

Helping Others Help Themselves

A SELF-STUDY SERIES



Chapters

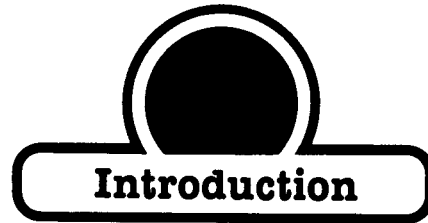
Introduction

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Cooperative Extension Service
University of Wisconsin-Extension

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When a child is upset, we try to comfort her. When a stranger drops his groceries, we help him pick them up. We bring over a meal for a sick neighbor. For most of us, helping others is just something that comes naturally. It is simply how we respond to events that occur in day-to-day life. Helping others is a part of the human experience and one of the things that makes human beings human.

Part of being a responsible person and fulfilling our various roles in life involves caring for others and using helping skills. Parents cannot meet their children's needs if they do not listen to them. A husband needs to be sensitive to the nonverbal cues of his wife. A teacher must know where and how to refer pupils who need additional help or tutoring. A supervisor cannot maintain the respect necessary to supervise others if she does not have their trust and confidence.

Most of us have acquired many of the skills needed to help others; however, there are times when almost everyone feels unsure of their ability to help. There are very few people who feel that they are always as effective as they would like to be in their relationships with others. This series on helping is written for those people who would like to improve their ability to care for and help those around them.

Throughout the series we use the word "helpee" to designate the person who needs help and support. This person could be a friend, neighbor, student, client, or relative. It is anyone who has a need for our concern, support, compassion, or assistance.

SERIES FORMAT

Helping Others Help Themselves is a self-study program designed to improve your ability to help others. Because many of the skills are the same as those that are vital to other kinds of interpersonal effectiveness, **Helping Others Help Themselves** can also be considered a program for building human relationships. Although each component of the program can be used by itself, the components are designed to be used together. The program is intended to provide a comprehensive overview of the skills and knowledge necessary to be an effective helper. Since helping skills are something that must be applied and practiced, activities are included to allow opportunities to try out the concepts. References and suggested readings are provided for additional study.

It is recommended that you spend a week on each section, although you may wish to follow a faster or slower pace. Do not rush yourself. Take time to reflect on each lesson and try to find ways to apply and practice the skills in your day-to-day living. Feel free to share these materials with others. It can be especially useful to have a partner with whom to discuss the ideas and practice the concepts. Another way to make the most of this series is to keep a journal of your thoughts, feelings, and reactions to each lesson. This can be an especially effective way to help you integrate and synthesize the many ideas.

Helping Others Help Themselves can be an excellent way to improve your ability to reach out to others

in your personal and professional life. It can sharpen your sensitivity to the needs of others, increase your ability to effectively listen, show you how to be more accepting, teach you how to promote the growth of others or simply improve your ability to be a caring, humane, human being. We hope you find it a worthwhile experience.

CHAPTERS IN THE SELF-STUDY PROGRAM

This self-study program includes the following chapters:

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Terry Gibson, Ph.D., Coordinator
Associate Professor
Department of Continuing and Vocational
Education
University of Wisconsin-Madison
Coordinator, Professional Development Office
Cooperative Extension Service
University of Wisconsin-Extension

Stephen Small, Ph.D.
Assistant Professor
Child and Family Studies
University of Wisconsin-Madison
Human Development and Family Relations
Specialist
University of Wisconsin-Extension

Roger Williams, Ph.D.
Associate Professor
Health and Human Services Outreach
University of Wisconsin-Madison

J. A. Nachraeiner, M.S.
Counselor
Continuing Education Services
University of Wisconsin-Madison

Esther Anderson, M.S.
Counselor
Madison, Wisconsin

Aggie Trzebiatowski
Program Assistant
Professional Development Office
Cooperative Extension Service
University of Wisconsin-Extension

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For additional information, contact:

Professional Development Office
Cooperative Extension Service
University of Wisconsin-Extension
432 North Lake Street
Madison, WI 53706
Telephone: (608) 262-9940

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Helping Others Help Themselves

A SELF-STUDY SERIES

1

The Helper and the Helping Process

By

Stephen Small, Ph.D.

THE GOAL OF HELPING

One of the primary goals of a helping relationship is helping others help themselves. The problems and challenges people face are ultimately their own responsibility. In order for people to find workable solutions, they must accept this responsibility and recognize that change comes from within. Many people assume that someone else will solve their problems. Some people, for example, go to a professional counselor with the mistaken idea that the counselor will identify their problem and prescribe an easy solution. But an effective helper doesn't try to take over, rather he/she tries to empower other people to discover and use their own ability to manage their lives. Effective helpers may even work themselves out of a job, eventually discovering that they are no longer needed.

To achieve this, helpers must believe that all people have worth, that they are capable of change and that they possess some personal strengths and abilities. They must trust that others can and will grow in their own time and in their own way. In trusting another, we are communicating our faith that they are capable, thereby enabling the helpee to believe this too. People who "care" so much for another that they become overly protective or allow the other to become dependent do not trust the person they care about. They may be responding more to their own needs than to the needs of the other person.

BENEFITS FOR THE HELPER

The process of helping others can have beneficial consequences for the helper as well. Studies of peer helping, where equals assist one another, have shown that sometimes helpers benefit more than those they help. Helping others benefits a person in a variety of ways. A person may feel needed and gain an increased sense of self worth by simply being asked to help. Positive self regard may also increase as a result of recognizing that one has the ability to give and assist. A helper might also feel better about his/her own psychological health through the awareness of his/her ability to help others. In addition, when the helper becomes aware of and familiar with the problems of others, he/she may have decreased concern about his/her own problems. Clearly, helping others is a reciprocal process that has benefits for both the helper and the person being helped.

CHARACTERISTICS OF HELPERS

Experts in counseling have suggested that effective helpers have a number of traits in common. These characteristics include positive regard or acceptance of the other person, patience, honesty, and humility.

Positive Regard

Carl Rogers, a well respected American therapist, has asserted that the unconditional positive regard of the helper for the person being helped is one of the most important factors in any helping relationship. This means caring about and accepting the other person as a worthy individual, independent of his/her behavior, attitudes, or beliefs. There are no conditions attached to this total acceptance. It involves respect and caring for the other as a separate person who has his/her own feelings, values, beliefs, needs, and experiences. For Rogers, the ability to help another is largely dependent on the helper's ability to create this climate of acceptance and positive regard so the other person feels safe to share and explore his/her concerns.

Patience

Patience is another important characteristic of effective helpers. Helpers need to realize that it takes time for people to change and grow and that they must be patient with those they help. As helpers, we must give people in need time to understand themselves and their problems and time to find solutions to the problems they face. This includes tolerance for a certain amount of floundering, confusion, and false starts. Because change comes from within the individual, helpers need to be patient and allow the person the time it takes for them to discover their own solutions.

Honesty

A third characteristic of effective helpers is honesty. This involves not only being honest with others, but being honest with ourselves. Being honest with another person means that we are truthful with them. For example, if being absorbed in our own personal problems prevents us from fully focusing on what is being said, we need to be honest enough to say so. Similarly, such honesty might involve telling a person that we are unable to help them at the present time. People are most likely to feel comfortable with a helper whom they perceive as honest. When a helper can reveal even his/her own failings or limitations, helpees may feel more trusting and more comfortable. This can make it easier for those being helped to be honest and more willing to reveal their own fallibilities.

In order to be honest with others, we must also be honest with ourselves. Pretending to be what we are not interferes with our ability to relate to others.

We cannot be fully helpful to someone if we are more

concerned about how we appear to them than we are with understanding and responding to their needs.

Humility

It is also important for helpers to have humility. Since one goal of helping is to help others grow, helping involves continuously learning about the other person. People who help must be humble enough to recognize that they will always have something new to learn and that to be an effective helper they must continually be open to new experiences and ideas. Sometimes helpers begin to feel that they are somehow better than those they help. This can be reinforced if the person being helped feels inferior and perceives the helper as superior. Helpers need to realize that they can learn from any person--no one is beneath them. Not only are we no better than those we help, but we need them as much as they need us. We cannot be helpful if there are not people to be helped.

AWARENESS OF SELF AND PERSONAL VALUES

Helpers need to have an awareness and understanding of their own values, beliefs, and needs. They should be aware of who they are, what is important to them, and their reasons for helping. This awareness assists the helper in being honest not only with himself/herself but also with those he/she helps. It decreases the likelihood that the helper will project or impose personal values onto the other person or that the helper will use the helpee primarily for his/her own need satisfaction.

Although the helping process is to some degree one of mutual need fulfillment by helper and helpee, the helper must know the limits of the helping relationship as a means of fulfilling personal needs. To gain this awareness we need to question our reasons for wanting to help. Helpers usually help because to do so is consistent with their values and beliefs, and because they are sincerely concerned with the welfare of others. However, some people help because they need a sense of power or superiority. Others help because they are taught that they "should" always be helpful and available, even if it makes them feel burdened and uncomfortable. Appropriate motives will enhance the development of an effective helping relationship and facilitate effective helping. Inappropriate motives can often discourage such a relationship.

We also need to be aware of our personal values and beliefs so that we don't allow them to interfere

with our ability to help. For instance, we might believe that abortion is wrong or that using illegal drugs is alright as long as it is done in the privacy of one's own home. Undoubtedly, in the course of our helping interactions with others, we will encounter people who have different values. If we want to help others, we must first attempt to understand their value systems and nonjudgmentally accept that they are acting in good faith within their own value system, even if those values differ from ours. We do not have to accept their values as our own or approve of them. But if we want to understand and help them, we must accept the fact that they hold the values that they do and not allow our own biases, beliefs, and values to interfere. We need to be nonjudgmental and accepting, regardless of how divergent our points of view might be. As helpers, it is our goal to empower others to help themselves, not to influence them to act and believe as we do. Of course this is not always easy to do and there may be times when our beliefs or values do not allow us to be objective, nonjudgmental helpers. In such cases, it may be best to let the people we are helping know that we may not be the best person to assist them with their problem.

TAKING CARE OF YOURSELF

One potential problem faced by people who help others is burnout. It occurs when the stress of the job becomes too great and the individual experiences emotional overload. Just like a wire that has too much electricity running through it, the helper burns out emotionally and becomes disconnected. Burnout can happen to anyone--especially those who are the most devoted and caring. Helpers, for the very same reasons that lead them to care about others, are prone to become overly involved in the lives of the people that they are trying to help. Not only can this lead to burnout on the part of the helper, it can also be detrimental to the person being helped by fostering dependence and discouraging personal responsibility and problem ownership.

In order to prevent burnout, it is very important for individuals interested in helping others to take care of themselves. This includes following basic stress management strategies: maintain a strong supportive network of friends, eat right, don't smoke, get plenty of sleep and exercise, develop good time management skills, and take time to relax. It also includes not taking on more than you can handle and not becoming overly involved in the problems of the people you are trying to help.

QUESTIONS TO CONSIDER

When we are actively engaged in trying to be of help, we may become bogged down in the immediate details and become less aware of ourselves and whether we are doing our best. Under the pressures of the moment we often forget what is important.

It can be beneficial to occasionally take some time to remind ourselves of what we are doing and to assess whether we are doing it well. The following questions are presented as guidelines to determine whether we are really helping others to help themselves. They are not presented in order of importance. All can be considered equally important. Although at times we may be concerned with just one or two of them, we must never lose sight of the others if we are to be effective helpers.

- Am I willing to help this person solve his/her own problem, rather than trying to take on his/her problem as my own?
- Do I honestly believe that this person is capable of change?
- What personal strengths and abilities can I identify in this person that will contribute to him/her dealing effectively with this issue?
- What are my reasons for wanting to help this person? What benefits might I
- Do I unconditionally accept and value this person as an individual (even though I may not always approve of his/her behavior or values)?
- Am I patient with this person?
- Am I honest with this person?
- Am I honest with myself?
- What can I learn from this person?
- Can I accept this person's values even though I may not agree with them?
- Am I fostering independence or dependence?
- Am I "spreading myself too thin" by trying to help too many people?
- Am I taking care of my own needs for nurturance and care?

ACTIVITIES FOR FURTHER LEARNING

Activity: Gaining Insight Into Yourself as a Helper

The purpose of this activity is to help you gain insight into your motives for helping, your personal strengths and weaknesses as a helper, and how your personal values and biases can affect your ability to help others.

Think about a past situation where you tried to help another person and answer the following questions. Try to be as honest with yourself as possible.

1. What were your motives for helping this person?
2. Did you benefit from this relationship in any way? How?
3. What was your role in the helping relationship? In what way do you think you helped this person? Looking back, is there anything that you might have done differently?

Was there anything that this person did, said or believed that you did not agree with? How did you react?

5. Did you learn anything from this relationship? From the person you helped?

SUGGESTIONS FOR FURTHER READING

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Stephen Small, Ph.D., Assistant Professor of Child and Family Studies, University of Wisconsin-Madison, and Human Development and Family Relations Specialist, University of Wisconsin-Extension.

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The Initial Contact

By

J. A. Nachreiner, M.S.

The helping relationship is a professional relationship established between helper and helpee for the benefit of the helpee. The initial contact between helper and helpee is critical to establishing that relationship; it is the "first impression" of helping. Insuring a successful initial contact is the responsibility of the helper.

A successful first contact can be identified by several factors: (a) the helper develops rapport and trust with the helpee; (b) the helper communicates that he/she respects the helpee as a person of value, thus maintaining and fostering the helpee's self-esteem; and (c) the helper meets pre-established goals for the initial contact.

In order to insure a successful first contact, the helper keeps in mind the goals for that meeting. Those goals, in descending order of importance are:

1. Establish a helping relationship;
2. Establish your role;
3. Gather information in regard to the current situation and corrective activity to date;
4. Begin early problem definition;
5. Establish preliminary, short-term goals; and
6. Agree on an assignment.

Depending on several factors, such as the complexity of the situation, the length of the initial contact,

and the number of times you will meet with the helpee, you may or may not accomplish problem definition or goal setting during the initial contact.

First impressions are difficult to change in any interpersonal relationship. As a helper, it is important to make sure the first impression you leave during the initial contact is positive and establishes you as sincere, trustworthy, respectful, and helpful.

The initial contact for you may be over the telephone to set up a face-to-face appointment or another telephone appointment at a later date. It is important that you attend to establishing a positive relationship even in that initial telephone contact. However, the material presented assumes the context of a longer period of time than a telephone call to make an appointment.

COMMUNICATING UNDERSTANDING

The most effective way to establish yourself as sincere, trustworthy, respectful, and helpful is to demonstrate to the helpee that you understand his/ her situation and how he/she feels about it. You can do this through active listening.

Active listening is listening attentively and intentionally and then responding with an understanding response that encourages the other person to continue talking. (Unit IV will discuss development of active listening skills as well as other skills that will enhance your effectiveness as a helper.)

Active listening is basic in establishing a helping relationship. This response is the primary response used during the initial contact. You will continue to rely heavily on active listening for the duration of the helping relationship. It allows the helper to understand what the person is experiencing and allows that person to talk openly and honestly without fear of how the helper will react. Most importantly, it helps the other person to feel accepted, understood, and unjudged.

MAINTAINING AND FOSTERING HELPEE SELF-ESTEEM

Self-esteem is a person's most valuable asset. Without it, growth is merely an accident. With it, virtually any crisis is eventually manageable. A crucial role of the helper is to foster and maintain self-esteem.

Active listening contributes to the self-esteem of the helpee. However, the helpee's self-esteem, how he/she feels about his/her worth as a human being, is probably suffering. Seeking assistance for personal problems is somewhat of a taboo in this country. If a person feels distressed enough to violate this taboo and seek help, he/she may be feeling inadequate and is probably having self-doubts about his/her worth. He/she may even feel like a failure. These feelings demand special and sensitive attention.

During times of crisis, people tend to question that which is important to them, their values. These values are typically critical to their identity and self-worth. As a helper, you can reinforce the worth of the helpee's values and, consequently, affirm his/her worth. An example of this kind of affirmation is:

I can tell that (state the value, i.e., being dependable) is really important to you. That's a part of you that you will take with you into the future, too.

When a person is experiencing low self-esteem, he/ she is apt to focus on the unsuccessful aspects of his/her efforts. In your active listening responses, you can include feedback that invites the helpee to be aware of his/her worth that he/she is overlooking. An example would be:

During this time we've been talking, I noticed that in spite of all that's happening and how difficult it is for you, you have still (state the reported success, i.e., you have still been able to give support and encouragement to your spouse).

ESTABLISHING YOUR ROLE AS HELPER

The main purpose of the initial contact remains the establishment of the helping relationship as one based on understanding, acceptance, trust and respect. The initial contact sets the tone for future encounters.

To set the tone of trust and mutual respect, you will want to establish your role as helper early in the relationship. To establish your role, simply state how you can and cannot help. For example, "I can help you to define and clarify your source of distress and develop an action plan for dealing with your problem. I cannot make changes for you or force you to make changes you don't want to make."

This is also a good time to clarify expectations. Tell helpees what you expect from them and what they can expect from you. For example, will you assign "homework?" If so, you expect their commitment in completing that assignment. Can they expect confidentiality from you? If so, tell them.

Remember, this is occurring in the context of establishing a relationship. As you work to establish your role, discuss the helpee's approval, concerns, misconceptions, and expectations. He/she undoubtedly had preconceived notions about your role. Now is the time to clarify expectations and develop mutual understanding.

GATHERING INFORMATION

Having completed the "housekeeping" chore of defining your role, you proceed to deal with the purpose of your being together. As a helper, you need to understand the helpee's current situation as he/she sees it. You want to learn as much about the what, when, how, where, and why of the situation as possible. It is also helpful to know how the helpee has attempted to change the situation. Again, rely on active listening skills to gather this information.

There is a tendency to rush this part of the helping process. Deny this tendency. It is difficult to overemphasize the importance of sufficient information to accurate problem definition and goal setting. Frequently, helpees state one problem early in the relationship which is only a consequence of a larger, more encompassing problem. (This situation is explored in greater depth in Unit V.) Thorough information will allow you to avoid pitfalls later.

DEFINING THE PROBLEM

While gathering information, the problem(s) with which the helpee needs assistance emerges. Again, active listening skills are the helper's tool in defining the helpee's problem. Use these tools to aid the helpee in telling his/her story. As an active listener during information gathering, you gradually come to understand and appreciate the helpee's situation as he/she experiences it. As a trained helper, you maintain the distance necessary to aid the helpee in viewing that situation from other perspectives. From your involved, yet simultaneously detached position, you can assist in formulating preliminary problem definitions. However, these preliminary definitions should be regarded as hypotheses; their validity needs to be checked out through interaction between you and the helpee. As the helping process continues and the issue is explored more thoroughly, these definitions may need to be revised or refined.

ESTABLISHING SHORT-TERM GOALS

Whether or not you and the person seeking help agree on a problem definition during the initial contact, you will want to establish short-term goals. Without a problem definition, these goals may be as simple as setting an agenda for your next meeting. For example, "When we meet next week, let's talk more about (any issue which requires further exploration)."

If you and the helpee have generated a problem definition, you may want to establish some preliminary goals for overcoming that problem along with short term goals. For example, if the problem has been defined as spending in excess of income, a realistic preliminary goal may be to record every expenditure for a month with meetings set up weekly to review those expenditures and to generate options for reducing expenditures. The goal setting process is ongoing. As you refine the problem definition, goals become more specific and, most likely, more demanding.

ASSIGNMENTS

Many helpers use assignments or homework in the helping process. Assignments are closely related to goals. They serve several purposes:

1. They require proactive involvement from the helpee which fosters commitment to the process.

2. The proactive involvement of the helpee serves to empower that person; he/she is an active agent in applying and learning the process which is useful now and in the future. Helping is not something done to or for him/her.

3. Assignments also assist helpees in making gradual, manageable progress toward change.

Whether you use assignments as a helping tool is obviously at your discretion. You may also choose to use them in some instances and not in others. As with much of helping, this is an area requiring some experimentation consistent with your personal style and the helpee's personality and situation.

This unit reviews, in a very broad way, the initial contact phase of the helping process. While the helpee can realistically establish a series of goals during this contact, this must be accomplished in the context of establishing a trusting, respectful, helping relationship. Without the basis of a strong relationship, all the other work of helping will be impaired. A strong helping relationship establishes the climate for a strong helping outcome.

ACTIVITIES FOR FURTHER LEARNING

Activity: Preparing for the Initial Contact

The purpose of this activity is to have you mentally go through the process of successfully beginning a helping relationship. You will want to consider the elements and components that are important in achieving a successful initial contact.

Last week you were contacted, by telephone, by a rural family seeking financial counseling. You are going to their home today to meet with the husband and wife together. You have not had previous contact with these people as a secretary scheduled the meeting.

Consider the following questions. Write your response to each on a separate piece of paper.

1. What do you say when you arrive?
2. Following introductions, seating, etc., how do you proceed?
3. What are your goals for this meeting?
4. To what extent do you share your goals with the helpees?
5. How do you conclude the meeting?

SUGGESTIONS FOR FURTHER READING

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3

Confidentiality

By

J. A. Nachreiner, M.S.

Confidentiality is essential in establishing and maintaining trust in a helping relationship. In working with distressed individuals or families, you will be dealing with sensitive issues of a private and personal nature (i.e., finances, feelings, and relationships).

You need to determine confidentiality limits in regard to (a) other professional and business people and (b) the helpee's family or other people in the helpee's private life.

It is important that you honestly discuss the limits of confidentiality with the helpee. Be very clear regarding who will have access (through verbal or written channels) to information you gather. Having established these limits, honor them! If you must violate the established limits, inform the helpee and explain your reasons for having to disclose information. If a situation arises wherein you are asked for information and must make a judgment regarding disclosure, it is best to involve the helpee in that decision; together you should assess the consequences of either providing or withholding the information.

Your work may require communication between those who refer helpees to you, as well as communication with organizations or other resources to which you refer helpees. When information needs to be provided to such a resource, it is best to have the helpee deliver that information. This serves three purposes: (a) it gives the helpee a sense of control rather than fostering feelings of helplessness; (b) it forces the helpee to be responsible for

taking action on his/her own behalf; and (c) it allows you to stay out of a mediator role. Additionally, many referral resources prefer to obtain information on their own, from the individual's or family's own perspective. When investigating referral sources, you may wish to explore this issue with your contact person.

Will you share information provided by the helpee with other family members? If you are working with an individual, it is rarely advisable to do so. Rather than you serving as a messenger, encourage the helper to talk with other family members. You can help the person decide how he/she will present the information and even role-play the conversation with the helpee, allowing him/her to "practice."

If you are working with a family unit, your loyalty is to the whole unit. Avoid putting yourself in a position of receiving one-on-one information--and one-sided perspectives--from any one particular family member, or allowing one member to dominate the whole unit's participation in the helping relationship. Except in rare situations (i.e., domestic violence) having "secret" meetings or phone calls should be disallowed. If one member calls or drops in to discuss something, acknowledge the issue the family member is presenting, and then state that you will be willing to talk about that at the next session when all family members are present. If unusual circumstances arise and you see a necessity to meet with one or more family members individually, it is generally advisable that all participants are aware of that arrangement.

There is, of course, the possibility of an immediate crisis (i.e., a suicide attempt) that clearly requires you to sacrifice confidentiality and does not permit you to process that decision with the helpee.

Except in rare and extreme situations, be true to your parameters of confidentiality. It is part of the core of the helping relationship.

ACTIVITIES FOR FURTHER LEARNING

Activity: Gaining Skills Surrounding Confidentiality Issues

The purpose of this activity is to give you experience in considering the issues involved with confidentiality, as well as helping you to clarify the criteria you will use in making judgments regarding confidentiality.

Consider how you will handle the issue of confidentiality in the following situations. List the considerations involved and the consequences of maintaining confidentiality and of breaking confidentiality in each case.

1. A young woman, who recently attended one of your parenting classes, calls you at your office. She makes a routine inquiry but seems hesitant to hang up. You sense she wants to say more but is reluctant to do so. In an effort to help her feel comfortable, you ask her about her children. During the course of the conversation the woman confides that she is concerned she may have hurt her three-year-old son earlier in the day. How do you handle the issue of confidentiality in this case?
2. You are helping a couple with their personal financial problems. You've always met with them together. One afternoon you receive a call from the husband who tells you his wife has been lying about the amount of money they spend on entertainment. He confides that her favorite form of entertainment is drinking and that they spend considerably more on liquor than indicated in their entertainment figure. He implores you not to use this information in the financial analysis, though; his wife would be irate if she knew he made this call. How do you handle his request for confidentiality?
3. A teenage girl confides in you that she thinks she is pregnant. She has not told

her parents. She has not been to a clinic. She is not sure who the baby's father is as she has been dating two boys for the past few months. An at home pregnancy test has supplied one positive and one negative result. How do you handle the issue of confidentiality?

4. You are making an on-farm visit. You and the husband are in the barn. The wife comes in to help with milking. Her face is bruised badly and there is a cut above her eye. She is embarrassed when you ask what happened. Her husband is angry toward her, telling her to go back to the house. He can handle milking without her. His attitude toward you grows cold and distant. He offers an explanation of a fall for his wife's bruised and cut face. You comment that it must have been a nasty fall and ask whether she saw a doctor. The husband breaks into tears and confides that he pushed his wife down the stairs. How do you handle the issue of confidentiality in this situation?

J. A. Nachreiner, M.S., Counselor, Continuing Education Services, University of Wisconsin-Madison.

Helping Others Help Themselves

A SELF-STUDY SERIES

4

Nonverbal Behavior and the Physical Setting

By

Stephen Small, Ph.D.

Much of the communication process is nonverbal. People communicate a great deal through behavioral gestures, tone of voice, and body posture. Similarly, the physical characteristics of the setting in which people communicate can significantly affect the quality and nature of the interaction. It is important for those interested in helping others to be aware of these factors.

- reflecting your own understandings back to the other person for clarification or confirmation

There are primarily two general types of nonverbal cues: auditory and visual. Auditory cues include the sound and tone of the voice, and the pattern, rhythm, and speed of the speech. Visual cues include the individual's body posture, facial expressions, and gestures.

OBSERVING NONVERBAL BEHAVIOR

Researchers who study the role of nonverbal behavior in the communication process estimate that from 50 to 90 percent of what is communicated is transmitted nonverbally. Thus, an effective helper not only attends to the words being spoken but to the facial expressions, gestures, tone of voice, and other nonverbal cues that the speaker conveys. Much of what is communicated nonverbally are the feelings and emotions a person is experiencing. Because understanding how another feels is central to being an effective helper, attention to nonverbal cues is extremely important. Nonverbal cues not only convey how a person is feeling, they also can indicate how a person is coping with his/her feelings. Being a good observer of nonverbal behavior involves:

- focusing attention on the most important cues
- understanding nonverbal cues in their proper context
- noting inconsistencies when they exist

Auditory Cues

A great deal of meaning in language is communicated through the pitch, timbre, rate, and other characteristics of the speaker's voice. These characteristics of speech are also known as paralinguage. For example, the statement, "that guy is a real winner," can have several meanings depending on the tone of voice or the emphasis of the speaker. On the one hand, it can mean that the person is a great individual. Said a little differently, it can mean that the person has few positive characteristics.

Strong feelings like anger tend to be accompanied by more rapid speech, higher pitch, irregular rate, and louder volume. A monotone voice may indicate boredom, while slow, low pitched speech may reflect depression. High-pitched drawn-out speech may indicate disbelief while an ascending tone of voice often accompanies astonishment. In general, our "active feelings" tend to be conveyed using a loud voice, high pitch, blaring timbre, and fast rate.

Our "passive feelings" usually use a quiet voice, low pitch, resonant timbre, and a slow rate.

Research has also shown that certain emotions may be conveyed vocally more accurately than others. Joy and hate are the most accurately communicated emotions; whereas, shame and love are the most difficult to identify. In between these extremes, anger may be accurately communicated most of the time, and pride only a small percentage of the time. Emotions that are most often confused are fear and nervousness, pride and satisfaction, and love and sadness. Of course, in order to better understand these voice cues, an individual must also be aware of the context in which they occur. Together, they can reveal much about a person's emotional state. Developing an awareness of and an ability to read voice cues takes time, but it can increase one's ability to listen and understand the underlying meaning of what another is saying.

Visual Cues

A person's body posture and movements can also convey a great deal about their feelings, self-image, and energy level. It is important to note that body language can only be understood in the context in which it occurs. No single motion or behavior by itself reliably carries a specific message or meaning. In addition, body postures and movements are strongly tied to culture. Thus, a gesture may have a very different meaning depending on the norm of the culture in which it occurs. For instance, across different cultures sticking out the tongue means, among other things, embarrassment, ridicule, that the other is a fool, wisdom, polite deference, or destruction of demons. The table below lists several attitudes and feelings and some of the nonverbal indicators often associated with them in mainstream American culture.

Openness: Open hands, unbuttoned coat

Defensiveness: Arms crossed on chest, crossed legs, fist-like gestures, pointing index finger

Confidence: Steepled hands, hands behind back, back stiffened, hands in pockets with thumbs out

Insecurity: Pinching flesh, chewing pen or pencil, biting fingernails, hands in pockets, gaze toward floor

Suspicion: Arms crossed, sideways glance, rubbing nose or eyes

Frustration: Short breaths, "tsk" sound, tightly clenched hands, fist-like gestures

Cooperation: Open hands, sitting on edge of chair, hand to face gestures, tilted head

Nervousness: Clearing throat, fidgeting, not looking at other person while speaking, tugging at ear, perspiring

Elaborating Verbal Messages

In addition to being a form of communication in itself, nonverbal behavior can punctuate, modify, and elaborate verbal messages. There are at least four ways that this can occur. First, nonverbal behavior can confirm or repeat what is being said verbally. An example would be if you respond to another person by reflecting back what you think they said and their eyes light up and they vigorously nod their head while saying "yes, yes." Second, nonverbal behavior can deny or confuse what is being said verbally. If a man tells you he is not upset by the way you have just challenged him and yet he blushes, his voice falters a bit, and his upper lip quivers as he says this to you, you might conclude that his nonverbal message seems to contradict what he is saying. Thirdly, nonverbal behavior can strengthen or emphasize what is being said. For example, if in response to a request, a person stands up, stamps his/her foot, and yells emphatically "no," the person would be making their response quite clear. Nonverbal behavior can add a great deal of emotional color and intensity to the words being spoken. Finally, nonverbal cues are often used in conversation to regulate or control what is happening. For example, in a group situation a potential speaker may hesitate or change his/her mind if the person the speaker intends to talk to frowns or looks away. Skilled helpers are aware of how others send controlling or regulating nonverbal cues.

There is no simple formula for learning how to read and interpret nonverbal behavior. Through practice and experience a person can become more aware of and sensitive to nonverbal behavior and develop a working knowledge of its possible meanings.

RECOGNIZING YOUR OWN NONVERBAL SIGNS

There is often a tendency to forget that persons seeking assistance may be good listeners and sharp observers themselves. Because the person being helped is usually opening up and sharing personal

information, he/she may be extremely sensitive to how his/her presentation is received. Consequently, it is important to be aware of the nonverbal communication we send and how it might affect others.

Body Posture

One's body posture often communicates more than words. Others will view you as interested and concerned if they perceive you to have a posture of involvement. Such a posture is usually communicated in several ways.

Inclining one's body toward the speaker communicates attention and interest in what is being said. In contrast, leaning back or sprawling in the chair may convey a lack of interest or boredom. For example, when good public speakers have their audience interested and enthralled, it is often said that "they have them on the edge of their seats." This reflects the audiences attentiveness, high energy level, and interest. Facing another person straight on with your right shoulder to his/her left is another way to communicate involvement and increase your ability to attend. The common phrase, "he gave me the cold shoulder," suggests a body posture that is the opposite and the negative message it conveys.

Maintaining an open position with arms and legs uncrossed is another sign of a good listener and helper. Tightly crossed arms and legs often communicate defensiveness, closedness, and discomfort. Baseball fans are familiar with this pose. It is often assumed by the umpire who has just made a disputed call and has no intention of changing his judgment.

Appropriate body movements can also convey other important information to the speaker. One study found that the listener who remained still is seen as controlled, cold, and distant. In contrast, listeners who are more active, but not in a nervous way, are perceived as friendly, warm, and open. People are more likely to open up and talk to such a person. Head nodding, appropriate hand gestures, and facial expressions are some of the body movements that may encourage an individual to open up and talk. Good listeners exhibit a minimum of distracting gestures and motions. They move their body in response to the speaker. Less adept listeners are more likely to move their bodies in response to stimuli that are unrelated to the speaker. For example, they may twiddle their thumbs, fidget with their pencils, or continue with other activities. These behaviors are often interpreted by the speaker as inattention and disinterest.

Distance

Positioning yourself the right distance from the speaker is another important factor in developing a positive helping relationship. Too much distance between people can impede good communication and hinder the development of a comfortable, trusting relationship. On the other hand, being too close to another can make a person feel equally uneasy and uncomfortable. Research indicates that the typical American feels uncomfortable when someone with whom he/she is not intimate gets closer than about three feet for anything more than a brief period of time.

Eye Contact

Good eye contact also conveys an interest and desire to listen. It can also communicate empathy, trust, and that the helper is comfortable and at ease. Poor eye contact occurs when a listener repeatedly looks away from the speaker, stares at him/her constantly or blankly, or looks away as soon as the speaker looks at the listener. Although many people have difficulty establishing good eye contact, it can be learned. Just becoming aware of one's eye contact with others and its value in establishing a positive relationship is an important first step.

Note Taking

When trying to help another, it can often be useful to take notes on the meeting. This can aid you, the helper, organize and remember what was said. However, many people may feel uncomfortable if they see you writing. They may feel that the discussion is no longer confidential and that your notes may be seen by others. Or, they may simply be distracted by your writing. If you need to take notes, ask permission. Let the other people know your reasons for taking notes and emphasize their confidentiality.

THE PHYSICAL SETTING

Being an effective helper involves giving the other person one's undivided attention and making him/her feel at ease. This is difficult to do in an environment that has a high level of distraction or is physically uncomfortable. Eliminating distractions in the setting where people are meeting is one of the easiest ways to make the environment more comfortable and conducive to discussion. Choose a location that is out of the normal flow of traffic.

If the person seeking help doesn't feel that the area is private, he/she may be hesitant to open up, out of fear that what is being discussed will be overheard by others. Try to minimize interruptions and distractions by informing others in your office such as colleagues or secretaries that you do not want to be disturbed. If it is possible, take the phone off the hook.

The physical layout and climate of a setting can also influence the helping situation. A room that is well ventilated, has sufficient lighting, and is a comfortable temperature is best. A less comfortable room may make people drowsy, cold, or restless and, consequently, less willing to stay and talk. How a room is arranged can also affect the helping relationship. For example, many people feel threatened when the helper is sitting behind a desk. Thus, it is usually a good idea to eliminate physical barriers between those who are present. If it is necessary to have a hard writing surface, a round table is probably the most conducive to working with others on an equal basis. A relaxed setting with comfortable furniture such as a couch and stuffed chair arranged so that people are sitting at a comfortable social and working distance from one another usually works best. Finally, whenever possible, the helpee should be given the option of where to sit.

When you are meeting with someone in their own home or place of work, these factors are not always in your control. In such cases you may want to suggest that you meet in the kitchen, living room, or dining area. Try to meet in a location that is relatively private with few distractions. If there are potential sources of noise and distraction, try to eliminate them. For example, suggest that the television be turned off or that the washing machine not be turned on until you are finished meeting. You may also want to meet at a time when you know there will be few interruptions or distractions. For instance, your meeting will probably be quieter and have fewer interruptions if you meet after the children leave for school rather than when they first arrive home. In general, try to follow the lead of the family. Do what makes them feel most comfortable and at ease. Finally, regardless of where you meet, be sure that you have enough time to discuss the issues of concern in adequate depth.

A great deal of the helping process involves nonverbal behavior. It is important for helpers to be sensitive to these cues and to use them when working with others. People can become more effective helpers if they listen not only with their ears but also with their eyes, head, and heart.

ACTIVITIES FOR FURTHER LEARNING

Activity I: Becoming More Aware of Your Own Nonverbal Cues

The purpose of this exercise is to help you become more aware of your own nonverbal cues and the messages that they convey to others.

In order to do this activity, you will need to enlist the help of someone who will serve as an observer, and an individual who will participate in a discussion with you while the observer is present.

- A. Have the observer watch you while you have a discussion with another individual. The topic should be important to you and the discussion should last for at least five or six minutes.
- B. Have the observer pay attention to your body posture, eye contact, hand gestures, mannerisms, and tone of voice. Ask the observer to record his/her observations in writing.
- C. Discuss with the Observer his/her observations, taking note of both positive and negative nonverbal cues.
- D. Consider the following questions:
 1. Did you exhibit any mannerisms or gestures which you were not aware of?
 2. Was your eye contact adequate?
 3. Overall, what kind of impression did you convey to the observer? Did you appear relaxed? Upright? Rigid? Interested?
 4. Was your voice tone appropriate given the topic of the discussion? Did you express too little or too much emotion?
 5. Were you conscious or aware of the nonverbal cues you were exhibiting?

Activity 11: Becoming Aware of and Interpreting Nonverbal Cues

The purpose of this exercise is to help you recognize nonverbal cues and to give you practice in interpreting them.

In order to do this activity you will need access to a VCR and a videotape. Read through all of the following instructions before doing this exercise.

- A. Select a favorite television program that has a plot and tape it.
- B. The first time you watch the program, view it with the sound off.
- C. Try to describe the plot as you understand it.
- D. What behaviors were critical to your understanding of the story?
- E. What messages did these behaviors
- F. How were the characters feeling? What non-verbal behaviors did they exhibit that led you to conclude this?
- G. After completing the above, view the program again; this time turn on the sound.
- H. How accurate was your interpretation of the plot and the feelings of the characters?
- I. Were there some nonverbal cues that were confusing or unclear? What were they? Why do you think they were confusing or difficult to interpret?
- J. Which nonverbal cues were the easiest to interpret?

SUGGESTIONS FOR FUTURE

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Stephen Small, Ph.D., Assistant Professor of Child and Family Studies, University of Wisconsin-Madison, and Human Development and Family Relations Specialist, University of Wisconsin-Extension.

Helping Others Help Themselves

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5

The Helping Relationship: Skills for Attending to Helpee Communication

By

J. A. Nachreiner, M.S.

Helpers must listen to helpee communication as a whole to discern the helpee's thoughts, feelings, and circumstances. All communication contains five dimensions that make up the whole of helpee communication, each of which must be attended to by the helper. These five dimensions are:

1. Content--which refers to the specific words used by the helpee. It is his/her story.
2. Theme--which is the underlying feeling that the helpee is communicating. This may be revealed through words but will most likely be discernible through nonverbal cues.
3. Bid--which is what the client requests, the stated issue for which he/she is seeking help.
4. Specificity--which refers to the use of words which are vague or ambiguous.
5. Consistency--which refers to the logical consistency within the helpee's statement or between several statements.

Skills that can be used effectively in responding to these dimensions of communication are: (a) listening skills, used in response to content, bid, and theme; (b) exploring skills, used in response to specificity; and (c) focusing skills, used in response to consistency and specificity. These skills will be presented more fully later in this unit.

Obviously, while you listen for each of these dimensions simultaneously, you can respond to only one or two of them at a time. Although there are no steadfast guidelines for knowing which dimension to respond to, there are some general "rules of thumb" to guide you:

1. Avoid focusing on specifics and confronting inconsistencies until the helping relationship is firmly established. These responses from a helper are likely to feel threatening to the helpee, especially if they address an area that is sensitive to the helpee. If you observe a lack of specificity or inconsistency early in the relationship, make it a point to remember it and bring it up when the topic or a related issue arises at a future time. Do not be concerned that a topic will not come up again; if it is important, the helpee will return to it again and again.
2. The theme, the underlying emotional message, is as important as the content. It is sometimes tempting to avoid the helpee's emotional message and focus on the "facts" especially if you, as a helper, are uncomfortable with emotions. Avoid this temptation; attending to the theme, which contains the emotional message, is particularly powerful in communicating to the helpee that you understand his/her situation as he/she is experiencing it. It serves to build and strengthen the helping relationship.

3. Do not respond directly to the helpee's bid. Helpees tend to protect their vulnerability by initially asking for something that feels safe to them. This "something" is typically only peripherally related to the "real" problem. Keep the bid in mind but also take the time to gather information and explore with the helpee his/her most urgent need.

4. Respond to the content or theme which relates most directly to the issue or problem. This serves several purposes. It keeps the session on track. For example, a helpee seeks nutritional counseling. She states that on a recent business trip to Boston she came to grips with her inability to choose nutritious meals when traveling. As a helper, you may choose to find out what happened on this particular trip that helped her identify this pattern. You might ask what she perceives as differences in her eating habits when traveling versus eating at home. You would not want to focus on the purpose of her trip or whether she enjoyed the sights and sounds of Boston! Focusing on the most relevant content or theme also helps the helpee feel comfortable with the parameters of the session, especially early in the process.

Every helpee communication contains several elements on which to focus. Each is important. But, it is most important that you trust your responses and that you are not unduly concerned with missing an important element. The important elements surface frequently. You will get another chance to respond to it if you don't acknowledge it the first or second time it arises. You also have the option of bringing up a point again in the future. Enjoy the richness of communication in the helping relationship. Tailor your responses to the person and the situation. Be flexible in your approach.

LISTENING SKILLS

Listening skills are an important too] for the helper throughout the helping process, but these skills are especially valuable when you begin building the helping relationship. These responses should constitute your primary form of response during the early phase of helping. Listening skills are used to let the helpee know that you are listening and that you understand what he/she is saying. They encourage the helpee to continue talking. When using listening skills, the helper does not interject his/her own information. Listening skills in-

clude nonverbal responses (discussed in depth in Unit III) as well as a range of verbal responses. The verbal responses are described below.

Minimal Verbal Stimuli

Examples of minimal verbal stimuli include "Mm hm," "I see," "so. . . ." These responses let the client know you hear him/her and are interested in what they have to say. For example:

HELPEE: I'd like to lose weight, but I just can't seem to stick to a diet.

HELPER: Mm hm . . .

HELPEE: I've tried them all--high protein, low carbohydrate, the rotation diet, grapefruit diets, the rice diet. None of them work. It seems I lose a few pounds the first week, then I don't lose anymore. Pretty soon I get tired of it and quit.

HELPER: And then.

HELPEE: Then I gain back more than I lost. It is so useless.

Paraphrasing

Paraphrasing is repeating, in your own words, the essence of the content that the helpee has communicated. Paraphrasing communicates the helper's attention, warmth, and understanding. For example:

HELPEE: I've been working there for a long time. It was OK at first, but it got kind of boring after a while. Besides, I can see it's a dead-end job, and I'll never get ahead if I stay there. I want to start looking for something better, but I don't really know what I want to do or how to find something better.

HELPER: The job you have isn't interesting and you don't see any future in it, and you're wondering about how to make a change for the better.

Reflecting

Reflecting is restating what the helpee has communicated, but the feedback includes reference to the

affective (emotional) aspect of the helpee communication. The affective communication may be communicated verbally, but is more often communicated non-verbally. For example:

HELPEE: The job offer in Westonville is a good offer--good pay and good benefits, too. I think I'd like the work, and the owners seem like they'd be nice to work for. (The helpee pauses, looks down, and then continues with a voice that is slower and quieter.) Of course, if I took it, the family would have to pack up and move, and the twins would have to finish their senior year in Westonville.

HELPER: You see a lot of good reasons to take that job, but you're feeling concerned about making the twins finish high school in a new town.

Summarization

Summarizing allows the helper to repeat in a concise way the helpee's situation. It is common for people to digress and repeat when relating a problematic situation. Summarization allows you to repeat the core of the story. This technique is often used as a transition to gathering more specific information and focusing on a specific problem. For example:

HELPEE: My son is really out of control. He's coming home late. He was so noisy last night, I thought he'd wake up the whole house. My husband didn't even hear him . . . just slept right through it. The boy got a ticket for speeding last week; I think he ought to pay it himself even though he doesn't really have the cash. He isn't doing his chores at home. And last week the principal called to say he had cut history class twice this week. I remember thinking when the Schmidt boy was cutting school that none of my kids would ever do that. Well that just proves the old saying, "Never say never." We've tried talking with him, but he just glares at us and leaves the room in a fury. Our little Susie saw him act that way Sunday . . . what kind of example is that for a little girl to see? We've tried grounding him and withholding his allowance. He used to be such a good kid. I just don't know what's going on.

HELPER: Your son's unpredictable behavior is a big problem for you right now and you're out of ideas for managing him.

EXPLORING SKILLS

Exploration skills are used to generate details which are necessary to defining the problem and establishing goals. They facilitate exploration of the helpee's ideas, feelings, values, and issues. There are three skills to use in helping clients add detail and explore specific aspects of their problem: selective restatement, the declarative statement, and questions.

Selective Restatement

When using selective restatement, the helper repeats a portion of the helpee's communication. By doing so, he/she is guiding the helpee to explore and develop one particular part of what they've said. For example:

HELPEE: I got fired yesterday. We have no savings and my wife is threatening to kick me out of the house if I don't figure out how we're going to pay the bills.

HELPER: Your wife is threatening to kick you out.

HELPEE: Yeah, she's been saying she wants out of the marriage for about a year now. I'm afraid she's going to use this as an excuse to get out.

Declarative Statements

Helpers can use a simple declarative sentence to clarify meaning, encourage the helpee to continue talking or obtain additional information. For example:

HELPEE: I don't know where to begin. Since my husband died, I just don't feel like myself.

HELPER: Describe how you feel right now.

Questions

Questions are the most natural way to gather information. While helpers can elicit much of the same

information through selective restatement and declarative statements, the immediate tendency is to ask questions. Questions are an appropriate technique to use in exploring client concerns; however, relying heavily on questions creates two potential dangers. First, questions can produce defensive reactions in helpees. He/she feels like he/she is on trial and must produce the "correct" answer. Second, using questions to gather information creates an expectation that the counselor is entirely responsible for the session. Helpees think that all they have to do to solve their problems is answer the helper's questions. Questions are appropriate but are best used interspersed with other exploring responses.

There are five basic types of questions. Some of these are more appropriate to use in the context of helping than others. The types and their effectiveness in helping are discussed below.

Yes/No Questions. Yes/no questions are asked in such a way that the helpee need only respond "yes" or "no" to the question. For example, "Did you charge any purchases last month?" A simple yes or no answer will suffice. The helpee may or may not elaborate or qualify his/her answer, but the question definitely doesn't require such a response. It is then necessary for the helper to ask another question to keep the discussion going.

Yes/no questions can inadvertently supply an inaccurate answer or lead the helpee to a particular response. For example, "Did you feel hurt by that?" implies that the "correct" response to this question is "yes." Disagreeing when a question is posed this way is very difficult. It is tempting for the helpee to agree to something that is not true. This hinders your ability to discover what the helpee is really experiencing, and, thus, hinders effective helping.

Sometimes a helpee will supply additional information in response to a yes/no question. However, these questions do not predictably result in more information. In most instances, helpers should avoid yes/no questions.

Multiple Choice Questions.

Multiple choice questions provide helpees with alternative answers from which to choose. For example, "Do you want to cut back on eating in restaurants or going to movies?" Neither of these alternatives may be appealing to the helpee. The question has been posed in such a way that the helpee cannot both answer the question and reject both options. Using multiple choice questions poses many of the same dangers as using yes/no questions. In most situations, helpers should avoid using multiple choice questions.

Dilemma Questions. A dilemma question typically presents the helpee with two alternatives in such a way that (a) no matter how he/she responds he/she may be wrong, or (b) offers two alternatives, neither of which the helpee finds desirable. For example, "Are you still drinking too much?" cannot be answered without the helpee admitting guilt. If he/she says no he/she says he/she was drinking too much at sometime in the past. If he/she says "yes," he/she's admitting he/she was drinking too much and is still doing so. The helpee will likely feel badgered when presented with a dilemma question. This impedes development of the helping relationship and the helping process.

The other form of a dilemma question, giving the helpee a choice between two undesirable alternatives is also ineffective. For example, "Do you want to explain to your landlord in person or by phone that you can't pay your rent?" The helpee would probably prefer not to explain anything to the landlord but would prefer to pay his/her rent. This question does not include that option. Dilemma questions are usually used to control people. As control is not a desirable goal of helping, you need to avoid dilemma questions.

Factual Questions. Factual questions are used to gather specific, verifiable data. Such data is typically related to demographics such as name, address, telephone number, age, place of employment, social security number, marital status, number of children, etc. This information is gathered most efficiently through the helpee completing a form or questionnaire. The exception to this is when working with someone with low reading skills. In this situation, someone should ask factual questions verbally outside of the time set aside for the meeting. Because of the nature of helping, factual information is relatively unimportant and should be kept to a minimum.

Open-Ended Questions. Open-ended questions lead to further explanation of the topic(s) under discussion. They cannot be answered with one word responses. Open-ended questions begin with the word who, what, when, where, how, and sometimes why. Questions beginning with why should be limited because most people feel defensive, put "on the spot" when faced with a why question, e.g., why did you buy a new coat? Intonation and limited frequency are very important to consider when using why questions.

Open-ended questions such as these below are most effective in gathering information.

- Who do you talk to when you're feeling depressed?

- What do you want to do when you finish high school?
- When do you feel most in control of your eating habits?
- Where do you want to place your financial priorities?
- How do you feel about selling your home?

The five types of questions described above can be used to aid helpees in exploring their thoughts and feelings. Each is appropriate at different times. However, helpers need to be aware of the problems in using true/false, multiple choice, and dilemma questions. Factual questions should be paired with open-ended questions to provide the helpee with maximum opportunity for self exploration.

FOCUSING SKILLS

Each helping relationship and each session spent with a helpee requires the identification of a problem or issue as the focus. This problem/issue becomes the central point, and all helping efforts are directed at its resolution. This requires honing in on and perhaps confronting particular thoughts and feelings as they relate to the central problem/ issue. Focusing skills are used in this context.

Focusing skills include:

1. Utilizing first and second person singular rather than third person responses.
2. Utilizing present tense verbs rather than past tense verbs in responses.
3. Identifying and clarifying ambiguous words and phrases.
4. Confronting inconsistencies and ambivalences.

Helpees typically have one primary problem for which they seek your assistance. Nevertheless, digressions into other issues occur. Often, the digressions relate to the primary concern. Focusing skills can be used to establish that relationship. When digressions do not relate to the primary issue, focusing skills can also be used to keep on track.

Focusing skills are best used when the helping relationship is well established. Their application will undoubtedly feel threatening to the helpee.

They can impede or even destroy helping efforts if you have not established yourself, in the helpee's perception, as a warm, understanding person.

First and Second Person

Helpees tend to discuss their problems as if they belong to someone else. They frequently use the first or second person when presenting their concerns, e.g., You know how it is. You get busy and pretty soon the time just seems to disappear. This is a means by which the helpee avoids ownership of his/her problem. By responding to the helpee using the first or second person singular you are able to direct responsibility for his/her thoughts and feelings back to him/her. For example,

HELPEE:Everybody wants to make a lot of money.

HELPER:(Paraphrasing content) You want to make a lot of money.

HELPEE:There's nowhere to turn. Everywhere you go somebody is after you to pay them.

HELPER:(Reflecting theme) You feel trapped.

Using the first and second singular responses focuses directly on helpees and their experiences at the moment. It also helps them assume more responsibility for coping with or solving their problems within the helping relationship.

Present Tense

Helpees have problems which are affecting them at the time they ask for help. Because the problems are ongoing, they did not develop the moment you're hearing about them. Helpees will use the past tense in describing the problems. Neither you nor the helpee can change the past. The past is helpful only as it adds information necessary to understanding the present. You and the helpee can affect the present. Responses which reflect the present by using present tense verbs aid helpees in focusing on what they can do about their problem now. For example,

HELPEE:She charged hundreds of dollars of holiday gifts. I don't know how she thought we'd pay for them.

HELPER:(Restating present tense theme) You sound angry that she spent money on gifts.

HELPER:(Exploration in present tense) Tell me how you're handling the bills now.

Using the present tense aids helpees in focusing on their current reactions to the problem at hand. It also helps them avoid using the past as an excuse for doing nothing in the present.

Identifying and Clarifying Ambiguity

Using the third person and the past tense are two ways helpees avoid assuming responsibility for their problems. Another way helpees avoid ownership is by communicating with general and ambiguous words. The words refer to nothing specific. By identifying and helping to clarify ambiguities, you aid helpees in clarifying exactly to whom or to what they are referring. For example,

HELPEE:Everybody wants to make a lot of money.

At first glance, this statement seems self-explanatory. However, the words, "everybody" and "a lot," have no specific meaning here. A helper response utilizing selective restatement of the ambiguous word(s), a declarative statement, or an open-ended question would help to clarify the words, "everybody" and "a lot."

HELPER-(Selective restatement) Everybody

(Selective restatement) A lot. .

(Declarative statement) Tell me what you mean by "a lot."

(Open-ended question) Who is "everybody?"

It is important to aid helpees in defining their thoughts and feelings as explicitly as possible. Identifying and clarifying ambiguities serves that purpose. It also facilitates helpee commitment to solving his/her problem.

Confronting Inconsistencies and Ambivalences

Confrontation is a helper response which focuses on discrepancies in how the helpee acts or what the helpee says during the helping process. Typically the helpee is unaware of these discrepancies. Confrontation should be used cautiously; confrontation is likely to elicit defensiveness even more than the other focusing responses. It is most effective when the helping relationship is firmly established.

Inconsistent nonverbal and verbal behaviors: Sometimes the way the helpee acts and what he/she says are inconsistent.

HELPEE:(Said while smiling) I'm really angry with her for lying to me.

HELPER:You say you're angry but you're smiling. What else are you feeling?

HELPEE:(Smile is gone) I am angry. I thought we were friends but you don't lie to friends!

Blaming: Sometimes helpees blame their current situation entirely on someone else.

HELPEE:She fired me because "my performance was poor." Of course I can't get my work done. She expected me to do everything at once...and it was always of top priority.

HELPER:It sounds like you think the performance your supervisor called poor was a result of excessive demands.

Justification: Sometimes helpees justify their behavior by comparing it to others.

HELPEE:I don't know what's wrong with using charge cards. Everybody else does it.

HELPER:You can justify using credit cards because others do it too . . . you don't have to feel so guilty about extending yourself.

Confrontation skills are very useful and often necessary to keep the helping process progressing. You can use these skills to confront distorted logic, unrealistic goals and to aid helpees in identifying the differences between their wants and their needs. When the timing is appropriate, confrontation will not harm the helping relationship. Confrontation will aid the helper in facing his/her situation squarely.

Summary

Focusing skills are used to aid helpees in relating current discussion topics to their major concern. Focusing helps them and you to better understand their situation. Most importantly, focusing helps generate helpee ownership of the problem.

ACTIVITIES FOR FURTHER LEARNING

Activity: Practicing and Developing Listening Skills

The purpose of this activity is to help you become more adept in effectively responding to helpee communication. It will help you learn how to choose the particular response skill that is called for, and it will help you become more natural and comfortable with your use of these skills.

Two activities are described below. You should complete at least one of these. Alternative Number One provides an excellent opportunity to practice the skills you will need. In the event that a partner is not available, complete Alternative Number Two.

Alternative Number One--Role Playing. With a partner, practice listening skills through role playing. One of you assumes the role of helpee. This person presents a real or fictitious concern. The other person assumes the role of helper. This person responds to the helpee using a specific listening skill, i.e., restatement, declarative statement, confronting ambivalence and inconsistency or responding to a specific dimension of helpee communication, i.e., content, bid, theme. Continue each role play three to five minutes. After each role play, ask the helpee for feedback. Consider the following questions:

- A. How did he/she feel?
- B. Did he/she feel understood?
- C. Did he/she want to tell you more?
- D. Did your responses help him/her understand his/her situation better?

When learning these skills, it is useful to practice one or two at a time. As you become more comfortable with each skill, you can practice integrating them. Extend the length of the role play and use an increasingly wide array of responses in the helper role. As you grow proficient in the use of the skills, extend role plays to a length of 10 to 15 minutes each to simulate an actual session. Always solicit feedback from the person in the helpee role.

Alternative Number Two--Formulating Responses to Helpee Communication. Imagine yourself as the helper in the following scenario:

I don't know what to do. My 16-year-old daughter told me yesterday that she is pregnant. I wasn't prepared for this. She's always been so responsible.

- A. On a separate piece of paper, write your response to this parent.
- B. Did you respond to the content, the bid, or the theme?
- C. Now, on the same sheet of paper, write your response to each of the two dimensions to which you did not respond initially.
- D. What do you want to communicate to this parent?
- E. On a sheet of paper, write two responses using attending skills which will communicate this message.
- F. What additional information will you need to help this parent?
- G. Write three responses you can use to effectively gather this information.
- H. Write two responses for helping this parent focus on the issue presented.

Now go back through your responses and say them out loud to help you become more natural and comfortable in responding orally.

SUGGESTIONS FOR FURTHER READING

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Helping Others Help Themselves

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6

Dealing with the Problem

By

J. A. Nachreiner, M.S.

DEFINING THE PROBLEM

Effective helping is contingent on accurate problem definition. It is well worth spending time defining the problem the helpee brings to the relationship. In all likelihood, the presenting issue, the reason the helpee initially offers for seeking your assistance, is only one of several complex issues which could be defined as problems. The presenting issue may also be clearly defined and one that feels relatively "safe" to the helpee, one he/she is comfortable revealing. To earn the privilege of access to related issues, the helpee must trust you. Again, active listening skills are critical for gaining that trust and for gathering the information you need for accurate problem definition.

Problem definition is a phase of helping which is often rushed. Typically, this happens because both helper and helpee are anxious to have the problem solved. Consequently, both eagerly agree on the problem, only to find later that there is another problem with great urgency or of greater magnitude.

As a helper, you will hear a wide range of problems described to you. You will be equipped to deal with some of the problems; others will be beyond the scope of your expertise. Assessing your ability to be of assistance is important to the helping process. To do so, you, together with the helpee, must define the issue, the problem. When the problem has been defined, you can move on to problem solving, decision making, and action phases.

Gathering Information

The first step in problem definition is gathering information. Use listening and exploring skills to learn as much as you can about the helpee and his/ her situation. Do not focus, yet, on any specific problem. Subjective information is equally, perhaps more important than factual information.

Typically patterns begin to emerge as you learn more about the helpee and his/her situation. Premature problem definition can short-circuit discovery of related issues or underlying issues that may need attention.

For example, the helpee may tell you that he/she needs help in managing money. This is the presenting issue. Use of listening skills and exploratory skills could uncover other issues. You might discover that the helpee has been fired from three jobs in the past six months, or that the helpee spends a large portion of the family's limited finances on alcohol, or that his/her spouse is threatening a divorce. Related issues, such as career planning, alcohol abuse, or relationship difficulties might exist. Quickly attending only to the presenting issue could prevent adequate and effective helping.

Focusing on the Problem

It is difficult to know when to focus on a problem; there are no rules to guide you. When you are able to identify several related problems and/or a pattern which emerges in the helpee's description of

his/her situation, you are ready to propose a problem you and the helpee can concentrate on in the context of your helping relationship.

Before addressing a method for proposing a focus, it is important to note factors to consider in your decision to propose a problem. These factors include (a) time constraints; (b) the appropriateness of a person in your role trying to help with the problem; and (c) the receptiveness of the helpee to accept the problem definition. Consideration of each of these factors will result in choosing a focus which will be maximally productive.

Time Constraints

The focus you choose to propose may be very different if you plan to meet with the helpee one or two times versus eight to ten times. Choose a problem with which you can effectively make progress within a given time frame. Also, the amount of time left in your meeting with the helpee can aid you in determining whether to introduce a problem focus during that meeting. You do not want to suggest a focus near the end of the meeting when there is no time for discussion and clarification. In this case, you may want to say, "We've discussed several issues today. (You may want to name those issues.) We don't have time to deal with any of them specifically today. The next time we get together let's begin by deciding which one to address. How does that sound to you?" You acknowledged the possibility of dealing with any one of several issues. You presented the boundaries of the session and avoided raising an issue with which you may not be able to follow through. You established an expectation of meeting again and set a short-term goal for that meeting. You enlisted the helpee's commitment to this plan. And, you've introduced closure to the current meeting.

Appropriateness

In focusing on an issue, you must first decide whether you are an appropriate helper for dealing with that issue. In reference to the earlier example of the helpee seeking financial counseling, you may have been able to identify any of the numerous problems that person described. Which of those problems are you equipped to deal with: relationship issues? career issues? alcohol abuse? Unless you've had special training in these areas, you are probably only equipped to help with these issues indirectly. That doesn't necessarily mean you ignore them or that you defer to others in these areas of expertise without using your expertise. You may

feel you can effectively deal with the financial management issue without considering these other factors. You may feel you can deal with the financial management issue if the helpee is concurrently working on the other issues with someone else. Or, you may feel that one or more of these issues is so encompassing that you cannot effectively deal with the financial management issues until it is under control. Each situation is different. Again, it is a matter of judgment in choosing whether you can appropriately focus on an issue. Consider the intensity of the issue, your experience, your interest, and other resources when making a decision.

Receptiveness of Helpee

When focusing on a problem, that focus is subject to the helpee's acceptance of it. In most cases, it is beneficial to focus on the problem with the most far reaching consequences. But, if you sense the helpee is not prepared to deal with that problem, you risk weakening the helping relationship by proposing it as a focus. Rather than alienating the helpee, focus on a problem he/she is likely to acknowledge. This is especially true early in the relationship.

Proposing a focus will feel comfortable if you've gathered enough information to understand the situation from the helpee's point of view. To introduce a focus:

1. Summarize your conversation. "We've discussed several issues here. [Name the issues];
2. State your observation of the most appropriate issue for you to deal with. "It seems to me _____ is the most pressing problem for you right now."
3. Leave the door open for addressing the others later. "The others are important too, and we can re-evaluate those later as well."
4. Give the helpee permission to agree or disagree. "How does that sound to you?"

If the helpee agrees, you're ready to move ahead. If the helpee disagrees, you need to continue working toward a problem definition on which you can focus.

Setting Priorities

Your perception of the helpee's most urgent problem and his/her perception may be different. Very often

this reflects a values conflict. You believe one thing is most important and must be addressed first; the helpee believes something else is most important and must be addressed first. In most instances, you have little choice in this situation. You establish priorities based on the helpee's values, needs, and expectations. If your professional judgment leads you to the conclusion that the helpee's priorities are harmful to him/her or to you, you have the right to refuse to work with the helpee. Generally, conflicting priorities are not damaging though. They are typically an expression of differences in which the helpee's choices come first in a helping relationship.

To define the problem to be addressed in the helping relationship, you must use listening skills. You use these skills to gather information. After gathering as much relevant information as possible, you move on to focusing on the problem and setting priorities. There are no specific time lines or rules of thumb to determine when this happens. You must use your judgment.

PROBLEM-SOLVING DECISION-MAKING

Researchers in many disciplines have proposed models for use in making decisions. While each model reflects its creator's own biases and language, most decision making models contain the following elements:

1. Defining the problem
2. Identifying alternative solutions
3. Assessing the projected advantages of each alternative
4. Assessing the projected disadvantages of each alternative
5. Choosing an alternative
6. Implementing the decision

Most models include generating a list of alternatives without judging them, gathering information regarding the alternatives and prioritizing each alternative in accordance with its advantages and disadvantages, including attention to resources available for implementing the option. Some models are based on numerical methods for assessing priorities. Most are much less rigid and incorporate important subjective information in the assessment of alternatives.

Most people use a consistent strategy for making decisions. Some of these characteristic strategies incorporate parts of the above model described previously. Most fall short of utilizing the above model in its entirety. The following strategies are commonly used in lieu of a complete decision making model:

1. Impulsive: Little thought or examination, taking the first alternative, "don't look before your leap."
2. Fatalistic: Letting the environment decide; leaving it up to fate, "it's all in the cards."
3. Compliant: Let someone else decide; following someone else's plans, "anything you say sir."
4. Delaying: Taking a moratorium; postponing thought and action, "cross that bridge later."
5. Agonizing: Getting lost in all the data; getting overwhelmed with analyzing alternatives, "I don't know what to do."
6. Intuitive: A mystical, preconscious choice based on "inner harmony," "it feels right."
7. Paralysis: The decider accepts responsibility but is unable to act, "can't face up to it."
8. Planning: Using a procedure so that the end result is satisfying; a rational approach with a balance between cognitive and emotional, "weighing the facts."]

It is obvious that only the "planning" strategy incorporates all of the elements of the decision making model. Each of the other strategies implies barriers to effective decision making. The key to helping people make effective decisions is helping them to use the planning strategy.

To begin, help the person or the family identify their decision-making strategy. Ask them to describe their own process of making decisions, especially those with long-term consequences. Ask them to describe how they think about the problem and

Continuing Education Services, (1981). Board of Regents, University of Wisconsin. Adapted from Deciding (1972), College Entrance Examination Board, New York.

what they consider in making a decision. Introduce a decision-making model. Identify, with them, the parts of the model which they seemingly neglect in making their decisions. As you work with them to make a decision, pay close attention to those parts of the process the helpee tends to avoid. It is during the application of the model when barriers become most apparent. A barrier is evident when helpees continue to rely on their usual decision-making strategy. As a helper, it is your role to aid the helpee in identifying and overcoming his/ her barriers to effective decision-making.

The strongest barrier to making effective decisions is personal values. Values, the things that are most important to each person, guide behavior and shape decisions. If you observe a helpee resisting the choice of an alternative which appears to have the most advantages and the least disadvantages, look for the underlying values reflected in that resistance. It is probably the key to understanding the helpee's choice.

For example, when involved in financial counseling, Extension agents frequently meet resistance from farm families to sell their farms and seek off farm employment. Numbers may have clearly indicated to the agent and probably to the family as well that the farm was headed for foreclosure. Yet, farm families made the decision to stay on the farm despite the projected negative consequences. To the helper, this choice appears illogical and irrational. However, in taking time to understand the underlying values--which may have been family heritage, pride, or self-sufficiency--the decision makes perfect sense from the family's point of reference, though it may be imprudent and senseless from the helper's point of reference.

It is useful to discuss the underlying values inherent in any decision. In most instances, it is useless to confront values expecting them to change. When a values conflict arises in the decision-making process, the decision the helpee perceives as most congruent with that which is most important to him/ her will be the chosen alternative.

When you perceive a decision as detrimental to the long-term well-being of the helpee, you can accept the decision or raise your concerns. The helpee may or may not share your concerns. In this case consider the following procedure.

1. State your concern(s).
2. Identify with the helpee his/her values as reflected in the decision.

3. Discuss the values conflict if that is in deed an issue.
4. Work together to modify the currently less appealing alternative to incorporate the helpee's values.
5. Allow the helpee to make his/her decision (which may or may not have changed as a result of the new input), and
6. Accept the helpee's decision.

Other common barriers to effective decision making include a tendency to make decisions prematurely or to delay decisions excessively. Making decisions prematurely occurs when a person has not adequately surveyed the options; he/she short-circuits the early phases of the decision-making process. This typically happens when the decision maker suffers from high levels of stress and when the options involve several conflicting values. Under these circumstances, the decision maker is likely to become rigid in his/her thinking as evidenced in (a) limited perception of alternatives, (b) overlooking long range consequences, (c) gathering little information, and (d) inaccurate assessment of expected outcomes. A common strategy for decision making in this case involves looking to family, friends, or experts to make the decision. Another strategy is reliance on what has worked in the past or religious or cultural mandates without examination of the specific problem at hand. The impulsive, fatalistic, compliant, and delaying strategies described earlier are common to this type of decision making.

Helpers, especially, must avoid being snared into providing "expert" advice to decision makers prone to premature closure. Relying on your expert advice--which even if the advice seems very clear to you is only one opinion amongst many--will give the decision maker someone to blame when a decision hastily made fails and will prevent the helpee from developing the skills needed to help himself/herself. When you observe or suspect a sense of urgency in the helpee, a willingness to grasp on to any decision just to have an answer, encourage him/her to brainstorm options and gather information relative to the advantages and disadvantages of those options. Define and negotiate short-term steps so the helpee maintains a feeling of progress toward a long-term solution. As a helper, it can be very attractive to accept a premature decision and enthusiastically work with the helpee to implement that decision; helpers like to perceive progress too! It is important to monitor your own reactions so you don't encourage helpees to implement premature decisions.

Delaying decisions excessively is a way of avoiding commitment to a decision. This may occur through procrastination, postponing the tasks of generating options, failure to gather the necessary information, to assign advantages and disadvantages to each and assessing the advantages and disadvantages. The decision maker may also vacillate between options, thus avoiding commitment to a decision. This may be encompassed by the agonizing, the delaying, or paralysis strategies described earlier.

The helper working with a decision maker who is avoiding a decision can work to build up the confidence of this person about being able to make a sound decision and adhere to it. Provide encouragement and affirmation throughout the process. Work with the decision maker to define specifically the steps necessary to implementing a given decision. It may be easier for the decision maker to commit to trying the necessary little steps than to commit to the final decision.

The goal of helping for the purpose of making decisions is to aid the helpee in choosing an examined effective course of action to which he/she can be committed. To effect this goal, identify current use of decision-making strategies and teach the planning strategy through application of a decisionmaking model. To be maximally effective, you must also attend to the helpee's values and work with him/her to identify the small steps necessary to implementing his/her decision.

HELPING HELPEES TO TAKE ACTION

All helping efforts are for the benefit of the helpee. To be effective, helping requires the helpee's commitment to the process and to decisions made during the process. Helping is not something you do to or for someone but with someone. You cannot make a decision for the helpee and realistically expect his/her commitment to the decision. He/she must choose the decision which is most appropriate from his/her perspective. The helpee might choose an alternative that you do not view as the best choice. If so, state your opinion and identify your reasons. Discuss these with the helpee; the helpee may or may not have thought about potential problems you're identifying. He/she may or may not re-evaluate and change the decision made previously. As a helper, you accept the decision and work with the helpee toward a successful outcome.

Fostering Commitment

The more you interject your opinions in the decision-making process, the less commitment the helpee feels toward the decision and the less likely he/she will be to take the steps toward implementing the decision.- Keep your input to a minimum. Encourage the helpee to seek his/her own solutions. Ask the helpee what he/she sees as the next step. If the next step seems reasonable to you, reinforce it and engage the helpee in setting a deadline for completing the step by saying, "That sounds workable. When do you plan to do that?" If you perceive a potential pitfall in the next step, raise your concerns. Follow-up your concern by asking the helpee's opinion:

That step sounds pretty big to me. I'm wondering if looking at some smaller changes might be easier for you right now. What do you think?

To foster helpee commitment to a decision, reinforce any and all positive steps toward change and enlist their reaction to any ideas, suggestions, or observations you make.

Assignments and Contracts

Many helpers involved in an ongoing helping relationship use assignments and contracts. The purpose of both is to foster helpee commitment and to keep the helpee engaged in working on his/her problem. Assignments also contribute to both helpee and helper feeling that progress is being made toward a desired outcome.

Contracts are simply oral or written agreements stating expectations of the parties involved. That is, the helper outlines his/her responsibility to the helpee and the helpee and helper negotiate the responsibilities of the helpee. Items delineated in a contract may include a predetermined number of meeting times, length of each meeting, the helpee's agreement to keep and/or provide records relevant to the topic under discussion, helpee permission for the helper to review relevant records, e.g., scholastic, medical or financial records, and goals. A contract sounds very formal, but it need not be. It is simply an agreement to some ground rules designed to make the helping process most effective. For many, it is an effective tool for keeping helping efforts "on track."

Assignments are tasks negotiated between the helper and helpee to be completed by the helpee between meetings. Assignments may be detailed, such as keeping a spending record for use in financial coun-

selling or keeping a record of food consumed for use in nutritional counseling. Assignments may also include writing assignments, gathering information or something as simple as a request from you for the helpee to set aside some time to discuss or think about a specific issue. Obviously, assignments are very specifically designed dependent upon the people involved, the issue at hand, and any goals which have been established.

It is clear that the helpee must be committed to solving his/her problem and to any action toward that goal. As a helper, you cannot create or force commitment; you are in a position to foster commitment through reinforcement, encouragement, clear statement of expectations, respect for and acceptance of the helpee's decisions and specific suggestions for achieving goals.

Activities for Further Learning

Activity 1: Applying Problem-Solving Decision-Making

The purpose of this activity is to gain experience in consciously applying an effective decision-making process to a problem.

Apply problem-solving decision making by using the following procedure:

1. Identify a problem in your own life which requires a decision and action.
2. Jot down the problem on the top of a piece of paper.
3. Identify as many issues as you can which are related to this problem.
4. List these issues below your original problem. Is one of these issues more important than the problem you listed originally? If so, do you want to focus on that problem now?
5. Focus on one of the problems you listed.
6. Brainstorm alternative solutions to the problem. Remember, brainstorming includes the possible, the plausible, and the seemingly absurd!
7. Examine each alternative for its advantages, i.e., the useful elements, the resources you bring to it, and its disadvantages. List these items.

8. How can you minimize the disadvantages?
9. Identify the alternative with the most advantages, the least disadvantages, and the greatest number of resources available to implement it.
10. Do you wish to choose this alternative as the solution to the problem you stated? Why or why not?
11. Does this alternative allow you to express what is important to you, your values?
12. Is there another alternative which is more appealing to you even though it may not be the best choice in terms of its advantages and disadvantages? Why or why not?

Activity II: Assessing the Experience Gained from Completing Activity I

The purpose of this activity is to help you consciously formulate how the procedure from Activity I can help with problem-solving decisions.

What have you learned about the following:

1. The decision-making process?
2. Brainstorming alternative solutions?
3. Evaluating solutions?
4. The role of values in decision making?
5. Making a commitment to implement a decision?

SUGGESTIONS FOR FURTHER READING

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Helping Others Help Themselves

A SELF-STUDY SERIES



By

Esther Anderson, M.S.

Loss is an inevitable part of our human experience. John Brantner has said that "Only people who avoid love can avoid grief." When we think of grief, we associate it with the death of a loved one. However, there are many kinds of losses other than loss through death. We can suffer the loss of limb, loss through divorce, the loss of a job, or the loss of a dream. All loss sets into motion the process of grieving.

The intensity of our grief will correlate to the degree of "attachment" we have with that which has been lost. "Attachments" are affectional bonds that give security and meaning to our lives. Forming attachments are part of normal human behavior. When the object of the attachment is lost, it is important to know how strong the attachment was. How much a part of our life was the person or thing which is gone? How much of our time, energy, and emotion were invested? When the attachment was very strong, the grief is very great.

Our culture does not seem to have a clear understanding of grief. Perhaps our national self-image has contributed to this. We see ourselves as strong, self-sufficient, able to conquer new frontiers. When confronted with events that are painful and beyond our control, we Americans are apt to "keep a stiff upper lip" and believe that "things will get better." We often fail to recognize that grieving is necessary in order for things to get better. We cannot hastily sidestep it or prematurely return to status quo. We must allow ourselves to feel that pain and go through necessary responses and adjustments; when we do not, we impair our ability to return to normal functioning.

If you are called upon to serve as a helper to someone who has experienced a loss, it is important for you to understand grief. Many theorists have developed models for "stages," but critics have observed that the application of these can disallow for individualization of the experience. It is perhaps more useful to conceptualize the grief experience by recognizing the "Responses to Grief" and the "Tasks of Mourning."

Before discussing the responses and tasks, it should be emphasized that everyone will experience these differently. While the tasks have sequencing, the responses do not. The responses will not necessarily follow any pattern. Some people will experience some of the responses only mildly, while others may experience the same ones intensely. Some of the responses may be experienced more than once by some individuals. Some of the responses will overlap or occur concurrently.

The responses are very common, almost universal. They include emotional responses as well as physical responses.

Responses to Grief

Disbelief: Shock, numbness; denial may be involved because full recognition of the loss would be too painful. Also, a "conditioned response" may be involved; we expect that what has been present will continue to be present, just as we expect the sun to rise each day.

Anger: Anger at self for not being able to control events, prevent the loss; anger at God; anger at others who are perceived as somehow responsible for the loss (i.e., the medical profession, the political system, etc.); anger at people who have not experienced suffering through loss; anger at the deceased person for deserting the survivor.

Guilt: Thinking "I should have done something differently" or "I didn't do enough;" taking personal responsibility for the loss. Unresolved conflicts with a deceased person may also contribute to feelings of guilt.

Sadness: Sorrow, sometimes overwhelming; often accompanied by crying and even uncontrollable crying.

Anxiety: Ranging from light insecurity to panic; inability to conceptualize the future or being able to go on; presence of thoughts such as "I'm just not my old self" or "I must be losing my mind." The diverse and intense feelings may be new and frightening, compounding one's anxiety about oneself and the future.

Depression: Withdrawal, feelings of being isolated, belief that other's can't understand, feelings of helplessness and/or hopelessness.

Relief: If anticipation of the loss has been lengthy, there may be relief when the loss actually occurs.

Anticipatory Grief: During anticipation of loss, many of the normal grief responses will be experienced, at least to some degree.

Because the mind and body are intricately related, physical responses are likely to occur when one is experiencing grief. Physical symptoms may include:

- Sleep disturbances
- Change in eating patterns; change in weight
- Breathlessness, sighing
- Tightness in chest or throat
- Lack of energy or restless
- Illness ranging from mild (susceptibility to viruses) to severe (such as heart attack)

In addition to the normal emotional and physical responses, grieving people may experience dreams about that which has been lost. The dreams may be normal or distressing. They can serve to bring comfort or to bring to the person's awareness troublesome areas that the person must work through.

"Sanctification" of that which was lost is sometimes evidenced. The grieving person will remember only the good characteristics or qualities of that which has been lost (i.e., "He was the perfect husband, a saint," or "It was the perfect job; I loved everything about it.").

Even when you, as a helper, are aware of what to expect when working with a person in grief, it is not easy to witness someone's pain or watch him/her not being able to function to his/her own normal capacity. That is why the concept of the "Tasks of Mourning" can be helpful. We can endure the pain-and help a grief-stricken person endure the pain-when we can understand it as a necessary part of a natural process.

Dr. J. William Worden, a psychotherapist and researcher, points out the fact that grieving is another developmental experience. From the day we are born, we grow and develop. As we experience life, we are required to accomplish given tasks that life requires of us. The tasks must be completed in a sequential order, just as a child must first learn to count before he/she begins to add, subtract, multiply, and divide numbers. Dr. Worden identified the Tasks of Mourning, which will be presented. First, however, a note of caution is advisable for those of us who are "goal oriented." We must not view the tasks simply as a list of things to be done. We must not focus on goals and objectives, or be tempted to set "target dates." We must focus on what the helpee is experiencing. We need to be there for and with the helpee as he/she goes through that experience. We must remember that mourning is a complex process that requires time and readiness.

Task I: To Accept the Reality of the Loss

The opposite of accepting the reality is not believing it. This most often includes not grasping (a) the facts of the loss, typified by holding onto physical objects connected to the loss, or retaining former habits/patterns associated with that which was lost; (b) the meaning of the loss, indicated by pretending that the loss is not as significant as it really is; and (c) the irreversibility of the loss, evidenced by constant thoughts such as "We'll be together again in an afterlife" or "Some day I can buy

back the family business that we lost." It takes time to accept the reality of loss. Fortunately, most people do eventually accept the reality of the loss and then move on to Task II.

Task II: To Experience the Pain of Grief

Once the reality of the loss is accepted, there will be pain. Not everyone will experience the same intensity of pain, but to suppress whatever pain is present is to prolong the process.

Our society is not comfortable with these feelings of pain. We may try to short-circuit the pain in any number of ways. We can "cut off the feelings." We can keep ourselves too busy to feel it. We can make ourselves remember only pleasant thoughts about whom or what has been lost. Sooner or later, if we avoid being conscious of the pain, it will manifest itself in some other way. Often it will be manifested through some form of depression and sometimes through physical illness.

The task of experiencing the pain of grief is probably the most traumatic of the tasks. The social support network and you, the helper, are crucial in providing understanding and compassion during this part of the process.

Task III: To Adjust to an Environment from Which the Deceased Person (Or Other Object of Attachment) Is Missing

Adjusting to the changed environment means different things to different people, depending on the nature of the loss and the nature of the attachment. Adjusting to this environment can take a considerable amount of time.

Some people can resist adapting to the changed environment by promoting their own helplessness, by not developing coping skills or other skills needed, or by withdrawing and not facing and fulfilling what is required of them.

Fortunately, most people do not resist adapting. Those who do initially resist rarely continue to do so. We humans are survivors; we do adapt. We are able to redefine our goals and even our identities. Eventually a grieving person does develop coping skills, is able to fulfill new roles and responsibilities, and is able to meet new challenges.

Task IV: To Withdraw Emotional Energy and Reinvest it

The final task is to withdraw emotional energy from that which has been lost and invest the energy in some other meaningful, fulfilling way. This can be a very difficult task. The person might feel a sense of disloyalty by withdrawing from the attachment and forming new ones. He/she may fear that reinvesting in the present somehow invalidates the meaning of the past. He/she may even fear new attachments because of the risk of experiencing loss again.

A helper can facilitate the process by helping the person (a) to explore the difficulties of saying a final goodbye; (b) to explore the person's values and needs; and (c) to help the person use self-awareness of values and needs to discover ways in which the person can live out those values and find appropriate new ways of meeting his/her needs. The helper can understand, encourage, and affirm the helpee. The helpee is responsible for providing the courage to discover new attachments, and must "own" the choices regarding which attachments will bring meaning and quality to his/her life.

When a grieving person has completed the tasks of mourning and, during that process, has experienced the common responses to grief, does that mean that grieving is over? There is no ready answer. Usually the grieving person who has accomplished the tasks and experienced the responses can at least think of the loss without feeling pain, or at least will have a different kind of pain. But the reality is that what has been a part of one's life and experience will remain a part of that person. There will not be a substitute that will replace what has been lost, even though new attachments and experiences will also become part of the person. We can, however, assume that active grieving is complete when the grieving person is able to reinvest himself/herself in the present and allow it to bring meaning and quality to his/her life.

As a helper, you will want to remember some guidelines as you work with someone experiencing grief:

- Stay mindful of the normal responses to grief and to the tasks of mourning.
- Provide a safe atmosphere in which the person can talk about the grief. Reflection, as discussed in Chapter IV, is an effective tool in encouraging the person to express what the grief experience is like for him/ her.

- Provide your understanding, compassion, and patience.
- Sometimes you may need to serve as an "information provider." The person might not realize that it's normal for grieving to take a long time, that much of what he/she is experiencing is part of the normal response to grief or that the tasks of mourning are part of the healing process and can't be rushed.
- If there is a support group in your community for people experiencing similar grief, encourage the person to participate in that group.
- Finally, if you have experienced a similar loss (i.e., divorce, death of a loved one, loss of job), remember that parallel experiences could trigger your own responses. You need to be aware of where you are in the grieving process, and you need to keep your experience separate from the helping process.

ACTIVITIES FOR FURTHER LEARNING

Activity I: Examining Your Own Experience with Loss and Grief

The purpose of this activity is to help you consciously and personally understand the grief experience and process that occurs. This activity can help you relate to others experiencing grief and help you become aware of any personal grief issues that could interfere with the helping process.

Provide yourself with plenty of uninterrupted time and a quiet, comfortable atmosphere, and then proceed with the following exercises.

- A. Examining your own experience with loss and grief.
1. Scan your memory for losses you have experienced. Select one and recall it as clearly as you can.
 2. Review the "Responses to Grief" and identify which responses you experienced most strongly, and which you experienced more mildly.
 3. Review the "Tasks of Mourning" and recall what it was like for you while you

were working through these tasks. Have all four tasks been completed? Which seemed to be the most difficult for you?

Activity II: Looking at Loss and Grief in the World Around You

The purpose of this activity is to assist you in exploring many kinds of losses and the variety of resources available to address specific losses.

Complete each of the following exercises.

- A. Make a list of as many kinds of major losses you can think of.
- B. Discover and make a "directory" of the community resources available in your area that relate to some kind of loss. Gather the following information about groups relating to loss and, in your "directory," record the following information:
1. How often does the group meet?
 2. How do members learn about the group?
 3. Are the leaders professionals or peers from within the group who take turns or designate peer leaders who serve regularly?
 4. Are the groups on-going or are they short-term with a specified number of meetings?
 5. Does the group provide education? A support system? Both?
- C. Find out whether it would be acceptable for you to observe any of the groups at a regular meeting. If acceptable, attend a meeting and write a brief summary of your reactions and observations. If observers are not permitted, try to talk with a leader or participant from one of the groups. Try to understand as fully as you can what that loss is like and how the group might help a member deal with the loss. Write a summary of what you have learned.

SUGGESTIONS FOR FURTHER READING

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Esther Anderson, M.S., Counselor, Madison, Wisconsin.

Helping Others Help Themselves

A SELF-STUDY SERIES

8

Obstacles, Problems and Special Concerns

By

J. A. Nachreiner, M.S.

Dealing with Emotionally Upset Helpees

A helper must be prepared to encounter a wide range of behaviors and feelings in helpees. Some of what he/she encounters, such as emotional reactions, conflict, and issues, can be uncomfortable and problematic and may require professional intervention. Sensitivity, skill, and support are essential in these circumstances.

Emotionally Upset Helpees

Helpees are typically dealing with problems which affect parts of their lives which are very important to them. They are emotionally involved in the problem(s). Effective helpers frequently witness and, in fact, encourage the expression of helpees' emotions. Three common emotions expressed by helpees are sadness, anger, and fear.

As emotions surface, active listening skills should be appropriately used. You may experience a tendency or desire to stop the helpee's tears, swearing, fist pounding, or expressions of fear. Active listening skills will avert this tendency. This is not a time to suggest, "Let's look at this rationally." Allow the emotions to run their course. Listen. Wait attentively. The person who is crying or fearful may need reassurance that his/her behavior is acceptable. Reassurance can be offered through simple statements such as, "That's okay"; "Don't be embarrassed"; "You're doing fine"; "That's what I'm here for." If the person is crying, offer him/her a tissue. The person expressing anger may

not require reassurance to continue. But, like the sad or fearful helpee, he/she will require appropriate reassurance as the intensity of the emotion subsides.

The helpee will generally provide a cue as to when to move on to the discussion of the emotion expressed or to the content of the session. The cue may be a general calming of the strength of the emotion. It may be an apology. It may even be a question or comment offered in an attempt to change the subject. Many people are embarrassed to express emotions. They perceive it as a sign of being weak or out of control. Social stereotypes linked with gender such as, "Men shouldn't cry" and "It's unfeminine to display anger," inhibit emotional expression. While you, too, may be uncomfortable with emotional expression (especially if you perceive its strength as out of proportion to the issue), it is your responsibility as a helper to foster, allow, and affirm expression of the helpees' feelings.

In general, the expression of emotion during the helping process is healthy and desirable. However, there are two situations in which you will want to reduce emotions: (a) when anger escalates to violence and (b) when the helpee uses emotions manipulatively to avoid the underlying issue or problem.

In the case of threatened violence, pay attention both to the helpee and your own internal messages. Do you feel threatened? Does your stomach feel queasy? Are your palms sweaty? Can you feel your blood pressure rising? Does the helpee have the means or access to the means to physically harm him-

self/herself or you? Do his/her bodily movements appear uncontrolled? Is he/she threatening violence? Any of these may be signs that there is potential for violence. If your judgment leads you to suspect violence, or the potential for violence:

- Take measures to protect yourself if necessary.
- Remain calm.
- Speak slowly, clearly, and in your normal tone of voice.
- Address the helpee by his/her name to get his/her attention.
- Assure the helpee you do not want to argue or to fight.
- Suggest that he/she slow down, think about what he/she is saying or doing.
- If any kind of weapon is involved, ask him/her to put it on a table, the floor, or the ground or to relinquish it to you.
- Avoid sudden movements but try to position yourself so that there is a piece of furniture or equipment between you, unless this blocks your access to exits.
- Describe your movement to the helpee to avoid threatening or frightening him/her.
- Be aware of your environment. Are there others in the room or vicinity? Where are the exits? Have a plan for using them if necessary.
- If there are others near enough to be threatened, try to get them out of danger.
- Do not try to physically restrain the helpee. Most people are not trained to do so effectively. This tends to escalate anger and can result in unnecessary injury.

These guidelines can be useful in dealing with violence or potential violence, but there are no clear rules for their application. In most instances, they will be unnecessary. But, if you do find yourself in a potentially violent situation, remain calm, assess the threat, and behave accordingly. Above all, use common sense.

Occasionally, a helpee may have learned to use emotions as a means for diverting attention from and

avoiding responsibility for an underlying issue. When you suspect this is happening, confront the behavior. You may recognize this happening if introduction of a particular topic repeatedly elicits tears or anger. You may also recognize that tears or anger occur at a point when you intuitively sense that you and the helpee are reaching an insightful breakthrough or opportunity for significant change. The repeated avoidance probably indicates that the issue which elicits the emotion is very important to the helpee in solving or coping with his/her problem.

State your observation and express your understanding.

You've mentioned _____ several times. When I ask you to talk about it, you get angry/cry. I appreciate your feelings, but I think you may be hiding behind them, using them to avoid discussing a very important point.

The helpee may or may not agree. His/her denial may be vehement or you may be able to break through it. You will need to exercise judgment in determining how long to pursue the issue. If you choose to drop it, introduce it again at an appropriate point. Under extreme circumstances, you may decide there is no point to continuing the helping relationships because the helpee refuses to deal with what appears to be a key issue. Usually such measures are unnecessary.

The expression of feelings in a helping relationship is very important. In general, encourage helpee to express their emotions. Be aware of if and when emotional expression becomes uncomfortable for you. Your discomfort can seriously thwart the helpee's freedom of expression. Work to overcome your discomfort with sadness, anger, and fear. Explore your own reactions with someone you trust. Also, be aware of those situations in which emotional expression is detrimental. The helpee provides cues as to how he/she feels and when it is time to move on from his/her feelings. It is the responsibility of helpers to be aware of those cues and to respond appropriately. Acknowledge and explore the emotions before moving on to the problem you are there to discuss.

RESPONDING TO ISSUES REQUIRING PROFESSIONAL INTERVENTION

Most helpers eventually encounter situations which represent a relatively long-term problem such as domestic violence, depression, or a crisis situation

such as a potential suicide, unplanned pregnancy, or sudden job loss. Under no circumstances does this series prepare you to work with helpees around issues linked to psychological and/or sociological problems. However, such circumstances require your immediate attention.

You need to be aware of these issues, recognize when these conditions may exist, and refer the helpee for professional counseling as soon as possible. Consultation with professional helpers such as counselors, social workers, and psychologists is very important under these circumstances. Until the referral has been made, ask for advice in dealing with crisis situations. As a helper, your most valuable tools in crisis situations are:

- Common sense
- Attending skills
- Attention to what your intuition tells you about the situation
- Knowledge of and access to community resources

As soon as you can do so without alienating the helpee, refer him/her to a professional helper. (Review Unit IX on referral for help in knowing who to contact and how to build a referral network.)

The issues which require specialized, professional intervention include but are not limited to the following:

1. Suicidal behavior or threatened suicide
2. Depression
3. Alcohol and drug abuse
4. Domestic violence, including spouse and child abuse
5. Rape
6. Unplanned pregnancy when it is upsetting to one or both parents, and/or the parents are teenagers
7. Unemployment when accompanied by feelings of depression, confusion, and/or low self esteem
8. Eating disorders, i.e., bulimia and anorexia nervosa

Each of these problems can be identified by their own signs and symptoms which are too numerous to delineate here. However, Attachment A lists signs of the most common of these issues: alcohol abuse, depression, and suicide. It is to the benefit of all helpers to have at least a peripheral understanding of each of these issues. The references listed at the end of this unit are good resources to begin with to familiarize yourself with these issues. A good overview is Crisis Counseling by Eugene Kennedy.

There are general things you can do in any crisis situation:

Listen: Allow and encourage the person to communicate what he/she feels. Show that you are concerned.

Assess the level of crisis: Ask yourself questions such as, is this person dangerous to himself/herself or others? Ask the person with whom else he/she has discussed the problem or whom else knows about the problem. How quickly must a decision be made in this situation?

Consult with professional helpers: The helpee may not be ready to approach his/her situation with someone else. Develop your own support network of experts you can call on when you are in a situation too complex for your training and experience. Learn about the resources available in your community. Foster these contacts before you need them so you know who to call and how to reach those persons in an emergency.

The most immediately threatening of these issues is the potential suicide. When a helpee indicates the potential for suicide, follow the suggestions below:

1. Listen. Demonstrate concern.
2. Explore the helpee's feelings.
3. If the helpee has not directly stated he/she is considering suicide, ask "Are you thinking about killing yourself?" or "Are you thinking of ending your life?"
4. Begin talking about the value of counseling and how it can help. Do not try to handle the situation alone.
5. Tell the helpee you would like to help him/ her get counseling. Seek his/her consent to do so. Stay with the helpee as you seek

further assistance. If you are making an appointment to go to someone's office, accompany the helpee to that appointment. You may want to ask the helpee if he/she would like you to wait for him/her or contact someone else to be there for him/her after the appointment. If your contact with the helpee is via telephone, you will need to break contact with him/her to seek further assistance. In this case, obtain a verbal agreement from the helpee that he/she will not hurt himself/herself before you talk again. Arrange a set time when you will be back in touch.

6. Avoid the tendency to think you must solve this person's problems to keep him/her alive. Your concern, involvement, and ability to encourage and solicit professional intervention are much more important than solutions.

The problems mentioned in this unit are very prevalent in this society. You are likely to hear about them as people come to recognize that you are a person who cares and who they can trust. Respect this privileged position in people's lives and recognize your responsibility. Stay involved to the extent possible and practical, but recognize your limits as well. The issues mentioned in this unit are most appropriately handled through referral.

FAMILY CONFLICT

Working with families presents the helper with a unique challenge. You are working with a group composed of individuals each of whom has his/her own values, needs, and goals but who are also part of a system called family. Each family system has its own dynamic--rules for acceptable and unacceptable behavior, traditions, and beliefs. For the helper, the greatest challenge in working with families is the conflict which often arises between individuals when families are under stress and facing difficult decisions. Family conflict can be a barrier to successful resolution of a problem. As a helper, you need to help the family identify and resolve its conflict before dealing with the issue at hand.

Below are some suggestions for dealing with family conflicts. Again, keep in mind that this is not preparing you to conduct family counseling, but to deal with conflicts arising from poor communication, misunderstanding, and frustration. Conflicts with deeper roots are most likely beyond the scope of your expertise. In these cases, the family should

be referred to a professional helper for work on these issues.

"Round Robin"

When everyone is talking at once, interrupt the chaos. State your observation and propose a rule that only one person speak at a time. You may want to do a "round robin" giving each family member an opportunity to be heard. To avoid escalation of conflict, encourage family members to use "I" statements. "I" statements reflect ownership of thoughts and feelings and tend to minimize listeners' defensive reactions to what they are hearing.

The "round robin" technique is also effective when family members are no longer speaking to one another or when one or more family members are noticeably silent.

Values Clarification

Underlying many family conflicts is a values conflict. For example, dad may value a new car to replace the old rusty model and mom may value financing the children's college education and be willing to drive the old car. In discussing how to distribute financial resources, there is likely to be disagreement on how to spend the money because the values are different. As a helper, you need to help family members identify the values they are expressing in their attitudes and goals. As each family member articulates his/her values in regard to the issue under discussion, list those values. (It will probably be difficult for family members to identify values. You can help by interjecting with observations such as "I hear you saying it's important to you that others perceive you as financially secure," or "It seems to me you're saying your children's educational opportunities are very important to you.")

When each person has had an opportunity to state his/her value, work with the family to prioritize this list. You may want to ask each person to prioritize the list individually first. Allow for discussion, again encouraging family members to use "I" statements. Use the prioritized list of values to guide further discussion of goals and ways to achieve those goals.

Feedback

As family members address one another, encourage the listener(s) to provide feedback to the speaker which indicates he/she was understood. For example, the

helpee who was listening might say, "You're saying that you don't like it when I take work out of my briefcase at night. You don't think we spend enough time together. You feel hurt and angry because you think my work is more important to me than you are."

Feedback allows the speaker to clarify his/her message if it was not communicated clearly. This will avoid further conflict later if assumptions are made based on a message which was not clearly sent or received.

Withdrawal

You may decide to withdraw from the conflict. For example, you may tell the family that you are leaving for a specified period of time, that they are to work out the conflict being expressed and that you will return at the end of your specified time frame to work on the problem for which you were called upon for assistance.

Awareness Wheel

Unclear and incomplete communication contribute to conflict and/or misunderstanding. As a helper, you can facilitate communication by using the "Awareness Wheel" concept. Miller, Nunally, and Wackman conceptualize communication as a wheel, or a circle, with five segments or "pieces of pie," including:

1. Sensing: Outside information received through the senses: touch, smell, sight, taste, and sound. NOTE: Sensing is easily confused with thinking.
2. Thinking: Interpreting; meanings you make in your mind to understand; cognitive activity. NOTE: These interpretations are always influenced by one's own unique past and present experiences.
3. Feeling: Spontaneous, emotional responses. NOTE: These usually occur in combination and vary in intensity (i.e., one can be very excited and a little afraid at the same time); often accompanied by physical sensations.
4. Wanting: Needing; also called intentions; related to motives; involves moving toward or away from something; can be held in combination with other intentions which may conflict (i.e., one might want to sell his/ her home and simultaneously want to hold on to the familiarity and comfort of it).

5. Doing: Behavior; actions; unlike wanting, it involves actual past or present action, or a commitment to future action.

Complete and clear communication requires awareness and inclusion of all of these dimensions.

People often tend to communicate from only one or two of these dimensions. The thinking and doing dimensions are often more comfortable for people and are used more frequently. The feeling and wanting dimensions are most often neglected. As a helper, you will want to work toward having the helpees develop an awareness of all of the dimensions, and communicate by using all of the dimensions.

While this can be accomplished through indirect methods, a direct strategy can be more effective.

Indirect methods require that the helper (a) assess which dimensions are absent, and W apply attending skills, such as reflection or declarative sentences (discussed in Unit IV), to lead the helpee to include the absent dimensions.

A direct strategy is often more desirable because it enables the helpees to develop skills that can be used even after the helping relationship has ended. This entails explaining the "awareness wheel" concepts to the helpees and requesting them to include combinations of the dimensions in their communication with each other. This can be effective when applied to a specific segment of a conflict or issue. It can be helpful during sessions. It is also a useful tool for designing assignments to be worked on between sessions.

Family conflict can be distracting and uncomfortable. However, as helpers you are likely to encounter conflict and must be prepared to deal with it as the situation demands.

ACTIVITIES FOR FURTHER LEARNING

Activity: Dealing with Strong Emotions, Conflict, and Crisis

The purpose of this activity is to help you anticipate and be prepared for a variety of difficult situations you might encounter.

Imagine yourself in each of the following situations.

1. You are talking with a couple in the routine course of your work. During the conversation one of them begins to cry.
 - A. What do you do?
 - B. Did you assume the husband or the wife was crying?
 - C. How would you respond differently to the husband crying than to the wife crying?

How will your own comfort/discomfort with the situation affect the outcome?

2. You are reviewing financial records with a couple. The records are very incomplete and the frustration level with trying to complete them is very high. The couple begins arguing, blaming one another for their current financial situation.
 - A. How do you react?
 - B. What options do you have?
 - C. At what point do you decide it is futile to continue this meeting?
 - D. What do you say to the couple?
 - E. Do you suggest counseling? Why or why not?
 - F. If you suggest counseling, to whom do you refer the couple?

3. A young woman, who recently attended one of your parenting classes, calls you at your office. She makes a routine inquiry but seems hesitant to hang up. You sense she wants to say more but is reluctant to do so. In an effort to help her feel comfortable, you ask her about her children. During the course of the conversation, the woman confides that she is concerned she may have hurt her three-year-old son earlier in the day.
 - A. How do you respond?
 - B. What other information do you try to get?
 - C. What other resources to help this woman are available in your area?
 - D. How do you approach this referral?

- E. How do you handle the issue of confidentiality in this case?

4. You are helping a couple with their personal financial problems. You've always met with them together. One afternoon you receive a call from the husband who tells you his wife has been lying about the amount of money they spend on entertainment. He confides that her favorite form of entertainment is drinking and that they spend considerably more on liquor than indicated in their entertainment figure. He implores you not to use this information in the financial analysis, though; his wife would be irate if she knew he made this call.
 - A. How do you respond?
 - B. What other information do you try to get?
 - C. What other resources to help this couple are available in you area?
 - D. How do you approach this referral?

How do you handle his request for confidentiality?

5. A teenage girl confides in you that she thinks she is pregnant. She has not told her parents. She has not been to a clinic. She is not sure who the baby's father is as she has been dating two boys for the past few months. An at home pregnancy test has supplied one positive and one negative result.
 - A. How do you respond?
 - B. What other information do you try to get?
 - C. What other resources to help this girl are available in vour area?
 - D. How do you approach this referral?
 - E. How do you handle the issue of confidentiality?

6. You are making an on-farm visit. You and the husband are in the barn. The wife comes in to help with milking. Her face is bruised badly and there is a cut above her eye. She is embarrassed when you ask what happened. Her husband is angry toward her,

telling her to go back to the house. He can handle milking without her. His attitude toward you grows cold and distant. He offers an explanation of a fall for his wife's bruised and cut face. You comment that it must have been a nasty fall and ask whether she saw a doctor. The husband breaks into tears and confides that he pushed his wife down the stairs.

- A. How do you respond?
- B. What other information do you try to get?
- C. What other resources to help this couple are available in your area?
- D. How do you approach this referral?
- E. How do you handle the issue of confidentiality in this situation?

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ATTACHMENT A

SIGNS OF ALCOHOL ABUSE, DEPRESSION, AND SUICIDE

When people experience chronic stress over an extensive period of time, they may be vulnerable to excessive use of alcohol, or to depressive episodes or suicidal thoughts. Keep the following in mind as signs or symptoms of alcohol abuse, depression, and suicide:

Signs of Alcohol Abuse

Early Signs: Sneaking drinks, gulping first drinks, unwillingness to discuss drinking, guilty feelings about drinking, more frequent memory blanks.

Addictive Signs: Conspicuous drinking, aggressive flashes, grandiose behavior, personal relationships devalued, decreased sexual drive, loss of friends, unreasonable resentments, marked self pity, behavior becomes alcohol centered.

Chronic Signs: Regular morning drinking, tremors, prolonged binges or continuous drinking, impaired thinking, loss of alcohol tolerance.

Signs of Depression

Appearance: Sad face, slow movements, unkept look.

Unhappy Feelings: Feeling sad, hopeless, discouraged, listless.

Negative Thoughts: "I'm a failure." "I'm no good." "No one cares."

Reduced Activity: "Doing anything is just too much of an effort."

People Problems: "I don't want anyone to see me." "I feel so lonely."

Physical Problems: Sleeping problems, decreased sexual interest, headaches.

Guilt and Low Self-esteem: "It's all my fault." "I should be punished."

Signs of Suicidal Intent

Anxiety or Depression: Severe, intense feelings of anxiety or depression.

Withdrawal or Isolation: Withdrawn, alone, lack of friends and supports.

Helplessness and Hopelessness: Sense of complete powerlessness, a hopeless feeling.

Alcohol Abuse: Frequently a link between alcoholism and suicide.

Previous Suicidal Attempts: May be previous attempts of low to high lethality.

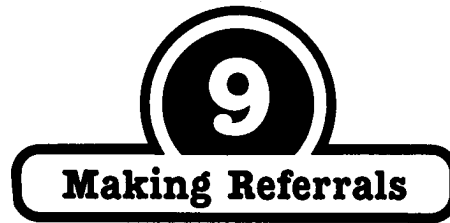
Suicidal Plan: Frequent or constant thoughts with a specific plan in mind.

Cries for Help: Making a will, giving possessions away, making statements such as "I'm calling it quits" or "Maybe my family would be better off without me"--all cries for help should be taken seriously.

Note: Your first contact with a family undergoing chronic stress may not be with the alcohol abuser, or with the depressed or suicidal person. It may be with a family member who is worried, anxious, or concerned about the other person or fearful for his/her own safety. You can help this person sort out his/her feelings; you can also help this person reach out and find help for the troubled family member.

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9 Making Referrals

by J.A. Nachreiner, M.S.

How to Refer a Person for Help: An Itemized Procedure

Referral is a common method of managing crisis conditions as well as issues outside of your area of expertise. Although making referrals may seem to be a simple skill, these specific methods make it more effective:

1. Be informed about the agencies and resources available in your community--what services they offer and what their limitations are.
2. Try to prepare for and implement referrals before a serious crisis occurs.
3. Be direct and honest with the helpee about what you have observed as you have worked with the helpee and your reasons for recommending a referral. Be honest regarding your own limitations. Convey the message that you are recommending a referral because you are interested in the helpee's welfare. (Example: "I'm concerned, and I want to help. I think that the best way for me to help you with this issue is to help you find an experienced resource that can help you in this area.")
4. Assess with the helpee what agency or community resource would be most appropriate to address the problem. Present both the possibilities and the limitations of the resource selected.
5. Be sure to give the helpee an opportunity to explore his/her feelings, opinions, and willingness to participate in working with the resource selected.
6. Although you may have had prior contact with the resource to explore the possibility of referral, it is generally advisable that the helpee take primary responsibility in contacting the chosen resource and in making the necessary arrangements. This fosters responsibility for oneself, commitment to the new helping resource, and increased self-esteem.

The helpee should know that he/she is free to state that he/she was referred to the resource by you. Discuss with the helpee some of the items listed in (a) through (c) below so that he/she is aware of what information to provide and what information to acquire.

In some cases, the helpee might genuinely need your help in making the contact. Or you might be able to cut through "red tape." Or you might believe that there is some danger if the contact is not made. In such cases, you will have to take the initiative. Use this procedure:

- (a) Call the agency and ask to speak to the intake worker (if there is one).
- (b) Identify yourself, your agency, and your relationship with the person or family.

(c) State what you think the person's or family's needs are:

- (1) Needs immediate protection from suicidal acts
- (2) Needs to be seen immediately for other reasons
- (3) Needs assessment and treatment
- (4) Needs an appointment for therapy
- (5) Needs financial or legal advice

(d) Provide the agency with background information

- (1) Full name and address
- (2) Age and sex
- (3) Nature of current problem or crisis
- (4) Any past history you are aware of
- (5) Further information as called for

(e) Ask the agency what follow-up action they will take

- (1) When will they accept the referral?
- (2) Who will be the agency worker for you to contact later if necessary?
- (3) What will be the cost of the service (flat fee/sliding scale)?
- (4) What will the agency do if the person misses an appointment?
- (5) What do you and the helpee have to do to complete the referral?

7. When the helpee is a minor, it is usually best to inform the parents of your recommendations and to obtain their consent and cooperation.

8. Make sure the helpee and the referral agency actually get together.

9. Avoid the risk of having the helpee feel abandoned by you, especially if you are the primary helping relationships for him/her. Maintain your relationship until the referral is "in place" and a new helping relationship is begun.

10. Make one or more follow-up contacts with the agency if there is a need for follow-up action.

11. If the person or agency to whom you have referred the helpee requests financial records or other information from you, consider the guidelines on confidentiality presented in Unit VI. In some cases, you might decide it is advisable to have the helpee sign a "Consent for Release of Information."

The helpee may continue to need your assistance in your area of expertise in addition to the help being sought through the referral.

If you and the referral resource are working with the helpee concurrently, be sure you mentally relinquish responsibility for the other issue. Do not let the helpee keep you involved in it; that could interfere with the intervention and effectiveness of the new helping relationship.

If you plan to work with the helpee in the area of your expertise at a later date, assure the helpee that you will be available when that time comes.

Assessing Community Referral Sources

In the near future you will begin investigating and establishing community helping resources for referral to distressed individuals or families. As you familiarize yourself with these resources, you will want to be confident that you are making referrals to competent helpers. The following questions will help you in assessing the quality of services. Most of these guidelines are general enough to be applied to resources ranging from education and training institutions, to legal services, to child care services, to therapy.

1. Are there clear guidelines regarding the type of services available and the limitations of the service?
2. During what hours are services available? Is the schedule flexible enough to accommodate the needs of a busy family?
3. What is the fee structure? Is a sliding scale fee available? Is insurance accepted? This is going to be important to financially stressed clientele!
4. Do service provider(s) keep their appointments on schedule?

5. Are service provider(s) accessible? Are they available for emergencies?
6. Do you have a sense that the service provider(s) respect people of both genders? Of any race, educational level, or socioeconomic status? Beware of individuals or organizations holding sexist, racist, ageist, or elitist values!
7. What are the goals of the service provider(s)? Do these goals foster dependence or independence? High quality services will seek to empower individuals, not make them dependent on the service.
8. Does the individual or organization project an image of expert? Beware of service provider(s) who have "the answers" or "quick fixes"; this is rarely an effective approach. Also, beware of service provider(s) who are condescending and talk-down to their clientele. This reflects disrespect for the client.
9. What is the average length of "treatment"? Beware of involvement longer than one year; it may reflect a dependency building situation. Also, beware of an extremely short period of involvement; it may represent the "quick-fix" approach.

For specific types of services, you will need specific information. For example, does the shelter for battered women accept children?

Many problems most of us think about as individual problems such as alcoholism and suicidal behavior are closely related to the family system. Therefore, when making referrals for these kinds of problems, it is important to know to what extent all the family members are involved in intervention and treatment.

Use these guidelines flexibly. You will want to add other, more specific guidelines to your needs as you become familiar with a large, diverse group of helping resources in your community.

ACTIVITIES FOR FURTHER LEARNING

Activity: Preparing for Making Referrals

The purpose of this activity is to help you become familiar with the mental health professionals in your area so that you will be prepared to make re-

errals wisely, without delay, and before a severe crisis develops.

Learn about the professional mental health resources in your area by completing the following exercises:

1. Make a list of resources in your area equipped to deal with the issues of
 - Depression
 - Suicide
 - Alcohol and drug abuse
 - Spouse abuse
 - Child abuse
 - Unplanned pregnancy
 - Career planning/unemployment
 - Rape
 - Eating disorders
2. Obtain and review the literature regarding the services you discover.
3. Arrange to interview a resource person affiliated with a service about which you would like to learn more. Some questions you might want to ask include:
 - Where are you located?
 - If your address is unpublished for security reasons, how can someone arrange to come to you for help?
 - Who is eligible for your services?
 - What are the fees?
 - What services do you offer?
 - When are services available?
 - Is someone available for after hour emergencies?
 - May I contact you for advice?
 - What is your referral procedure?

SUGGESTIONS FOR FURTHER READING

Brammer, L. M. (1979). The helping relationship: Process and skills (Chapter 5) (2nd ed.). Englewood Cliffs: Prentice Hall, Inc.

J. A. Nachreiner, M.S., Counselor, Continuing Education Services, University of Wisconsin-Madison.

Helping Others Help Themselves

A SELF-STUDY SERIES

10

Closure of the Helping Relationship

By

J. A. Nachreiner, M.S.

Closure of, or ending, a helping relationship occurs when (a) the helpee is unable to benefit from the process or (b) when the process has been completed and the goals have been reached. Either way, discontinuation of a helping relationship can be very difficult. Helpees, reluctant to give up the security of the relationship, may block closure. The helper, too, may be reluctant to give up the relationship.

Closure when the Helpee Is Unable to Benefit

Closure can be especially difficult when you have been asked to help, have tried to help, and have discovered that the assistance you are willing and able to give is unsuitable for the helpee who trusted you to help.

A family may come to the helper for assistance. After working with the family for a time, the helper might determine that he/she is unable to be of assistance to them at this point in time. There may be barriers that the helper cannot "work around" in doing his/her work. For instance, debilitating depression, anger, or suicidal feelings might be interfering with any progress that needs to be made. Or perhaps the couple has a poor base of communication or are in total disagreement with one another. Perhaps alcoholism or domestic violence are present.

Some families will be more disrupted than others by their problems. Some helpers will be more competent at dealing with differing kinds of disruption or different levels of disruption. Helpers must use

their own judgment and be honest with themselves in making a decision regarding whether it is productive for the helper to be involved in helping with a particular family.

When the helper determines that it is not productive to continue working with a family, how should he/she effectively close the helping relationship?

1. Be direct and honest with the family. Use "I" statements in talking with them; this will reduce the need for defensiveness and keep the focus on the issues you are presenting.

HELPER: "I really don't think that I can effectively help you right now. I am feeling like (state the barrier that you perceive) gets in the way of our being able to make any progress. That (problem area) is an area that I'm not able to help you with, but I think that as long as (problem area) exists, it isn't going to be productive for us to work together."

2. Share your perceptions of the situation. Again, stick to "I" statements.

HELPER: "As we talk, I get the impression that you have a hard time talking with each other; I seem to sense a lot of anger between you."

3. Tell the family what you can and cannot do.

HELPER: "I am able to give you assistance with financial planning, but I don't feel qualified to help you deal with the degree of depression you are experiencing."

4. Offer alternatives.

HELPER: " I can suggest some materials which may help you with (issue). I can also provide the names of people who are experienced in helping people with similar concerns. Are you interested in that kind of information?"

5. If you can do so without reluctance, leave the door open for further contact with you at a later date.

HELPER: "After you have talked with (name the resource person) and have done some work on this issue, you will probably be more able to concentrate on gathering and analyzing financial data. When you feel like you're able to start working on this again, give me a call and we'll go from there."

Closure When the Helping Process Has Been Beneficial

When the goals of the helping process have been attained, closure is somewhat easier. Nonetheless, you and the people you have helped have been partners in the process. There may be some bonding that has occurred. There certainly will have been some mutually shared satisfaction. A distinct closure is in order. That closure should include:

- Acknowledging that it is time to end the relationship.
- Reviewing the situation and also the process that has taken place.
- Summarizing and reinforcing skills and strategies that were used and noting how those can apply elsewhere in the future.
- Expressing your own feelings about the process and the relationship.

- Allowing an opportunity for the helpee to express his/her feelings about the process and the relationship.

Closure of a helping relationship is inevitable. Successful closure depends on appropriate timing, the helper's awareness that he/she has done what he/ she can do to assist, and the helpee's readiness to function independently of the helper or to be referred to some other helping resource. Finally, if you are willing to be available in the future should the situation change or a new issue arise, let the helpee know that he/she could call on you.

ACTIVITIES FOR FURTHER LEARNING

Activity: Formulating and Including Important Aspects of Closure

The purpose of this activity is to help you prepare for successfully conducting your final session with a helpee.

Imagine a hypothetical helping situation in which you have been the helper. Then complete the following exercises, including issues such as referral, follow-up, dependency, and your own feelings of loss.

- A. Either with a partner or using a tape recorder, practice ending the helping relationship when the helpee is unable to benefit from your expertise.
- B. Either with a partner or using a tape recorder, practice ending the helping relationship when you and the helpee have accomplished the goals you set out to achieve.

SUGGESTIONS FOR FURTHER READING

Pulvino, C. J.; & Lee, J. L. (1979). Financial counseling: Interviewing skills (Chapter IX). Dubuque, IA: Kendall Hunt.

Helping Others Help Themselves

A SELF-STUDY SERIES

11

Organizing Community Support Groups

By

Roger T. Williams, Ph.D.

No person is an island. All (or at least most) of us need the support, the encouragement, the help, the nurturing, the prodding, and the consolation of others. This is an age-old truth, which in earlier times was best exemplified by barn raisings, threshing bees, quilting bees, chautauquas, and other community gatherings. Our pioneer ancestors were a proud and independent lot, but they also understood the concepts of interdependence and mutual support.

While the days of barn raisings, threshing bees, and quilting bees are pretty much behind us, the ideas of "self-help" and "mutual-support" are not. People still come together to offer physical and emotional support to each other. In fact, the self-help/mutual-support ideology has burgeoned in the last 15 to 25 years. Typically, it has taken the form of groups that meet on a regular basis to provide support and encouragement to persons who are experiencing similar problems or life transitions. There are now over 400 distinct kinds of self-help/mutual-support groups serving well over 15 million persons in the United States and Canada.

THE IMPORTANCE OF COMMUNITY SUPPORT GROUPS

Why have these "community support groups" become so important? There are a number of reasons. First, they provide a response to major changes in family and community life in our society. While the extended family and face-to-face interactions within the community are becoming more and more scarce, people still have needs for support, intimacy, and continuity in personal relationships. Thus, commu-

nity support groups have taken over some of the functions of "kith and kin," that network of family, friends, and neighbors which was so important in earlier days.

Second, we're coming to recognize the limits of professionalism and technology. Medical staff and technologies may be able to extend the length of our lives, but what they usually can't offer is the personal touch of those who care deeply about us. Psychologists and psychiatrists can offer their specialized expertise, but what may be needed most is a friend who has experienced the same problem we have and who is simply willing to listen and share personal experiences. Support groups--often in direct contrast with professionals--understand the importance of caring.

The third reason is cost. A technological world with a high degree of professionalism and specialization is an expensive world. As just one example, health care costs now consume 13% of the GNP for our country. Many people are beginning to recognize that community support groups provide a low cost adjunct or alternative to highly specialized professional services. There is usually very little in terms of financial cost--the major cost is a commitment of time and effort to make the self-help/mutual-support concept work.

And fourth, we're becoming reawakened to the idea of "enlightened self-interest": the notion that if I do something for you today, I can ask you to help out sometime in the future. This idea was very much a part of the frontier tradition and has also been very much a part of life in rural America. But as

we've made the shift toward a high-tech world, we've become more independent and along with the independence has come more isolation from and competition with others. It's just in the last 15-20 years that people have rediscovered the value of interdependence--the idea of a cooperative versus a competitive mindset.

WHAT SUPPORT GROUPS DO AND WHY THEY WORK

Community support groups are organized for a variety of different purposes and often provide a range of functions for their members. It might be useful to view a given community support group as addressing one of the following broad issues: (a) personal growth and wellness, (b) situational crises, or (c) chronic illness/conditions. Some examples may be in order.

A number of different groups are aimed at improving the health and well-being of their members. Groups oriented toward "personal growth and wellness" include: Weight Watchers, Lamaze Childbirth, La Leche League, exercise groups, parenting groups, women's or men's growth groups, and retirement groups.

Other groups are designed to help their members make it through time-limited "situational crises." These include: Parents Anonymous, Parents Without Partners, Widow-to-Widow, Survivors of Suicide, Compassionate Friends, unemployment groups, farm family support groups, and groups for teenage mothers.

Still others are intended to help their members deal with "chronic illness or conditions." Members of these groups are much more likely to stay involved over long periods of time. These groups include: Alcoholics Anonymous, Make Today Count, Colostomy Society, Candlelighters, Recovery, Inc., and the Alliance for the Mentally 111.

All of these groups provide emotional support for their members. Quite simply, they are places where people can share stories, be listened to, cry, or shout for joy. Most importantly, they are places where people are accepted as they are--with all of their problems or foibles--and they are places where people are buoyed up and encouraged on their journey through life.

Some community support groups also have an educational function. They may invite outside speakers to come and share their knowledge with the group. Or, they may have an active community education program to help the community understand their situation and what the group is trying to accomplish.

Some groups also have an advocacy function. These groups may be very intentional about changing public policies so there is more support for programs aimed at addressing their concerns.

Community support groups may attempt to provide all three functions: emotional support, education, and advocacy. The Alliance for the Mentally Ill is an example of a group which attempts (rather successfully) to do all three things. Farm family support groups might be another example of where all three functions could be addressed by the group.

Regardless of what their intended purpose is or what functions they provide for their members, community support groups work, and they work because they are based on the following two principles:

1. "Each person is a resource to others": There are millions of alcoholics, millions of mentally ill persons, millions of child abusers, and millions of stressed farmers in our society. You can either choose to view these persons as problems or you can view them as resources able to help other persons experiencing the same problems they are. Community support groups choose to view each person as a resource who is able to be of help to others.
2. "He who helps others is helped most": Community support groups recognize that the person who reaches out and helps others is actually helped most. Why? When we reach out and help others, we actually strengthen and empower ourselves--we gain a sense of potency which then enables us to cope more effectively with our own trials and tribulations. Thus, one finds that he/she is able to help others and help himself/herself at the same time.

PROFESSIONAL INVOLVEMENT IN COMMUNITY SUPPORT GROUPS

The relationship between professionals and community support groups is a very tenuous one. Some professionals, because of their specialized knowledge and tendency to "take charge," often jump in and try to control what goes on within community support groups. The result is predictable--the group will either become dependent and fail to develop the necessary internal leadership or it will oust the professional in a rather dramatic way. More than one confused professional has been overheard mumbling,

"What went wrong? All I wanted to do was help!"

Other professionals, sensitive to the issue of group autonomy and internal leadership, stand on the sidelines and hope for the best. They desperately want to see the group get off the ground, but they don't know how to contribute without wresting control from the group. In some of these cases, the group materializes and flourishes because the requisite internal leadership evolves on its own. In other cases, the group fails to materialize and the professional finds himself/herself agonizing over the question, "What could I have done to make it happen?"

The issue of professional involvement is, indeed, a thorny one. The effective professional recognizes that the "experiential knowledge" of the group is much more important than his/her "professional knowledge" and, thus, resists imposing this knowledge on the group. He/she also recognizes that the group is not likely to be totally rational or objective--there may be a great deal of emotional involvement including personal stories, tears, angry outbursts, hugs, and apologies for "acting so stupid." Finally, the effective professional realizes that leadership must emerge from within the group-and he/she accepts the fact that this is not always going to happen.

The most appropriate role might be viewed as that of "midwife." A midwife assists in bringing a new baby into the world and then helps to nurture it in the first hours of its life. But the midwife doesn't take the extra step of mothering or parenting the child. The goal is to get the natural mother or parents to take on this role as soon after birth as possible.

What other roles or functions are appropriate for professionals? The roles vary according to the developmental phase of the group. These could be summarized as follows.

The Pre-formation Phase: The critical issue at this stage is to help people see the need for a support group. The professional can serve an extremely valuable role as a visionary and advocate, openly talking about and publicizing the need for such a group within the community. Other important roles include stimulator, catalyst and prodder.

The Formation Phase: Here the key issue is helping to identify, encourage and support potential leaders for the group. It's important to help people see that they do have leadership capabilities, to help them hone their leadership skills, and to help them feel comfortable in a leadership role. Some of the roles a professional can take on are guide, enabler,

teacher, facilitator, and coordinator. The goal is to provide support without assuming the actual leadership function of the group. In the early formative phase of a group, professionals can serve an invaluable function by arranging meeting logistics: setting up meeting times and places, arranging for facilities, convening meetings, lining up refreshments, providing childcare, and so on. However, it's important that the group begin to assume responsibility for these tasks at the earliest possible moment.

The Post-Formation Phase: Groups vary a great deal in the amount of on-going support they will need from professionals. Some will be autonomous and not seek on-going support; some will seek occasional advice, consultation, or support in specific areas; and some will want to maintain on-going relationships with professionals. The key roles might be those of consultant and supporter. Professionals can help in a variety of other ways: serving on an advisory board, referring potential participants to the group, helping the group evaluate its progress, assisting in publishing the group's newsletters, or linking the group up with similar groups in other parts of the county or area.

PRINCIPLES FOR ORGANIZING COMMUNITY SUPPORT GROUPS

Regardless of whether or not professionals are involved in forming a group, it's important to keep a few basic principles in mind. These can be summarized as follows:

1. Go where the energy is. The best leaders of a community support group are people who are willing to commit energy to the process. There are usually people who feel strongly about developing the group and who are willing to devote time and energy to get it going. Degrees and formal training are far less important than energy when it comes to organizing a support group. In short, go where the energy is!
2. Reach out to people. The most effective way to expand membership is through personal invitation. If each committed person reaches out and asks one or two or a few other persons to join the group, it will grow and evolve. Brochures or newspaper announcements can be helpful for raising awareness about the group, but it is the "people chains"--each person asking other persons--that usually bring new people into the group.

3. Group size is important. The group should be large enough to offer support even when some group members are missing; yet it should be small enough so group members feel comfortable sharing personal feelings and stories. Generally, between 10 and 25 or 30 people is normal for a support group. If it becomes much larger than this, it can become impersonal as well as cumbersome and unwieldy.
4. Choose a good location. Meetings should be held in a facility that is easily accessible--one which is convenient for most of the group participants. It should also be a neutral location--one which does not trigger negative associations for potential group members. Meeting in the homes of group members adds an element of comfort, yet the group will be much more accessible to newcomers if held in a public facility such as a church, restaurant, or library.
5. Start and end on time. Support group meetings usually last between one hour and two and a half hours. They should start and end on time so participants don't come to dread long and overly drawn-out sessions. There is one exception--if the group is in the midst of a personal discussion or is helping a member to solve a problem, additional time may be needed to reach closure on the issue.
6. Decide on a purpose. Each community support group needs a clearly defined purpose. This may be a written purpose or one which is simply understood by group members and passed on to newcomers as they join the group. The first meeting of a group should have time devoted to talking about the group's purpose and about how the group will meet the needs of those participating.
7. Include time for socializing. Each meeting should include refreshments and a chance for people to socialize with each other. This informal social period can help to build a sense of community and togetherness. Much of the support that people experience in the group grows out of these informal opportunities to exchange stories and experiences.
8. Share responsibility for the group. People gain a sense of ownership in the group if they share in the responsibilities of making arrangements for meetings, leading group discussions, inviting outside speakers, providing refreshments, and so forth. Try to find ways of involving people--then some of the early leaders won't get burned out by doing too much, too much of the time!
9. Emphasize nurturing and acceptance. Support groups should allow and encourage people to share their ideas, feelings, and experiences without fear of being criticized or judged. Some groups might want to consider having a stated policy of confidentiality to provide assurance and to encourage people to honestly share. Emphasis should be placed on listening, on accepting people as they are, and on supporting decisions they make to better deal with the situations they are experiencing.
10. Make sure people have a chance to talk. Most groups have people who are natural talkers and others who are more quiet. What sometimes happens is that the natural talkers begin to dominate the group. It's important that someone serve as discussion leader and that this person or another group member gently bring the conversation back on course and involve others in the discussion.
11. Encourage contact between sessions. Many support groups utilize the "buddy system" to provide help to group members between meetings. Quite simply, this is a person one can call at any time of the day to seek advice or support or to just lend a listening ear. Regardless of whether a buddy system is used, group members should be encouraged to exchange telephone numbers and call each other when they feel the need to talk.
12. Emphasize the importance of confidentiality. Group participants are likely to share some things that are highly personal and confidential. Thus, it is important that group members agree not to share personal information about other group members outside the group.

Breathing New Life Into Old Support Groups

Once established, support groups can offer a great deal of support and encouragement to their members. They can also provide tangible help in dealing with

day-to-day struggles and issues. But, what happens when a support group begins to stagnate, when it loses its vitality, when the whole thing becomes a ho-hum type of experience?

It's important to recognize that there is a time and a place for everything. If the group has outlived its useful purpose, the best thing might be to simply let it die. However, this should be a conscious decision. Too often, no formal action is taken and the group goes through a long and protracted death due to attrition and lack of interest. Talk about the issue--if there is no longer a purpose being served, then disband the group rather than letting it die through attrition and neglect.

If the group decides that there is a purpose to be served by staying together, there are at least four ways of trying to breathe new life into the group. These include:

1. Alter the original goals or purposes. If the group's sole purpose has been that of providing emotional support to individuals, it may be useful to add other functions or to shift functions entirely. If the group has strong feelings about changing public attitudes or public policies, then they may want to take on an educational or an advocacy function. There's nothing quite like the political arena to get juices flowing and to rebuild commitment to the group and its cause. Conversely, it may be that the group is trying to do too much and there simply isn't enough energy to go around. It may be necessary to cut back on functions--to get back to basics--and simply try to do a good job of providing emotional support to members.

2. Change the existing structure. Sometimes the structure of the support group--the way it is organized to accomplish its objectives--becomes cumbersome or unwieldy. Support groups function best when there is just enough structure to accomplish goals. Yet, over a period of time, the group may become bogged down with a committee structure which becomes burdensome. In this case, the best advice might be: Simplify! Simplify! Decide which things need to be done and establish a lean, yet effective, structure for accomplishing these purposes. Of course, there is always the possibility that there is too little structure and one or two persons are running the entire show.

In this case, the best advice might be: Or-

ganize! Organize! Form should follow function: decide what needs to be done and then find a structure which will accomplish these goals.

3. Give attention to leadership. The founding members of a support group sometimes give it their all--heart, mind, and soul--to get the group off the ground. They may be so involved in the day-to-day functioning of the group that they are oblivious to the fact that others have not been involved or groomed for leadership positions. Then all of a sudden they become exhausted or burned out and the issue of future leadership has not been addressed. One of the most important things a group can do is provide support to the formal leaders so they are not strapped with all of the mundane tasks of day-to-day activities. Another thing that is critical is grooming new people for leadership positions and allowing the founding members to step down or find new ways of serving the group. Finally, the group can encourage their leaders to attend state or national meetings as a way of becoming re-energized and recommitted to the task at hand.

4. Reach out and find new blood. Often groups stagnate because they don't have any turnover in their membership. Some of the more effective support groups recognize this and make a conscious effort to reach out and bring in new blood. Again, the idea of "people chains" is important. It is usually when each person reaches out and extends a personal invitation to others that new people are brought into the group. Brochures, newspaper articles, radio and TV spots, newsletter articles, church bulletins, and posters in public places can all create greater awareness about the group. But it is still the "people chains" which are most effective in bringing new people into the group. Thus, we've come full cycle. It is "people chains" which are useful in forming a support group, and it is "people chains" which ultimately help to keep the group alive and vital!

ACTIVITIES FOR FURTHER LEARNING

Activity: Researching Community Support Groups

The purpose of the following activities is to deepen your understanding of the nature and functions of community support groups.

Do at least one of the activities--all four if you have the time!

1. Do a survey of all the support groups in your community or in your county (be careful--an urban community may have a large number!). Answer the following questions for each group.

- a. What are the primary goals of the group?
- b. Who is the group aimed at? Who are its' members?
- c. Which of the following best characterizes the group: growth and wellness? crisis situations? chronic illness or conditions? other?
- d. Which of the following services are provided by the group: emotional support? education? advocacy? other services?

2. Attend an open meeting of an Alcoholic Anonymous group (most communities have an AA group). Reflect on the following questions:

- a. What happens at an AA meeting--what do they do during the meeting and what are the outcomes or benefits of attending?
- b. AA is one of the earliest support groups developed. There are a number of things characteristic of AA (see below) which have been replicated by other support groups. What makes the following traditions so important that they have been adopted by other groups?

- c. Anonymity of members
 - The 12 Steps
 - A strong spiritual dimension
 - The buddy system
 - Sharing personal stories

3. Interview a founding member of a support group in your community. Learn as much as you can about the group.

- a. Which of the following best characterizes the group: growth and wellness? crisis situations? chronic illness or conditions? other?
- b. Which of the following services are provided by the group: emotional support? education? advocacy? other? Have these services changed over time?
- c. Were professionals involved in any significant way in the formative stages of the group? Are they involved now? If so, has it been highly visible or has it been a behind-the-scenes type of involvement?
- d. Has the group utilized the 12 principles outlined in this paper? In what ways? How have they adapted the principles to meet their needs?

4. Contact one of the following self-help/mutual support clearinghouses for additional information on community support groups.

National Self-Help Clearinghouse
Graduate School and University
Center (CUNY)
33 West 42nd Street, Room 1227
New York, NY 10036
Phone (212) 840-7606
(Publisher of the "Self Help Reporter" newsletter)

The Self Help Center 1600 Dodge
Avenue Evanston, IL 60201 Phone
(312) 328-0470 (Publisher of a
directory of support groups in
Chicago and the metropolitan area;
will be developing state and national
directories in the near future)

SUGGESTIONS FOR FURTHER READING

- Bolton, R. (1979). People skills. Englewood Cliffs: Prentice-Hall.
- Brammer, L. (1973). The helping relationship: Process and skills. Englewood Cliffs: PrenticeHall.
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- Sheehy, G. (1981). Pathfinders: Overcoming the crises of adult life and finding your own path to well-being. New York: Bantam Books.
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Roger T. Williams, Ph. D. , Associate Professor,
Health and Human Services Outreach, University of
Wisconsin-Madison.

Helping Others Help Themselves

A SELF-STUDY SERIES

12

Preventing Helper Burnout

By

J. A. Nachreiner, M.S.

People in occupations with a high proportion of contact with other people are susceptible to what has popularly become known as "burnout." "Burnout" is a reaction to a stressful work situation. To burn out is to be exhausted by excessive demands on energy, strength, time, or resources. Burnout manifests itself differently and at different times in different people. Common characteristics include apathy, fatigue, listlessness, inability to concentrate, disinterest in work, physical symptoms such as headaches, digestive disturbances, back pain, and muscle tension. Burnout affects one's ability to perform effectively both at work and at home.

People in jobs which require working with the public in a service role are susceptible to burnout for several reasons. These include:

1. People intensive work focuses on the needs of others; while helping has its rewards, it is very one-sided. This can result in the helper being expected to give without the taking the necessary steps to attend to his/her own needs.
2. It is impossible to be an effective helper and simultaneously control the behavior of helpees. Helpees will make decisions with which you disagree. They will fail to complete assignments, supply critical information, and arrive on time for appointments. As a helper, you may find these occurrences annoying. This is especially true if you are an action- and goal-oriented person who finds it difficult to accept ambiguity, pro-

crastination, and human ambivalence. Even the most empathic helper will sometimes feel frustrated with the inability to control the variables affecting his/her work.

3. Working with people can result in hazy, ambiguous outcomes. A helper is rarely certain of the impact of his/her work. Degrees of success may be apparent but rarely is the work finished or the outcome clearly defined.
4. Some helpers work in very visible positions. Not only are they expected to help others, but the public expects their behavior to model their words. This, again, strains even the most committed of helpers.

There are other variables affecting burnout but these, (a) the demanding focus on others' needs, (b) lack of control, (c) lack of measurable, verifiable outcomes, and (d) public visibility are among those cited most frequently.

Signs and Symptoms of Job Stress and Burnout

High resistance to going to work every day

A sense of failure

Cary Cherniss (1980), Staff burnout: Job stress in the human services. Beverly Hills: Sage Publications.

- Anger and resentment
- Guilt and blame
- Discouragement and indifference
- Negativism
- Isolation and withdrawal
- Feeling tired and exhausted all day
- Frequent clock watching
- Great fatigue after work
- Loss of positive feelings toward clientele
- Postponing public contacts; resisting telephone calls and office visits
- Stereotyping clientele
- Inability to concentrate or listen to others
- Feeling immobilized
- Cynicism regarding clientele; a blaming attitude
- Sleep disorders
- Increasingly rigid adherence to rules
- Avoiding discussion of work with colleagues
- Self-preoccupation
- Feel more tolerant of behavior-control measures such as alcohol, tranquilizers
- Frequent colds and flus
- Frequent headaches and gastrointestinal disturbances
- Rigidity in thinking and resistance to change
- Suspicion and paranoia
- Excessive use of drugs, including alcohol
- Marital and family conflict
- High absenteeism

Obviously, if a person is experiencing some of these symptoms even mildly, immediate intervention, as described below, is advised to help prevent "full-fledged" burnout. Self-awareness, self-assessment, and self-care are important aids in preventing burnout.

Preventing burnout is, basically, a matter of recognizing and attending to your individual needs. You must know your needs and respect your limits.

- If you know you're a person who likes private, quiet time, but your work demands intense people contact, balance those demands with leisure activities which are solitary.
- If you know you're a person who needs to feel in control of the variables affecting your work, helping will probably be very stressful for you. You can't control the behavior of the helpee and efforts to do so will be counteractive to the helping process. You will want to engage in very concrete activities outside of work. Try to balance your people contact with technical and intellectual work as much as possible during the work day.
- Likewise, if you are a person who likes and/or needs to see visible, concrete outcomes as a result of your work, helping will be stressful. Again, engage in activities that produce such outcomes in your leisure time. Try to balance helping activities with the more outcome-oriented tasks of your job.
- The issue of public visibility is far ranging, depending upon the nature of the visibility. The public visibility of helpers, in particular, depends a great deal on whether you're in a city or a rural area. In a city, a helper can remain somewhat anonymous, rarely seeing helpees outside of scheduled appointments. The pressure to be a role model is greater for the helper in a rural area who lives among and socializes with his/her helpees. In this case, short, frequent vacations to an area where you are not known can be a great release of pressure.

In general, the keys to preventing burnout in a people intensive job are: (a) know your needs and limits; (b) honor those limits; (c) seek balance; and (d) escape those parts of the helping process which create stress for you as frequently as possible.

General stress management techniques are also useful in preventing burnout. Such techniques include adequate rest, limited use of alcohol and caffeine, exercise, a balanced diet, time management, and any number of relaxation and psychological exercises.

Preventing burnout is a very individual matter. It is also something helpers must do for themselves to remain mentally healthy and maximally effective with helpees. Take care of yourself first.

ACTIVITIES FOR FURTHER LEARNING

Activity 1: Identifying Your Patterns, Tasks, and Attitudes at Work

The purpose of this activity is to help you be cognizant of your work activities and your responses to those activities.

For one week keep a log of how you spend your day. In addition to the task you list, note your attitude toward the task (excited, interested, bored, etc.). At the end of the week review your log.

- A. What amount of time do your activities at work focus
 1. on people
 2. on information
 3. on things
- B. What amount of time do your activities out side of work focus
 1. on people
 2. on information
 3. on things
- C. Do a high percentage of your activities involve contact with people?
- D. What attitudes do you express in regard to your activities involving people?

Activity II: Assessing Your Potential for Burnout and Selecting Intervention or Prevention Strategies

The purpose of this activity is to utilize the knowledge and insight you gained from Activity I for intervention or prevention of burnout.

After completing Activity I, respond to the following aspects related to potential burnout:

- A. If your attitudes are indifferent or negative you may already be experiencing "burnout." Check Attachment A at the end of Unit VII for other signs of how burnout may be affecting you. What can you do immediately to alleviate the effects of "burnout"? For example, go away overnight or for a weekend? Prioritize your commitments, canceling or delegating those which are not of the utmost importance. Work on a hobby which is solitary?
- B. What measures are you going to take to insure that you implement these short-term solutions?
- C. What long-term steps can you take to alleviate the effects of burnout, i.e., balancing your involvement with people through employment and non-employment activities, say no to requests involving people contact when your calendar is becoming crowded with commitments involving others, take a vacation.
- D. How will you insure your own commitment to these strategies?
- E. If a high percentage of your activities involve contact with other people and your attitude toward those activities remains generally positive, you probably are not affected by burnout. Continue practicing those strategies you find effective in combatting the stress in your life. Be aware of changes in your energy level in activities involving other people. Also, be aware of changes in your life which require increasingly intense involvement with other people. Modify your other activities as possible to compensate for these changes.

SUGGESTIONS FOR FURTHER READING

Faber, B. A. (Ed.) (1983). Stress and burnout in the human service professions (especially chapters on preventing burnout). New York: Pergamon Press.

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J. A. Nachreiner, M.S., Counselor, Continuing Education Services, University of Wisconsin-Madison.