settled, each of the changes represents increasing group identity and empowerment. As interventionists, it is important to keep up with these changes and, as stated by Tiedt and Tiedt (1990, p. 12), "demonstrate our awareness of how thinking has changed by our own use of appropriate terms."

General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors that have been discussed for increasing one's competence in cross-cultural interactions, there is an extensive literature on the characteristics found to be common among those who are successful in cross-cultural settings (Giles & Frankyn-Stokes, 1989). This literature is extremely complex, driven by a multiplicity of sometimes-contradictory theories and complicated by a stronger interest in sojourners' effectiveness overseas than their effectiveness in intercultural interactions at home. However, even though different researchers and different studies have chosen varying theories, definitions, methodologies, and subjects, there are several characteristics that seem to be shared by people who are effective cross-cultural communicators that are intuitively clear.

Communication effectiveness is significantly improved when the interventionist:

- Respects individuals from other cultures
- Makes continued and sincere attempts to understand the world from others' points of view
- Is open to new learning
- Is flexible
- Has an appropriate sense of humor
- Tolerates ambiguity well
- Approaches others with a desire to learn

Working with Interpreters and Translators

Ideally, there would be enough bilingual-bicultural interventionists to pair families with interventionists who speak their language and understand their culture. However, most service systems are far from reaching that ideal. Until more interventionists with these skills are available, interpreters and translators will be important resources in human service settings. The following paragraphs suggest strategies for using interpreters and translators more effectively and list ways of interacting when a third party (the interpreter or translator) is included in the intervention team.

a. Characteristics of Effective Interpreters

Ideally, an interpreter should be someone who is: 1) proficient in the language (including specific dialect) of the family as well as that of the interventionist; 2) trained and experienced in cross-cultural communication and the principles (and dynamics) of serving as an interpreter; 3) trained in the appropriate professional field relevant to the specific family – interventionist interaction; and 4) able to understand and appreciate the respective cultures of both parties and to convey the more subtle nuances of each with tact and sensitivity.

"These interpreters are ideal because they not only translate the interaction but also bridge the culture gap" (Randall-David, 1989, p.31). Aside from such ideal competencies, the interpreter should minimally have a basic understanding of the specific nature and purpose of the family interaction, the corresponding content areas to be addressed and their relative significance. They should be able to translate information *accurately*, including in technical terms as well as the client's own words and true meaning, without om paraphrasing or otherwise changing the intent or substance of the message thr interpretation. In other words, they should not gloss over details, present their

HANDOUT

abbreviated summaries; spontaneously respond to the family's questions or comments (particularly those requiring technical knowledge); "soften" or edit information that they feel may be difficult for participants to accept; or offer their own opinions, interpretations, and advice.

Accurate translation further entails understanding the difference between literal "word-for-word" translation and context translation that correctly conveys the intent of the communication, particularly when selected English words or terms do not have suitable equivalents (Tinloy, Tan & Leung, 1986). Interpreters also should know how to "guide" the interventionist respectfully and assertively with regard to pacing, responding appropriately to family cues and significant verbal and nonverbal responses, and observing various "do's" and "don't's."

Finally, interpreters should exhibit professionalism in their appearance, sensitivity, and demeanor, in their understanding of the importance of honoring family confidentiality and their obligation to maintain neutrality in their designated role. In other words, they must refrain from pushing the interventionist's and/or their own agenda onto the family and from manipulating the interventionist or the service agency to respond to the family's perceived needs or expectations in ways that are clinically inappropriate.

Activity 4-6

Cross-Cultural Communication: Context Notes

High-Context Cultures – rely less on verbal communication and more on information conveyed through the "context" of the situation, relationships and physical cues, and shared experiences. They possess a more formal sense of continuity and roots.

Low-Context Cultures – typically focus on precise, direct, logical, verbal communication. May not understand gestures, environmental clues or nonverbal messages of high-context cultures. They are less formal, more comfortable with change, less connected with the past.

Nonverbal Communication – often speaks louder than words. The following behaviors may have very different meanings among various cultures:

- eye contact
- facial expressions
- body language
- gestures

Listening to the Family's Perspective – seeing the world from the family's point of view, and "walking in their shoes."

Acknowledging and Respecting Cultural Differences – rather than minimizing diversity.

Characteristics of Effective Cross-Cultural Communication:

Communication is significantly improved when the speaker:

- respects individuals from other cultures
- tries hard to understand the world from their viewpoint
- is open to new learning
- is flexible
- has an appropriate sense of humor
- tolerates well things not being very clear and precise
- approaches others with a desire to learn

Activity 4-6

Telephone Communication

Although the telephone is a primary means of communication for most families, careful consideration is necessary before use with families from diverse cultures. During the initial meeting with a family, it may be necessary to decide what form of communication will suit everyone's needs. Ask the family directly if phone communication seems appropriate for their situation. If the family's English is limited and no staff member speaks the family's native language, then phone contacts may be limited to setting appointments and for emergencies. Written follow-up communication may be needed.

For phone communication with families or members of families who speak fluent English, there are some basic points to remember.

1. Arrange a time that is convenient for you and for the parent to talk when more than quick information exchange is needed.
2. Have a specific purpose. (Make the first call positive, not problematic.)
3. Keep the conversation as brief as possible and to the point.
4. Guide the conversation to reach some conclusion (if only the next time to talk).
5. Express respect for the parent, enhancing their feeling of self-worth.
6. Arrange a time when you will be able to return phone calls from the parent.

Advantages:

- Convenience: A phone call may be placed from home or work, as well as from school, at a time that is best for both parties.
- Non-threatening: When expecting a call, an information exchange and discussion is more welcomed.
- Frequency of communication: A phone call may be a quick way of updating the participants on the progress or challenges the individual is experiencing.
- Reciprocal: Phone calls share good news as well as changes or concerns.

Disadvantages:

- Full attention: The caller has no idea what is occurring to distract the other party. (The question may be asked, "Is this a good time to talk, or when may I call back?")
- Body language cues: The verbal responses may not convey state of mind, while body cues often communicate what is not being said.
- Major decisions and planning: Because of the physical limitations mentioned above, important communications require in-person meetings.

Phone communication is an effective means to maintain informal, open communication with a family. Together with periodic in-person conferences, phone calls may increase understanding and foster close working relationships.

Activity 4-6

Reframing Exercise

Reframing is:

> Restating a problem or situation in a more positive way to enhance the responses of others

1. He spends money foolishly.	
2. She is lazy.	
3. He doesn't try hard.	
4. They are punitive with their children.	
5. They have too many kids.	
6. She doesn't plan ahead.	
7. He always looks to others to solve his problems.	
8. They don't get involved with their children's schools.	
9. She doesn't do enough to turn her life around.	
10. He is never on time.	
11. He is unreasonable.	

Adapted from: D. Hunt, Center for Multicultural Human Services, Falls Church, VA

STEP

Activity 4-6

Reframing Exercise – Facilitator's Examples

1. He spends money foolishly.	1. Enjoyment is important to him.
2. She is lazy.	2. Life is more than work.
3. He doesn't try hard.	3. It is not important to be competitive.
4. They are punitive with their children.	4. Teaching children to behave appropriately is important.
5. They have too many kids.	5. Family is what gives life meaning.
6. She doesn't plan ahead.	6. She likes spontaneity and she enjoys impromptu activities.
7. He always looks to others to solve his problems.	7. Guidance is needed to find appropriate services.
8. They don't get involved with their children's schools.	8. A parent has many demands on his/her time and often chooses to focus on the home.
9. She doesn't do enough to turn her life around.	9. Life's ups and downs are accepted.
10. He is never on time.	10. Punctuality is not a priority for him.
11. He is unreasonable.	11. He is very passionate about certain issues.

Purpose:

To practice effective communication strategies.

Time:

Approximately 30 minutes.

Learning Experiences:

Small group work and large group processing.

Materials:

Handout/transparencies:
  Case Study #1
  Case Study #2
  Individual/Family-Centered Communication Skills Checklist for Case Studies

Overhead projector and markers

Introduce The Activity And Tell The Group:

> "In the last few activities we have reviewed active listening and other communication issues. We are now going discuss a communication skills checklist."

On the overhead, review the *Individual/Family-Centered Communication Skills Checklist for Case Studies,* which covers the methods addressed in Activity 4-5.

Complete the following exercise as a large group or divide participants in half. If dividing the group in half (small groups work best) assign a case study and leader for each group.

Tell Participants:

"Let's practice the communication skills we have just discussed."

Distribute a scenario to each small group. Have each group review their scenario and answer the questions at the end. Instruct each group to develop a short skit; they can elaborate on the information in the case study if they would like.

Skits should clearly demonstrate effective ways to communicate, or for fun the players can incorporate some methods that would actually impede effective communication. Players may use exaggeration to emphasize their points.

Have each group assign players to act out the scene for the other group. Instruct all participants to use the blank communication skills checklist to document their observations of the use of specific skills. Following both skits, process the activity as a large group. (Remember to elicit comments and feedback from all participants.)

If the players demonstrated methods that would impede effective communication, ask participants for suggestions for improving the interactions.

Summarize And Transition:

"We have explored different strategies regarding communication. Now let's focus on partnerships and apply some of our creativity to think about collaboration."

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HANDOUT

Case Study #1

Ms. Speakright (speech therapist): Would you agree that the REEL test results of Sonia's expressive and receptive language skills are pretty accurate?

Mrs. Garcia (Sonia's advocate): Yes.

Ms. Speakright: Don't you think that Sonia's oral-motor sensory integration skills are probably a priority right now?

Mrs. Garcia: Yes.

Ms. Speakright: Being in your home where the primary language is Spanish will put Sonia at a disadvantage when she goes into the community where English is predominant. Would you be willing to take an ESL class and use more English at home?

Mrs. Garcia: Yes.

Ms. Speakright: Are you ready to sign the IP?

Mrs. Garcia: Yes.

Ms. Speakright: I am glad that we are so much in agreement about what is best for Sonia.

In the case study above, the words used seem to impart that there is general agreement between Mrs. Garcia and Mrs. Speakright.

1. What else might be going on that is not being said out loud?

2. How could this interaction be changed to be more effective? (Include additional players if you like).

Activity 4-7

Case Study #2

Ms. Profield (interventionist): We have about one hour to devote completely to your child. First, what does "mom" think we need to be doing?

Mrs. Nguyen (pronounced like '"win") (mom of adult child): I'm not sure, what do you think?

Ms. Profield: I think that transdisciplinary services would probably be most appropriate for your child. This means that you will only have to worry about one therapist actually working with him. The transdisciplinary therapist will consult with the other therapists to develop a program appropriate for your child. Does this sound good?

Mrs. Nguyen: I think so. I will ask my husband.

Ms. Profield: It's so nice when fathers want to be involved in their child's life. Most of the fathers rarely have time for these kids.

In the case study above, the words being said seem like there is general agreement between Mrs. Nguyen and Mrs. Profield.

1. What else might be going on that is not being said out loud?

2. How could this interaction be changed to be more effective? (Include additional players if you like).

Activity 4-7

Individual/Family-Centered Communication Skills Checklist
for Case Studies

	Never	*Rarely*	*Occasionally*	*Frequently*	*Always*
Avoid assumptions.					
Avoid jargon; explain terms.					
Share complete information.					
Offer opinions as options.					
Answer questions directly if you can, or say "I don't know."					
Avoid patronizing language and tone.					
Consider differing abilities to understand.					
Clarify mutual expectations.					
Clarify next steps.					
Realign the power.					
Respect cultural differences.					
Recognize time and resource constraints.					
Pay attention to non-verbal cues.					
Create an environment for open communication.					
Use active listening.					
Use appropriate language and terms.					

CHAPTER 4 SUMMARY

In this chapter, you have learned to:

- Promote person or family-centered communication
- Identify barriers to effective communication
- Engage in active listening
- Use some techniques and strategies for effective communication, including terms and language to use when communicating to and about people with disabilities
- Be aware of the impact of cultural diversity on effective communication