



Welcome to Module 4, Engagement, of DBHDS Support Coordination/Case Management training modules.

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Introduction

Module 4A Making a Connection
Module 4B Person-Centered Practices
Module 4C Effective Communication



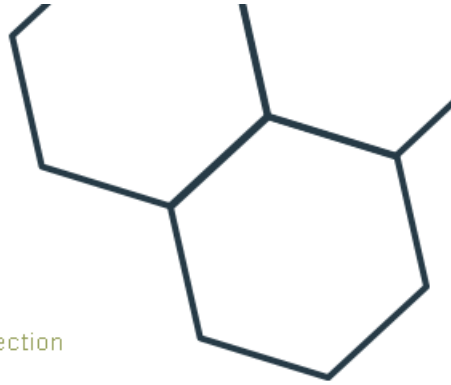
Module 4 — Engagement | 2

Module 4 covers engagement in the helping relationship. It is divided into three sections.

- Section 4a covers making a connection.
- Section 4b discusses person centered practices.
- Section 4c addresses effective communication.



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Module 4A
Making a Connection

Objectives:

- Understand the importance of and strategies used in outreach and engagement
- Recognize the core components of building a positive helping relationship
- Identify ways to develop common ground

The objectives for Module 4a are to:

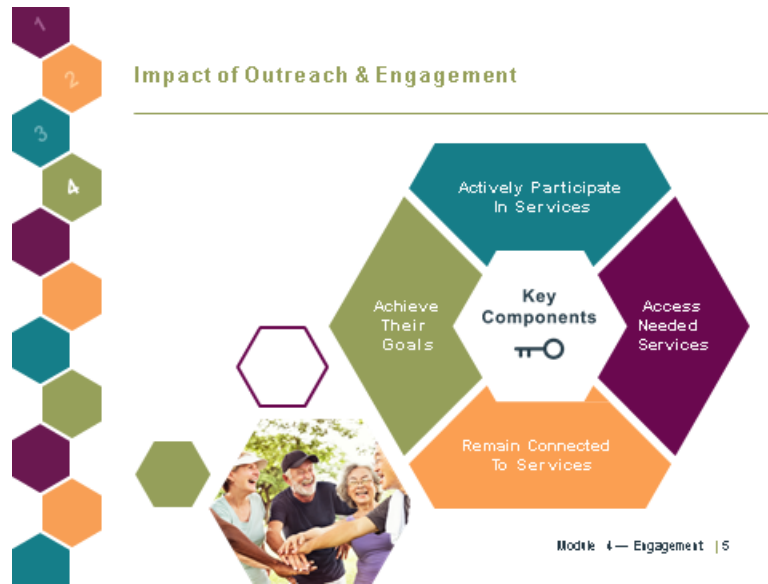
- understand the importance of and strategies used in outreach and engagement;
- recognize the core components of building a positive helping relationship; and
- identify ways to develop common ground.

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First it is important to understand that people request help and seek out services for a variety of reasons. Sometimes people find themselves needing help as a result of a major life event such as death of a loved one, serious health concerns, an unexpected change in a living situation, or aging issues. Sometimes it is because they have exhausted all of their coping efforts or they lack the resources necessary to address their needs. Others are more reluctant, perhaps seeking services as a result of pressure from family or friends. Still others seek services because they are mandated by some authority, such as the legal system.

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Whatever motivates someone to seek out services, outreach and engagement are key components in providing effective Support Coordination/Case Management. They significantly increase the likelihood that someone will:

- access needed services;
- remain connected to services;
- actively participate in services; and
- achieve their goals.


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Engagement starts in the first meeting and continues until services are no longer needed. Support Coordinators/Case Managers start to build a relationship in the first meeting when they introduce themselves, explain their role in the relationship, build common ground and begin the service assessment and planning process.

At times Support Coordinators/Case Managers have to reach out to those they serve, along with their family members to encourage them to participate in services. This is particularly important if someone has missed meetings or stopped participating in services. This might include making phone calls and/or visits to the home or places in the community to further develop the relationship and improve the person's engagement in services.

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Engagement Strategies

Respect

- Be respectful.

Person Centered Outcomes & Goals


- Always address someone by the name they prefer.

Support Informed Choices

- All services should help those served reach their intended outcomes/goals.

Be friendly and use eye contact when talking.

- Respect cultural norms.
- Be responsive to the person's requests.
- Be on time and follow-through with tasks you've agreed to.
- If someone does not want to talk and asks you to leave, remain polite, say goodbye, and let them know when you will return.



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Engagement is enhanced by using the following strategies:

- Be respectful.
- Always address someone by the name they prefer.
- Be friendly and use eye contact when talking.
- Respect cultural norms.
- Be responsive to the person's requests.
- Be on time and follow-through with tasks you've agreed to.
- If someone does not want to talk and asks you to leave, remain polite, say goodbye, and let them know when you will return.

Create the proper environment:

- Make people feel comfortable and offer private spaces for talking.
- Be sure that meeting areas are clean, well lit, and not too noisy.

Use reflective listening. This will be covered later in the module.

Use person-centered outcomes or goals:

- All services should help those served reach their intended outcomes/goals.
- Reinforce all achievements along the way.
- When outcomes/goals are not met in a realistic time frame, it should be viewed as a problem with the outcome/goal or the steps toward it, not with the person.

Support informed choices:

- Engage a person in making choices about their lives.
- Encourage looking at all options involved when making decisions.
- Discuss ways to cope with lack of choices in certain situations.

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What does it take to create and maintain a positive helping relationship?



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What else does it take to create and maintain a positive helping relationship?

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The core conditions of a helping relationship include empathy, respect and authenticity.

Empathy in the helping relationship has long been recognized as the most powerful determinant in someone progressing toward meeting their goals. Empathy is the ability to perceive and communicate accurately and with sensitivity, the feelings and experiences of another person. It means not just listening, but actively responding, with compassion, an attempt at understanding the experience of another person's world. Empathy goes beyond the facts, circumstances, and events of someone's life and conveys an understanding of how those circumstances uniquely affect them.

Respect in the helping relationship means having unconditional positive regard for the person seeking services. It means not evaluating or judging their thoughts, feelings, or behaviors as good or bad. Each person is accepted and valued for who they are. This does not mean that a Support Coordinator/Case Manager approves of thoughts or behaviors of which the society may disapprove. Rather it means that despite such thoughts and behaviors, Support Coordinators/Case Managers are able to communicate in words and actions that they value those they support as people.

Authenticity, or genuineness, in the helping relationship refers to a Support Coordinator/Case Manager being themselves. It means that the inner experience and outward expression match. Being genuine shows people that the Support Coordinator/Case Manager is trustworthy. This aids in building a positive relationship. It also serves as a model to encourage those seeking services to be their true selves.

The link provided is the reference for the information on this slide. The link is also listed in the material section of this module.

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Recovery & Self-Determination

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The helping relationship also supports recovery and self-determination.

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Recovery

Recovery means a journey of healing and transformation enabling people with a mental illness to live a meaningful life in a community of their choice while striving to achieve their full potential.


For those with substance use disorders, recovery is an incremental process leading to positive social change and a full return to biological, psychological, and social functioning.



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Recovery means a journey of healing and transformation enabling an person with a mental illness to live a meaningful life in a community of their choice while striving to achieve their full potential. For those with substance use disorders, recovery is an incremental process leading to positive social change and a full return to biological, psychological, and social functioning.



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Self-Determination

Self-determination refers to a characteristic of people that leads them to make choices and decisions based on their own preferences and interests, to monitor and regulate their own actions and to be goal-oriented and self-directing.

www.ngsd.org/everyone/what-is-self-determination




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Self-determination refers to a characteristic of a person that leads them to make choices and decisions based on their own preferences and interests, to monitor and regulate their own actions and to be goal-oriented and self-directing.


To learn more about self-determination, view the videos found at the link provided. This link is also listed in the material section of this module.

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Positive Helping Relationship

- Provide Support & Encouragement
- Collaborate
- Offer Reassurance
- Identify & Refrain From Expressing Personal Biases
- Monitor & Manage Personal Reactions to the Behavior of Others



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Other ways the Support Coordinator/Case Manager can create and maintain a positive helping relationship are by:

- providing support and encouragement;
- collaborating with the person seeking services and their supporters;
- offering reassurance to those seeking services and their supporters;
- identifying and refraining from expressing personal biases; and
- monitoring and managing personal reactions to the behavior of others.

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Another aspect of engagement is coming to agreement about the goal of the work. Finding common ground can be difficult, particularly because it requires that the Support Coordinator/Case Manager put aside a personal agenda and meet a person where they are. It requires active listening and knowing the difference between ‘fixing’ and ‘supporting’.

Sometimes people confuse support with ‘fixing’. The role of the Support Coordinator/Case Manager is not to ‘fix’ a person. This has a coercive quality. The Learning Community for Person Centered Practices says fixing is about ‘power over’ not ‘power with’. Rachel Naomi Remen describes it in the following way. “When someone tries to fix another, it creates distance between themselves and the person they are fixing. Fixing is a form of judgment. And all judgment creates distance, a disconnection, and an experience of difference.”

By responding to someone’s concerns, the Support Coordinator/Case Manager can more easily engage them and begin the process of developing a positive relationship.

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Finding Common Ground —
Working with Tara



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Tara comes to your office with a black eye. She states that she was in an argument with her boyfriend and things got out of hand. Tara admits that she is afraid of him and doesn't know what to do, but adds that they love each other and belong together.

What might be common ground to begin work with Tara?

Finding ways to keep safe would seem like an area that both the Support Coordinator/Case Manager and Tara would like to work on. As a Support Coordinator/Case Manager you may be ready to encourage Tara to leave her boyfriend, but that may not be her goal at this time. Getting her to identify, instead, what the signs are that he is about to become violent, could help Tara begin to think of alternative ways to protect herself.

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Finding Common Ground—
Working with Jose

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Jose has been taking care of his sister, Joan, who has a developmental disability. He can no longer take care of her.

He has also expressed reluctance about her living somewhere else because he promised his parents before they died that he would always take care of Joan. He says that he is completely overwhelmed, but doesn't believe that there is anything you can do to help.

What might be common ground to begin work with Jose?

An area of common ground might be in helping Jose feel less overwhelmed. Issues about Joan's care need to be addressed, but perhaps not all at once. One perspective he might consider is the idea that caring for a loved one does not have to be an "all or nothing" proposition.

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**Finding Common Ground —
Working with Vanessa**

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Vanessa recently changed medication. In a meeting with the Support Coordinator/Case Manager, she announces that her movements are being electronically monitored and then leaves. She returns a few minutes later asking if staff there are reporting to the Secret Service.

What might be common ground to begin work with Vanessa?

Vanessa probably feels very afraid, and seeking safety might be the area of common ground. She may, at this time, be unable to consider that her beliefs could be delusional. Bringing her out of the busy office and away from crowds could help her start to feel better.

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Finding Common Ground— *The Key to a Good Relationship*

Each person brings his or her own unique set of needs and strengths. The ability to engage each person as an individual is key in developing a good relationship.



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Each person brings their own unique set of needs and strengths. The ability to engage each person as an individual is key in developing a good relationship.




Module 4B
Person-Centered Practices

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Section 4b introduces person centered practices that guide good service delivery. This is not an exhaustive account of these practices. A list of additional resources may be found in the material section of this module.

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Objectives

- Identify and incorporate everyday and person-centered language into practice
- Identify the main components of strengths-based and person-centered approaches
- Understand the importance of cultural agility and humility



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The objectives for Module 4b are to:

- identify and incorporate every day and person centered language into practice;
- identify the main components of strengths-based and person centered approaches; and
- understand the importance of cultural agility and humility.

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What are Person-Centered Practices?

Person-centered practices is a term that embodies values and skills used to support and interact with people.



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Person centered practices (PCP), is a term that embodies values and skills used to support and interact with people. It is important to note, that disability nor disease is mentioned in this definition. That is because person centered practices are about humans not about disability. Person centered-ness is a characteristic of people not systems. It is something that begins within a person and radiates out toward others.

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The Language We Use

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The easiest way to begin the use of person centered practices is by paying attention to the language used when talking about people with disabilities. Many people tend to use 'special' or 'clinical' terminology instead of everyday language. This can act as a separator and creates an 'us' versus 'them' dynamic. The language Support Coordinators/Case Managers use reflects their attitudes and beliefs which in turn affects others.

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The Language We Use

Instead of...	Use...
Client, Consumer or Individual	A person's name, "the person I support" or "who uses services"
The Disabled	"A person with a disability"
"My" Person or "My" Group	A person's name or people in the group
Functional Level	"How is John?"
Non-compliant	"Jane chose not to..."
"Placed" Someone	"Sarah moved..."
Outing — out in the community	"We went to..." (i.e. the movies)
"I did a plan on someone."	"Jack and I planned together..."
Transported	"I gave Mary a ride to..."

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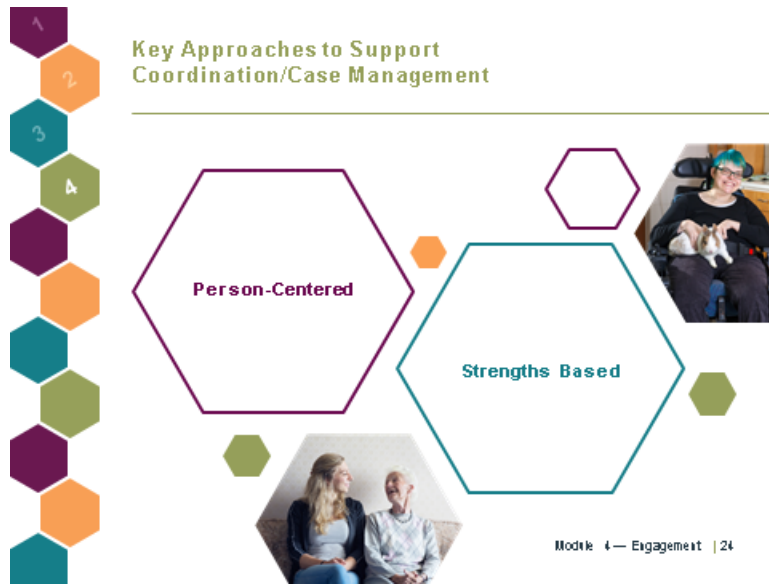
Here are some examples of how to begin to change language:

- Instead of using 'client', 'consumer', 'individual', use the person's name.
- Instead of saying 'the disabled', say, 'a person with a disability'.
- Avoid saying **my** person or **my** group, rather use a person's name.
- Avoid using terms like 'high functioning' or 'low functioning'.
- Instead of saying someone is 'non-compliant', say, 'Jane chose not to'.
- Instead of saying 'Sarah was placed', say, 'she moved'.
- Instead of the term 'outings', talk about where people go.
- Instead of using 'I did a plan on someone', say you planned together.
- Transported in everyday language is 'gave a ride'.

Avoid terms such as "let" or "allow" as this connotes that the Support Coordinator/Case Manager is the one who is in control.

Avoid referring to someone as a behavior or by their diagnosis. Terms such as the runner, the wheelchair, the bi-polar, she's borderline, are disrespectful.

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Unfortunately, people using developmental or behavioral health services have historically been segregated in institutional programs. They have also experienced very low expectations for achieving a fulfilling and productive life in the community.

The behavioral health and developmental services system has been making positive changes towards a commitment to social inclusion and support for recovery and self-determination. Person centered and strengths based approaches support this commitment.

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Person-Centered Approach

**Nothing
about
us,
without
us!**



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A person centered approach recognizes that the person being served and those who love them are the primary authorities on the person's life direction. Therefore paying attention to the cry of self-advocates that there be "nothing about us, without us" needs to be honored and respected.

"Nothing about us without us!" taken from the Latin: "nihil de nobis, sine nobis" is a slogan that is technically used to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. However, it has been adopted by many people with disabilities as a statement about individual choice and control.

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System vs. Person-Centered Approach

System-Centered	Person-Centered
Puts the professional in control	Supports a person in making decisions
Distances people by emphasizing differences	Brings people together by discovering common experiences
Budgets are structured to maintain investments in programs, building, and property	Budgets are structured to provide individualized packages of support to people
Focuses on deficits and labels	Focuses on capacities, gifts, strengths, and dreams
Plans usually include "placement" in a program	Plans support a rich and active community life based on someone's gifts and interests
Inflexible, offering a limited number of program options	Flexible, finding new possibilities unique to each person

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The table highlights how service delivery may differ depending on whether a Support Coordinator/Case Manager and other providers consider the person to be most important in the process, or whether the system is considered first.

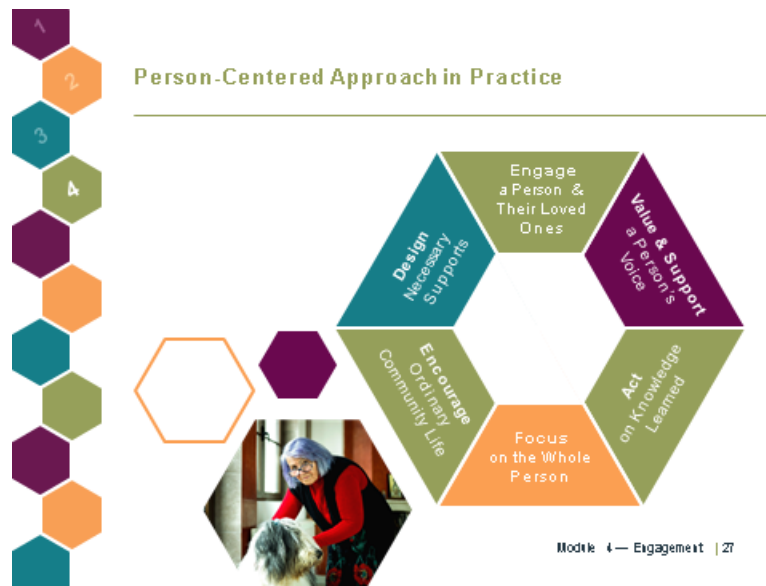
System centered approaches:

- put the professional in control;
- distance people by emphasizing differences;
- have budgets structured to maintain investments in programs, building, and property;
- focus on deficits and labels;
- have plans that usually include 'placement' in a program; and
- are inflexible, offering a limited number of program options.

Person centered approaches:

- support a person in making decisions;
- bring people together by discovering common experiences;
- have budgets structured to provide individualized packages of support to people;
- focus on capacities, gifts, strengths, and dreams;
- have plans that support a rich and active community life based on someone's gifts and interests; and
- are flexible, finding new possibilities unique to each person.

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Working in a person-centered way usually means making good faith efforts to:

- engage the person and those who know and love the person directly and respectfully and never making decisions ‘about them without them’;
- value and support the person’s voice and listen carefully to discover what matters to the person;
- act on knowledge learned;
- focus on the whole person, building on capacities and interests rather than concentrating on what the person can’t do;
- set services, including useful treatments or interventions, in the circumstances of participation in ordinary community life;
- design necessary supports in cooperation with the person, based on preference and what specifically works to make them successful in life.

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Always Remember...

- Each person is the expert on his or her own life.
- The Support Coordinator/Case Manager and the person using services are collaborative partners in the change process.



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Always remember that each person is the expert on their own life and that the Support Coordinator/Case Manager and the person using services are collaborative partners in the change process.

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Always Continue to Ask...

What does the person want?

How best can I help them reach their desired outcomes?

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Support Coordinators/Case Managers need to continually ask, “What does the person want?”, and “How best can I help them reach their desired outcomes?”


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Strengths-Based Approach

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Strengths based is a recovery oriented approach to Support Coordination/Case Management. When a Support Coordinator/Case Manager uses the strengths-based approach, it means that the services provided reflect the intention to help people discover, explore and use their own strengths and resources in achieving their goals.

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Five Principles of a Strengths-Based Approach in Support Coordination/Case Management

- 1 Strengths, abilities & assets form the basis for the helping relationship.
- 2 The relationship between the person using services and the SC/CM is primary.
- 3 Goal-setting is driven by the person using services.
- 4 The community is viewed as a resource.
- 5 Support Coordination/Case Management is an active, community-based activity.



Marty D. Rapp, CA, Carlson L. The experts speak: The critical ingredients of strengths model case management. Psychiatric Rehabilitation Journal. 2001;24:214-221.

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These are five principles of a strengths-based approach to Support Coordination/Case Management:

- Strengths, abilities, and assets form the basis for the helping relationship.
- The relationship between the person using services and the Support Coordinator/Case Manager is primary.
- Goal-setting is driven by the person using services.
- The community is viewed as a resource.
- Support Coordination/Case Management is an active, community-based activity.

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Benefits of Using the Strengths Approach in Support Coordination/Case Management



Burn, C., Papp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship. Social work, 46, 278-288.

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The benefits of a using a strengths approach are that it contributes to a hopeful attitude, enhances the relationship, and it increases retention in services.

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Cultural Agility & Humility

- Cultural Agility means possessing a set of values, behaviors, attitudes, and practices which enables a Support Coordinator/Case Manager to work effectively with diverse populations.
- It refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of people who use services and their families.



https://melanietervalon.com/wp-content/uploads/2013/03/Cultural-Humility_Tervalon-and-Murray-Garcia-Article.pdf

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We are all multi-faceted human beings. For the people a Support Coordinator/Case Manager serve, disability is just one part of who they are and the effects of one's disability in a person's life are varied and unique to that person. The same may be said about a myriad of things including a person's age, socio-economic class, sexual orientation, race, ethnicity, religion, gender identity, and body weight. Among other things, Support Coordinators/Case Managers need to consider how each of these may uniquely affect a person they are supporting.

There are numerous definitions of cultural agility or competence. Broadly it means possessing a set of values, behaviors, attitudes, and practices which enables a Support Coordinator/Case Manager to work effectively with diverse populations. It refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of the person and their families who use services.

Cultural agility and humility is about giving careful consideration to one's own assumptions and beliefs that are embedded in one's goals for a person. Cultural agility takes a life-long commitment to learning about oneself and one's biases. It is important to realize that there is no time where learning is complete.



The link provided gives additional information from authors Melanie Tervalon and Jann Murray-Garcia about Cultural Agility & Humility, the source for information on this topic. The link is also listed in the material section of this module.

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Characteristics of Culturally Agile Support Coordinators/Case Managers

- Are willing and able to learn about other cultures
- Value diversity and the unique effects it has on a person
- Are aware of how culture may affect a life situation
- Understand their own cultural views and those of affiliated organizations and systems
- Are able to change their own behavior to meet the needs of those from other cultures



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Those Support Coordinators/Case Managers striving to increase cultural agility are willing and able to learn about other cultures, value diversity and the unique effects it has on a person, understand their own cultural views and those of affiliated organizations and systems and are aware of how culture may affect a life situation. They are able to change their own behavior to meet the needs of those from other cultures.

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Linguistic Competence

Linguistic Competence is the ability to communicate effectively and otherwise convey information in a manner that is easily understood by diverse audiences.



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Linguistic competence is the capacity of an organization and its personnel to communicate effectively and otherwise convey information in a manner that is easily understood by diverse audiences including:

- persons of limited English proficiency;
- those who have low or no literacy skills; and
- those whose disabilities limit their ability to communicate.

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Enhancing Cultural & Linguistic Agility

Understand your own culture and assess your natural bias, or the lens through which you view your world.

- Implicit Association Test
<https://implicit.harvard.edu/implicit/>
- Quality & Culture Quiz
<https://www.proprofs.com/quiz-school/story.php?title=crosscultural-healthcare-quality-quiz>
- Self-Assessment Checklist for Services to Children with Disabilities
Provided in the material section



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The most important thing you can do to become more culturally agile is to understand your own culture and assess your natural bias or the lens through which you view your world. Below are some ideas about how to expand your awareness:

- take some time to learn about the cultures and languages of communities in your service area;
- attend cultural events;
- ask questions of people from other cultures;
- watch movies, listen to music, and read books from different cultures;
- try a variety of ethnic foods; and
- take online tests that deepen your self-awareness.

The links provided are for the quizzes listed. These links are also listed in the material section of this module.

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Health Equity

Health Equity happens when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."



*Centers for Disease Control —
For additional information, see the PowerPoint
on Health Equity in the material section of this module.*

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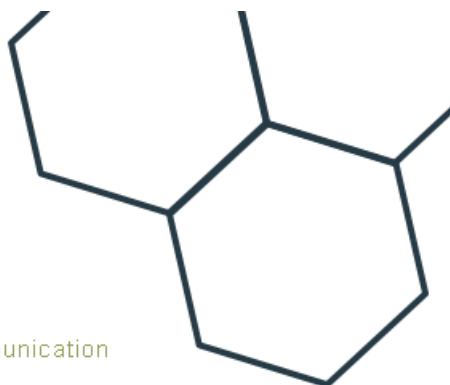
The Centers for Disease Control (CDC), defines health equity as being achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances"

A supplemental power point presentation that provides more information about health equity may be found in the material section of this module.



Module 4C
Effective Communication

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Section 4c of Module 4 will cover effective communication.

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Objectives

- Understand the difference between verbal and non-verbal communication
- Identify communication skills that build and maintain a helping relationship
- Identify barriers to effective communication



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The objectives of Module 4c are to:

- understand the difference between verbal and non-verbal communication;
- identify communication skills that build and maintain a healthy relationship; and
- identify barriers to communication.

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What is Communication?

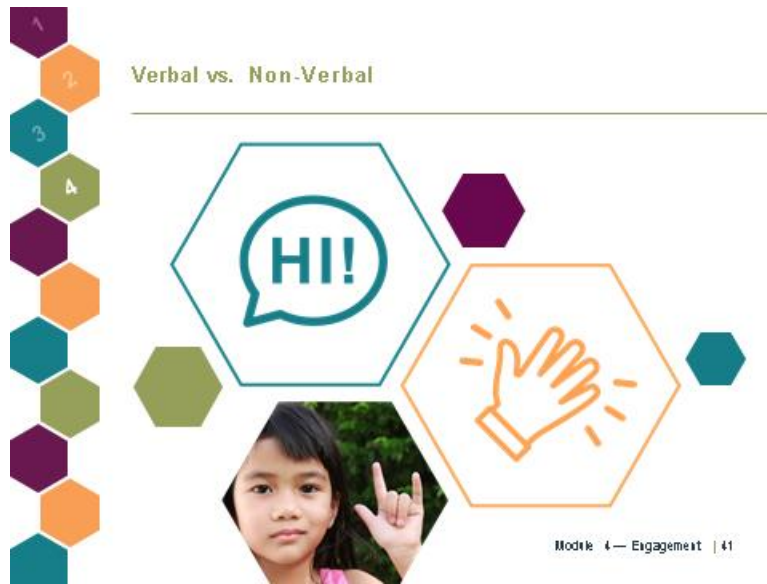
Communication is an exchange of ideas between people through a system of words, signs, or behaviors such as gestures, body language and actions.



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Communication is an exchange of ideas between people through a system of words, signs, or behaviors such as gestures, body language and actions.

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Communication involves verbal as well as non-verbal communication. While it is appropriate to refer to parts of communication as verbal or non-verbal, it is not appropriate to refer to a person as verbal or non-verbal.

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Verbal Communication

- Use Clear, Simple Language
- Speak Distinctly & Not Too Fast
- Break Up a Lengthy or Complex Message into Several Parts
- Ask for Comments, Questions & Feedback
- Use Person First Language
- Use Language & Sign Language Interpreters or Assistive Technology, as Needed



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When using verbal communication, it is important to:

- use clear, simple language;
- speak distinctly and not too fast;
- do not overwhelm the listener with information. Break up a lengthy or complex message into several parts so it can more easily be followed and understood;
- ask for comments, questions, and feedback so you will know the extent to which you are understood;
- use person first language;
- use language and sign language interpreters or assistive technology as needed.

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Non-Verbal Communication

- Be Relaxed & Open
- Lean Forward
- Make Eye Contact
- Avoid Impersonal or "Cold" Stares
- Focus on the Speaker, not on the Paperwork
- Have Reassuring Facial Expressions
- Use Welcoming Gestures, such as Head Nods
- Have a Calming Tone, Rate & Volume



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Communicating empathy helps to establish a strong helping relationship. Non-verbally, Support Coordinators/Case Managers do that through:

- being relaxed, open, leaning forward;
- making eye contact and avoiding impersonal or "cold" stares;
- focusing on the speaker, not on the paperwork;
- having reassuring facial expressions;
- using welcoming gestures; head nods;
- having a calm tone, rate, and volume.

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A Support Coordinator's/Case Manager's positioning can communicate respect and decrease confrontation. Here are some tips:

- If possible, give the person a choice as to where they want to sit during the meeting.
- Allow them to dictate the spatial distance between you. However, the Support Coordinator/Case Manager has to consider their own comfort level with distance. Often people with developmental disabilities are unaware of the social norms for physical boundaries and must be explicitly taught these concepts. It is not helpful to 'make exceptions' for people with developmental disabilities and allow a hug or accept them standing very close when holding a conversation.
- An arm's length or more is often a good place to start but this will vary according to cultural and personal differences.
- Position yourself diagonally to the person and, if that is not possible, remain sensitive to distance.

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There are 4 communication techniques useful to a Support Coordinator/Case Manager, that are often referred to as OARS. These are helpful in gathering information as well as developing a strong helping relationship.

They are:

- asking open-ended questions;
- using affirmations;
- reflective listening; and
- summarizing.




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Open-Ended Questions

Open-ended questions are ones that cannot be answered by “YES” or “NO” or other short answers.

- Establish an Atmosphere of Acceptance & Trust
- Encourage the Speaker to do Most of the Talking
- Encourage the Speaker to explore their Concerns
- Help Explore, Clarify & Gain an Understanding of Someone's World




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Open-ended questions are ones that cannot be answered by “yes” or “no” or other short answers. They help establish a safe environment to build a positive relationship.

Open-ended questions:

- establish an atmosphere of acceptance and trust by defining your role as one who listens;
- encourage the speaker to do most of the talking;
- encourage the speaker to explore his concerns;
- help explore, clarify and gain an understanding of someone’s world.



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Closed-Ended Questions

Closed-ended questions can be answered with “YES” or “NO” or with few words.

- Jump-Start a Conversation
- Help Someone Who is Upset or Talking Excessively to Focus Their Thoughts
- Sometimes Easier to Process for People Who are Anxious or Have a Cognitive Impairment



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Closed ended questions can be answered with a “yes” or “no” and also have value when used at the right time and with the right person.

Closed ended questions:

- may help “jump start” a conversation with someone who is having trouble talking;
- may help someone who is very upset or talking excessively to focus their thoughts;
- are sometimes easier to mentally process for people who are anxious or who have a cognitive impairment.

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Closed or Open Ended?

Questions	Open	Closed
Where would you like to live?	✓	
What are your dreams for the future?	✓	
Do you have someone you feel close to and can talk to?		✓
Who are the people in your life that you can turn to if you want to talk?	✓	
Are you happy with your job?		✓
What routines in your life give you comfort?	✓	
Would you like to live somewhere else?		✓

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These questions are examples of open ended and close ended questions. Take a moment to ponder which are open ended and which are close ended. The correct answers will appear shortly. How did you do?

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Affirmations

- Build Rapport & Demonstrate Empathy
- Affirm Someone's Past Decisions, Abilities & Healthy Behaviors
- Support Involvement & Encourage Continued Participation
- Assist in Seeing Positives
- Increase Self-Confidence



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Affirmations are used to:

- build rapport and demonstrate empathy;
- affirm someone's past decisions, abilities, and healthy behaviors;
- support involvement and encourage continued participation;
- assist in seeing positives; and
- increase self-confidence by supporting the belief they can be responsible for their own decisions and lives.

Affirmations include compliments and statements of appreciation.

Slide 50



Affirmations Examples



“I appreciate how hard it must be for you to be here.”

“That’s a great suggestion!”

“It’s clear how important this is to you and how hard you’re working at it.”

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Here are some examples of affirmations:

“That’s a great suggestion!”

“I appreciate how hard it must be for you to be here.”

“It is clear how important this is to you and how hard you are working at it.”

Slide 51



Reflective Listening

Reflective listening involves listening and responding to what a person says in such a way as to clarify a person's meaning.



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Reflective listening involves listening AND responding to what a person says in a such a way as to clarify a person's meaning.

The purpose of using reflective listening is to:

- demonstrate that the Support Coordinator/Case Manager is listening and trying to understand one's situation;
- offer an opportunity for someone to 'hear' their own words, feelings and behaviors reflected back to them;
- reflect thoughts, feelings and behaviors; and
- reflect general experiences and the 'in the moment' experience of the meeting.

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Why Use Reflective Listening Skills?

- Helps People Feel Understood
- A Way of Checking, Rather than Assuming
- Clarifies Statements That May Have Multiple Meanings
- Helps People Think Things Through on Their Own
- Fosters a Climate of Understanding to Promote Communication & Self-Disclosure




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The following are reasons to use reflective listening:




- It helps people feel understood.
- It is a way of checking rather than assuming
- It helps clarify statements that may have multiple meanings.
- It helps people think things through on their own.
- It fosters a climate of understanding to promote communication and self-disclosure.

Slide 53



How to Listen Reflectively

- 1 Person attempts to communicate a meaning.
- 2 The listener forms a reasonable guess as to what the person means and expresses it in a statement.
- 3 The speaker validates, elaborates or changes what they meant.



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Essentially reflective listening is hypothesis testing.

When a person speaks, they are trying to communicate a meaning. This is coded into words, often imperfect. The listener has to hear the words accurately and then decode their meaning.

The listener forms a reasonable guess as to what the person means and gives voice to this guess in the form of a statement rather than a question, since questions can distance the speaker from the experience.

The speaker then has the opportunity to validate, elaborate or change what they meant.

Slide 54



Four techniques used in reflective listening are:

- repeating what a person has said; this is the simplest technique;
- rephrasing, which substitutes synonyms when reflecting;
- paraphrasing which includes making a major restatement of the concepts presented; and
- reflection of feelings, which is the deepest technique.

Slide 55



When using reflective listening, you should vary the way that you start. Here are some examples of leads you could incorporate:

“Could it be that ...”

“I wonder if ...”

“Correct if I’m wrong, but I’m sensing ...”

“Perhaps you’re feeling ...”

“Sometimes you think ...”

“Let me see if I’m with you, you ...”

“It sounds as though you are saying ...”

“So, from where you sit, ...”

“It seems that you ...”

Slide 56

Reflective Listening in Action



I like the feeling I get when I'm using, but sometimes I worry about what these drugs might do to me.

I hear that these drugs give you feelings you enjoy, but there's also a part of you concerned that taking them is harming you.

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The next few slides illustrate reflective listening in action. The first quote is said by a person using services, the second quote by the Support Coordinator/Case Manager.

“I like the feeling I get when I’m using but sometimes I worry about what these drugs might do to me.”

“I hear that these drugs give you feelings you enjoy but there’s also a part of you concerned that taking them might be harming you.”

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1
2
3
4

Reflective Listening
in Action

I don't have any pleasant memories of my childhood. It seems like just so much empty space. I can remember my father watching TV and staring off with a blank look — as though I didn't exist.

From what you say, I get a picture of you feeling invisible back then — like you weren't very important to your father.

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“I don’t have any pleasant memories of my childhood. It seems like just so much empty space. I can remember my father watching TV and staring off with a blank look – as though I didn’t exist.”

“From what you say, I get a picture of you feeling invisible back then- like you weren’t very important to your father.”

Slide 58

1
2
3
4

Reflective Listening in Action

“I just can't stand it! She's always saying like 'DO THIS' and 'DON'T DO THAT'.”

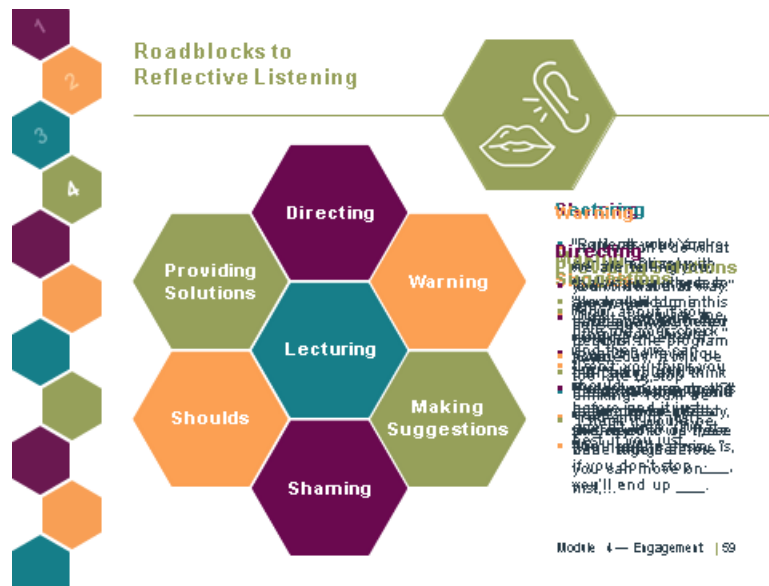
“I think you're telling me that you get upset when other people tell you what to do and don't ask you what you would like to do.”

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“I just can’t stand it! She’s always saying like ‘DO THIS’ and ‘DON’T DO THAT’.”

“I think you’re telling me you get upset when other people tell you what to do and don’t ask you what you would like to do”.

Slide 59



Sometimes when we think we are listening or are giving helpful advice, we are really setting up roadblocks to listening. Roadblocks cut off or block exploration of feelings and thoughts about an issue. This in turns slows down or stops the ability for someone to make a good decision for themselves.

Examples of directing are:

- “Don’t do it that way.”
- “Don’t you think it would be better if you...”
- “I’ve seen you do this before and it just doesn’t work. What you need to do is...”

Examples of warning are

- “If you don’t do what we are telling you, you will have to suffer the consequences.”
- “Someday, it will be too late to stop drinking. You’ll be dead.”
- “Well, all I can say is, if you don’t stop _____, you’ll end up _____”

Examples of making suggestions are:

- “How about if you give me your check and then we can figure out how to budget your money?”
- “I think it would be best if you just...”

Examples of providing solutions include:

- “Look, I’ve done this before. All you need to do is...”
- “I’ll call your therapist for you and let you know what she says.”

Examples of shoulds include:

- “Well, if you ask me, I think you should...”
- “Don’t you think you should...”
- “You should just...”

Examples of lecturing are:

- “Patients who are non-compliant with their doctor’s orders always end up in trouble. You’d better get with the program here...”
- “Look, I’ve told you a dozen times already, you need to do these three things before you can move on: first,”

Examples of shaming are:

- “Look at you! You’re a mess! Do you really want others to see you like this...again!?”
- “I can’t believe you didn’t stop and think about how this would make me feel, after all the work we have done together!”

Slide 60



Summarizing

- Link Statements, Feelings or Beliefs
- Reinforce What Has Been Said
- Show You Have Been Listening
- Prepare the Individual to Move Forward



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Summarizing is used to pull together key points of information and serves to keep the Support Coordinator/Case Manager and those they serve on the same page. Summarizing, which may also include paraphrasing, is also a skill that will help the Support Coordinator/Case Manager bring a session to a close.

Summarizing can be demonstrated in three variations:

- a collective summary—“So let’s go over what we have talked about so far”;
- a linking summary—“A minute ago you said you wanted to talk toMaybe now we can talk about how you might try”; and
- a transitional summary—“So you will make an appointment today before you leave and maybe we will see you again soon?”

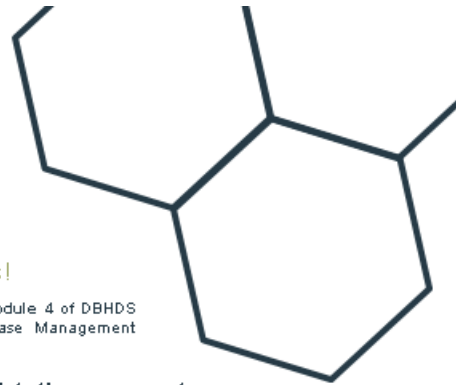
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Congratulations!

You have completed Module 4 of DBHDS Support Coordination/Case Management online training.

[Click here to complete the assessment.](#)



Congratulations!

You have completed Module 4 of DBHDS Support Coordination/Case Management online training. Please note that all of the web links provided in this Module are contained in the accompanying training materials. Please complete the assessment for Module 4 before proceeding to Module 5.

Thank you for your participation!