

# Important Communication Skills

There is no gimmick, trick or strategy that will immediately make anyone a flawless communicator. Sharing important concepts, practicing helpful techniques, and increasing personal awareness of how messages are perceived will be useful as communication skills are increased.

Communication experts estimate that only 10 percent of our communication is represented by the words we say. Another 30 percent is represented by how we say things and 60 percent is our body language.

Specific skills necessary to communicating effectively include:

## 1. Listening

Listening is the most basic communication skill. To begin, **STOP TALKING**. People cannot listen while talking. Give parents time to tell their story. Don't give up too soon. Do not interrupt.

Concentrate on **what** is being said, actively focusing attention on words, ideas and feelings. Listen for what is **not** said. As much can be learned by determining what the other person leaves out or avoids talking about as by listening to what is said. Also, listen to **how** something is said. Attitudes and emotional reactions may be more important than actual words.

To be a **good** listener:

- Pay close attention to what is being said.
- Strive to understand the speaker's message.
- Demonstrate an open attitude.

To be an **active** listener:

- Key into specific words used and avoided (*spells instead of seizures, busy and not hyperactive, slow and not delayed*)
- Use verbal prompts (*I see, Oh?, Uh-huh*) and gestures (*smile, nod*) to indicate understanding
- Offer feedback, summarize and rephrase things. (*So after the visit to the clinic, you felt relieved, it sounds like that meeting really clarified your questions, that behavior seems to be happening more often*)



To be an **empathetic** listener:

- Try to see the situation through the speaker's eyes.
- Set aside personal opinions, feelings and issues. Focus on the parent's issues.
- Accept the speaker's feelings without making judgments.
- Remember the pain. Be sensitive to the rawness of a new parent's pain.

## 2. Attending

- **Concentrate.** Focus on the feelings a family may be having. Are there feelings of apprehension, dread, confusion, excitement?
- **Eye contact.** Most people are comfortable with a reasonable amount of 'natural' eye contact. Be aware that the level of acceptable eye contact may vary across cultures, gender and socioeconomic status.
- **Touch.** The appropriateness of touch depends on many factors. This includes depth of relationship, cultural boundaries, gender boundaries, and individual comfort levels. Do what is comfortable and be sensitive to others, but remember that personal touch is powerful and the connection made by a hand on a shoulder, or a warm handshake is enormous.
- **Posture.** Leaning toward or away from others may influence personal impressions. Posture can be interpreted as indicative of the listener's attitude. Avoid being stiff or sloppy.
- **Space.** . Sitting at right angles to the person you are talking with offers the best approach—avoid sitting across from each other at a table. In America people usually stand 2-3 feet from each other to communicate. However, in the Middle East, they generally stand 6-12 inches from each other, and in England they stand 5 feet apart. Watch for comfort cues.
- **Vocal cues.** Tone of voice, rate of speech, sighs, and coughs convey a lot of information about the speaker.
- **Body movement.** Be aware of personal small repetitive movements (tapping a pencil, wiggling a foot, swaying, etc.) that might be annoying or distracting. Also be alert to the speaker's current status. While speaking with someone who is distraught and very troubled, it is best to try to stay calm, speak in a quiet voice, use fewer words, and attempt to establish a quieter encounter.



### 3. Asking questions

Questions, when used effectively, can accomplish many **purposes**. They can be used to:

- **clarify or focus** -- repeat a portion of the person's remarks in the form of a question, urging the speaker to be more specific. (Parent: *He is irritable, clingy, has no appetite, and is not sleeping well.* Parent mentor: *Cranky and more dependent?*)
- **motivate communication** -- stimulate the exchange of information by asking questions that cannot be answered in just a few words. (*'How did the doctor give you this information?'*, *'What strategies have you tried to get him to sleep in his bed?'*).
- **refocus a speaker** -- ask the speaker to simplify or come to a conclusion. (*'are you saying that...'*, or *'do you mean that...'*).

Sometimes it is helpful to ask questions in a certain order.

1. Start with **present behaviors, activities or experiences**. This helps establish the context for other questions. (*'How are things going with feeding?'* *'What resources are helpful now?'*).
2. Then go on to ask questions about the **past**.
3. Then questions related to the **future**.
4. **Opinion or feeling questions** should follow. (*'So how did you feel about that doctor's recommendations?'* *'What did you think of the meeting?'*).
5. **Keep demographic questions to a minimum**--specific information related to age, occupation, religious affiliation, employment, etc.

How questions are worded makes a difference.

- Phrase some questions in statement form. (*'Tell me what you think...say a bit more about...'*)
- Be careful to ask one question at a time. It is uncomfortable and confusing to have multiple questions to address.
- Clearly state questions. Ask directly, without having to reword or explain.

Avoid these types of questions:

- Questions that have an obvious answer – can be demeaning
- Questions that test knowledge – can be threatening
- Questions that violate privacy – can be intrusive
- Questions that ask 'why'? -- can be interfering



#### 4. Sharing Selectively

- Recognize personal biases. Know what triggers personal anger and judgments. Identify personal ‘hot buttons’.
- Share BRIEFLY similar experiences and feelings with the parent, as appropriate. Do not attempt to match every situation.
- Consider carefully the impact of sharing photos. Sometimes the visual impact of seeing the reality of a disability is difficult for new parents.
- Qualify everything. (*‘Every child and situation is different’, ‘Some parents find it helpful to...’*).
- Make no promise you cannot keep; offer no false assurances.
- Trust personal instinct. Are parents really asking questions that they want answers to?
- Start again. Everyone makes mistakes, says things out of line. It is ok to make a correction, apologize, back up and start again.
- Use ‘I messages’ to take responsibility for personal feelings. (*I hear you talk about your child’s problems, but I haven’t heard much about his skills and strengths. I was afraid the first time I went to a neurologist with my daughter.*)

#### 5. Avoiding these communication stoppers

- **Threaten** the other person or their actions. (*You’ll be sorry if you don’t address that discipline issue now. If you know what’s good for your child, you will change schools right now.*)
- **Criticize** the other person or their actions. (*I really don’t think you talk to your child enough. I can’t believe you are satisfied with that clinic.*)
- **Preach** or give moral lessons or utter platitudes. (*Things could be worse. I could never do what you do. I know just how you feel.*)
- **Order** the other person. (*You have to sign up for respite care. Just change therapists.*)
- **Divert** the other person. (*Let’s talk about something happier now.*)



# Communication Scenarios

1. I don't know what I would do if I couldn't visit with you. I am all on my own and it is so hard. You are the only one who seems to care.
2. My child is a brat. I don't want to take him anywhere. Everyone looks at us and I know they are thinking that I am an awful mother.
3. Our family never does anything together except fight. The kids are always fighting and my husband and I are either working, arguing or sleeping.
4. Our son is disabled, and having him made our family disabled.
5. I am so tired of my IFSP team. Decisions keep being made without me.
6. There is something wrong with my child. I've been to the doctor, and he tells me to just keep an eye on him and come back in six months.
7. I am so sick of people coming to our house all the time.
8. My mother-in-law is putting novenas in the paper, praying that my son's Down Syndrome will go away.
9. My husband goes fishing every weekend and always leaves me alone with the kids.
10. I would really like to go back to work. I am going crazy being at home all the time, but there is no one willing to take care of my son.
11. I have NO time to spend with my other kids.
12. I am just so tired. I really don't care about anything anymore.
13. My mother thinks it's my fault that my son has autism.
14. My husband just doesn't get it-he refuses to even talk about what is going on.



## *People in High Stress or Traumatic Situations...*

- May not hear or retain all of the information
- May inadvertently reveal more about themselves than they are comfortable having others know
- May feel that they have lost control of their life
- May find it difficult or even impossible to make decisions
- May expect a parent mentor to make decisions for them or give them direct advice
- May need to vent and express feelings, such as anger
- May have their own needs for a meeting, and may not hear accurately what a parent mentor says
- May view the experienced parent as some kind of expert with all the right answers
- May feel vulnerable, lost and alone
- May ask questions without being prepared for the answers
- May resent a parent mentor's ability to survive

### *Thinking back about a period of high stress in my life.*

- What do I remember about the feelings I had?
- What do I remember about information I received during this time?
- How did I react or behave?

