Supportive communication

In times of crisis, “supportive communication” is the recommended communication style. This implies communicating empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information. The most basic skills for supportive communication with affected people are covered in this module. While it is likely that you already know and practise many of the ways of communicating, even experienced psychologists can benefit from an occasional refresher course in this area.

A skilful helper must use every available tool to help people in need. Because you will encounter people at various levels of distress, of various ages and backgrounds, different genders and under varying conditions, this section attempts to anticipate and address those differences with helpful suggestions. However, situations will always arise that defy expectations where you will need to be flexible, confident, and creative as required.

Learning objectives

At the end of this module, participants should be able to:

- Analyse the values which accompany the most effective communication style
- Practise communicating effectively in challenging situations
- Focus on stages of constructive communication in order to support resilience and self-help
- Practise working with groups of people in a community setting
- Analyse when and how to refer people to other professionals or organizations.

3.1 Communication values

Red Cross - Red Crescent volunteers will often find themselves in a challenging situation, where feeling confident about how to communicate well with other people is vitally important. For instance, first aid volunteers need to feel confident informing relatives about injuries to their loved ones, or volunteers working with people with HIV/AIDS need to communicate effectively with people who have just learned about their positive status or who will soon be facing death.
The following set of values have been consistently found to accompany the most effective communication style:

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>A helper must communicate an ability to see and feel from the affected person’s point of view. This usually includes a quality of personal warmth, as opposed to someone who is aloof, mechanical, or all business.</td>
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<tr>
<td>Respect</td>
<td>A helper must communicate sincere respect for the dignity and worth of the affected persons.</td>
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<tr>
<td>Genuineness</td>
<td>This is about more than factual honesty or sincerity. In working with people who may find it difficult to trust others, the helper must be a very genuine person who can earn trust under difficult conditions. This means saying what you mean and meaning what you say. Anything less can lead to a sense of betrayal.</td>
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<tr>
<td>Positive regard</td>
<td>A helper must demonstrate a sincere regard for the welfare and worthiness of the affected person. Such people may struggle with a sense of being unworthy and flawed. The helper’s positive regard for them is often the seed of a renewed sense of self-esteem.</td>
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<tr>
<td>Non-judgemental stance</td>
<td>People are often concerned that they will be judged by others to be at fault for the crises that befall them. A good helper can relieve this tension by carefully avoiding judging the affected persons. Otherwise, empathy, respect, and positive regard may be undermined.</td>
</tr>
<tr>
<td>Empowering</td>
<td>A helper is temporarily in the affected person’s life. Therefore, it is crucial that you leave the person feeling more resilient and resourceful than when you met him/her.</td>
</tr>
<tr>
<td>Practical</td>
<td>Being practical about what can and cannot be accomplished for a person in crisis is necessary, if we are to succeed in leaving behind a strengthened and functionally whole person even after support is withdrawn.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>This refers to the helper’s duty to keep private those things that are shared by a client. However, certain information must be shared when the good of doing so outweighs the bad. Information, such as knowledge about child abuse, requires socially responsible action by the helper to protect others, and should lead to the helper disclosing the information.</td>
</tr>
<tr>
<td>Ethical conduct</td>
<td>Ethical codes of conduct vary from context to context. They also, however, have certain principles in common:</td>
</tr>
<tr>
<td></td>
<td>- Do no harm</td>
</tr>
<tr>
<td></td>
<td>- Be trustworthy and follow through on your words with appropriate deeds</td>
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<tr>
<td></td>
<td>- Never exploit your relationship</td>
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<td></td>
<td>- Respect a person’s right to make his/her own decisions</td>
</tr>
<tr>
<td></td>
<td>- Never exaggerate your skills or competence</td>
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<td></td>
<td>- Be aware of your own biases and prejudices.</td>
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</tbody>
</table>
3.2 Interpersonal communication skills

Skilful communication can be challenging under any circumstances. The following may help to improve your ability to understand and support affected people:

- Non-verbal communication
- Listening and responding
- Giving feedback.

**Non-verbal communication**

While conversation is often the dominant form of communication, many studies find that most of a message is sent non-verbally, through posture, facial expressions and non-verbal sounds like sighs or gasps. Every culture has its own set of meanings for different body movements and sounds. The ones listed below may need adapting to your own culture.

The following behaviours generally tend to promote increased trust and communication:

- Face the speaker
- Display an open posture, especially with your arms
- Keep an appropriate distance: proximity reflects interest, but may also communicate intimacy, informality or pushiness
- Make frequent and soft eye contact, but be particularly aware of different cultural practices with this behaviour
- Appear calm and relaxed.1

**Listening and responding**

Skilful listening is more than just paying attention to what is said. It is also important to be responsive and to communicate that you are following what the person speaking means.

- Seek first to understand, then to be understood
- Concentrate on what is being said
- Be an active listener by responding non-verbally (attending, nodding, affirming)
- Be aware of your own biases or values; they may distort what you hear

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Listen and look for the feelings and basic assumptions underlying remarks
Do not rehearse your answers while the other person is talking
Do not interrupt, especially to correct mistakes or make points
Pause to think before answering
Do not judge
Use clarifying questions or statements to check your perception
Avoid expressions of approval or disapproval, but affirm that you understand
Do not insist on having the last word
Ask mostly open-ended questions
Ask for additional details, examples and impressions.

Giving feedback
People will be curious and value your feedback on what they share with you. Therefore, how you give feedback is a crucial element of the effectiveness of your communication style.

Be sure the person is ready to receive feedback
Speak in a calm, not high-pitched, tone of voice
Describe observed behaviours, as well as the reactions they caused
Describe, rather than interpret
Focus on recent events or actions that can be changed
Give sincere praise whenever possible to support constructive coping
Use personal statements that reflect your own views (called “I” messages) and rely on descriptions of:
- The problem or situation
- Your feelings about the issue
- The reason for the concern.

Discussion point
In the whole group setting, ask participants to make some points (flipchart these) on times when they felt that they were really being heard or attended to. What were the characteristics of these times? What did the other person do for them?

Go on to ask about times when they felt that the other person was not attending when they spoke. What happened on these occasions? How did they feel?

2- Loughry and Ager
3- Loughry and Ager
3.3 Ways of responding

It is natural for people to respond to someone in crisis either with questions (to assess their situation) or with answers (e.g. advice) as a way of being helpful. While there is nothing wrong with this approach in general, it can be inefficient and interfere with good communication. Try instead to ask fewer questions and make statements like:

- That is very helpful to know.
- I would like to know more about that.

Nevertheless, this is not to say you should never ask questions, but rather that you should try to develop a variety of ways of communicating your sincere interest in understanding and helping people. When questions are used, they can be divided into open-ended and closed types. Open-ended questions can be answered in a variety of ways at varying levels of detail. Closed questions require either a yes/no response or are otherwise limited to very few options. Of course, sometimes a closed question gets all the information you need.

Examples:

- Open-ended: How are you feeling today?
- Closed: Are you feeling better today?

Another way of responding is to address the person’s thoughts or feelings. For instance, you might say:

- That sounds like a very frightening situation to have experienced.
- After hearing what you’ve been through, I can really understand why you would feel angry.

Another approach is to rephrase (or paraphrase) what the person has said. This shows the person that you are listening carefully and accurately. A step beyond this is to share your own reaction to their experience, or your interpretation of the meaning of what they have said. If done with care this can help support the affected person in telling his or her story and making sense of feelings and the changing situation.

As far as possible avoid giving outright advice because this suggests that you know better than the affected person what is right for him or her. For instance, if the person asks what he should do, you might reply: I am still not sure what your alternatives are. Perhaps you can tell me more about your concerns and the options open to you and decide for yourself which would be best.

Above all, remember that you are in the role of a supportive helper, transmitting a sense of concern and respect for people’s ability to cope and recover. To the extent that you appear confident of their abilities, they may draw from that a renewed sense of self-confidence. In the process they may gain a clearer sense of their needs and resources for future action.
Guidelines for responding

There are a number of practical ways of responding which show supportive communication.

Give subtle signals (verbal and non-verbal) that you are listening and following the flow of what is said

<table>
<thead>
<tr>
<th>Nodding and other facial expressions of understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I see”</td>
</tr>
<tr>
<td>“Yes”</td>
</tr>
<tr>
<td>“Right”</td>
</tr>
<tr>
<td>“Please continue”.</td>
</tr>
</tbody>
</table>

Ask questions sparlingly and use mostly the open-ended type

| “How are you feeling today?” |
| “Can you tell me more about your idea?” |

Never appear to interview the person

Address the content (especially feelings) of what you hear without applying judgements

Focus on responding to what the person is really saying or asking. Do not hijack the conversation by going off into your own interests and agenda

Activity 3B: Listening and responding

Role-play in groups of 3. Ask participants to each take a turn at role-playing the following:
- Helper
- Client
- Observer

The Client needs to spend about 5 minutes sharing an issue of moderate concern, either related to his or her Red Cross - Red Crescent activities, or to his/her private life. The Helper should practise all the skills discussed so far. The Observer should provide feedback to the Helper.

Purpose of the Activity:
- To give participants first hand practice at listening and responding
- To provide a deeper understanding of the role of the Helper
- To give deeper insight into how effective communication works.

Discussion point

Back in the large group, ask participants to make some general comments about the role-play, about how they felt and what they learned from the exercise.
### 3.4 Stages of constructive communication

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Develop mutual comfort (rapport)</td>
<td>This is where a sense of trust and understanding are formed, which are crucially important elements for making progress.</td>
</tr>
<tr>
<td>Clarify issues of importance (problems and concerns)</td>
<td>Gather necessary information about the person’s situation and set the stage for identifying needed changes.</td>
</tr>
<tr>
<td>Examine options for positive change (alternatives)</td>
<td>Most people in a crisis can see many fewer options than they would normally. You can help them to regain their ability to consider a number of possible solutions, thus increasing their coping capacity.</td>
</tr>
<tr>
<td>Identify methods with the highest potential for success</td>
<td>This is where decisions for change begin to be agreed on. By encouraging people to evaluate their own potential you are empowering them to regain a sense of control and self-determination.</td>
</tr>
<tr>
<td>Clarify potential costs of each method</td>
<td>It is important to recognize that any solution will have some degree of cost and uncertainty. By supporting this process of considering the costs you can help keep the person realistically connected to the situation and to his/her own limits.</td>
</tr>
<tr>
<td>Select and implement the best plan of action</td>
<td>At this stage a decision is made and the plan is put into action. This is often the most difficult step for a person in crisis because it is the point at which he is most vulnerable to new disappointments. Thus, he may require substantial support from you or from his support network during this transition.</td>
</tr>
<tr>
<td>Evaluate the outcome of the action and lessons learned</td>
<td>This phase brings a sense of closure by allowing the person to reflect on the decision-making process and the outcome achieved. It is important at this stage to reinforce people’s sense of ownership over the process and the outcome so that they do not come away feeling helpless or dependent. The goal has always been for them to regain their sense of confidence in making their own decisions.</td>
</tr>
<tr>
<td>Follow up</td>
<td>This step is somewhat idealistic because it is mostly never done. Nevertheless, the reasoning is sound. Whether the follow-up interval is a day or a year, it sends a validating message to people that they are still important and allows the volunteer to draw important lessons about the effectiveness of his/her work. Failing to follow up does not allow for evaluation of the process, an important element in any work of this kind.</td>
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</tbody>
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5. Loughry and Ager
3.5 Assisted coping

Once you have advanced to the stage where you can effectively influence how a person copes, you can begin by matching the problems you have identified with one of the following coping styles. You will often find that a mixture of both approaches to coping offers the best solution.

Remember that the goal is not for you to cope for people, but to provide the necessary assistance to help them cope by themselves. In this way assisted coping is a type of capacity building, and is in the best interests of the affected person.

**Focus on problem-solving**

<table>
<thead>
<tr>
<th>Help the person to define the problem</th>
<th>Try to keep it limited and manageable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help the person to formulate multiple solutions</td>
<td>Consider the benefits and costs of each solution realistically</td>
</tr>
<tr>
<td></td>
<td>Do not over-help, so that people have a chance to regain their decision-making abilities</td>
</tr>
<tr>
<td></td>
<td>Eliminate impractical solutions, but understand if people need to consider some miraculous (i.e. impractical) solutions. They may not yet be able to accept their predicament.</td>
</tr>
<tr>
<td>Formulate a plan of action and implement the solution</td>
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<tr>
<td>Reflect upon the plan to evaluate its effectiveness and make appropriate adjustments</td>
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</table>

Some examples of this approach to coping include social support, self-help activities, self-advocacy (standing up for oneself), rehabilitation activities, skill building, and other activities that tangibly alter the distressing circumstances. Be careful not to settle too quickly on a coping solution. The best help you can give is not necessarily the quickest answer. Remember, people are slow to learn new ways of coping, so subtle variations on familiar ways often work best. Avoid the tendency to consider only individual solutions. Collective or social solutions have the great advantage of supporting helpful group relationships among members of the same family or community in ways that may endure long after your intervention.

Of course, not all problems can be directly solved or changed. In these cases it can be helpful to focus on the long-term emotional adaptation of the affected person. For instance, if thinking about particular losses in the past keeps leading to painful emotions, the person may benefit by avoiding those thoughts and instead thinking about more hopeful prospects in the present. Similarly, if a person has adopted a perspective that locks them in a cycle of painful emotions, it may help them to consider adopting other perspectives that would lead to better emotional outcomes. People sometimes accomplish this by focusing on positive lessons they have gained from a painful situation. However it is done, it must be done sincerely and with the intent of helping the person to accept certain losses so that he or she may again move forward. This is sometimes called moving from the victim role to the survivor role.
3.6 Working with groups

You will recall that a psychological support programme should rely primarily upon assisting people at the community level. Because of this, you will need to become comfortable and effective in working with various sizes of groups. A good first step is to define a target group around an issue for which there is sufficient apparent interest to motivate significant participation. It is also preferable for the group to be action-oriented so that a tangible result can be achieved.

This is not to say that groups focused on sharing their stories or on processing emotions or other psychological issues are not valuable. These are also valuable in their way, especially under proper guidance from mental health professionals. But psychological well-being often flows from experiences of community participation and cooperative effort.

People who feel a sense of belonging within an effective group derive a sense of membership and worth. What is more, these activities signal a return to a more normal state of affairs where people work together constructively to improve conditions for the members of their group. Therefore, it makes good sense to focus these groups toward goals that can achieve practical results in the short term, and yet will indirectly pay substantial psychological benefits in the long term.

Establishing a support group is inexpensive and relatively simple. The following factors are critical in this process:

- Regularly scheduled meetings at an accessible location
- A good facilitator who is aware of the particular theme of the group, skilful in managing discussions, objective and in general has good people skills
- Groups should be based on community members’ need and desire for one, and group members must together:
  - Determine what the goals of the group are
  - Decide what actions need to be taken to accomplish these goals
  - Know the criteria by which the group can tell when it has reached its goals.

Every individual within the group must also be aware of how his own behaviour can contribute to the group’s goals, and thus has the responsibility to take action to accomplish them.

Discussion point

Ask participants to talk about any experience they have of working with groups. You might lead the discussion by asking them to say:

- What was the target group, and why was it necessary?
- How was the group established?
- What were the main goals of the group?
- What were the critical factors leading to success or failure of the group?

Go on to discuss any main points that occur commonly. What are the lessons learned from the experiences that people have already had, and how might the points made above help them in the future?
3.7 Referral

Referral means the act of recommending that a person should speak to a professional who is more competent to handle the difficulties and complexities of his or her needs. Try to refer to professionals or organizations with whom the Red Cross - Red Crescent has cooperation or contact. For this purpose, you should know in detail what has been done by your National Society regarding cooperation and collaboration with others. Always refer in consultation with your supervisor or programme manager.

When to refer

- When you realise the problem is beyond your capability, level of training, and the purpose of the psychological support programme
- When you have difficulty maintaining real contact with the person
- When a person hints or talks openly of suicide
- When a person seems to be socially isolated
- When a person presents imaginary ideas or details of persecution. Be aware though that it might be the truth
- When you become aware of child abuse or any criminal activity
- When you see persistent physical symptoms developing
- When you become aware of dependency on alcohol or drugs
- When you see the person engaging in risk behaviour (showing carelessness towards one self/others)
- When you yourself become restless, confused and have recurring bad thoughts or dreams about the case.

How to refer

| As a rule, inform the person concerned about your intentions | Let him/her know that you care for him/her and then explain the reasons for the referral. |
| If you have the option, you should present different possibilities of referral to the person concerned | Discuss matters such as fees, location, accessibility, etc. |
| Assure the person that you will continue your support until the referral is complete | You might even suggest accompanying him/her to the first visit with the professional. |

7. Torres A and Oosterling F (1992) Helping the helpers. How Red Cross - Red Crescent youth leaders can better support volunteers, Institut Henry-Dunant, Geneva

8. Torres and Oosterling

Review and revision: Taking action

Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them about supportive communication in future work.
3.8 Summary

- In times of crisis, supportive communication, implying empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information, is the recommended communication style.

- A number of values have consistently been found to accompany the most effective communication style:
  - Empathy
  - Respect
  - Genuineness
  - Positive regard
  - Non-judgemental stance
  - Empowering
  - Practical
  - Confidentiality
  - Ethical conduct.

- Interpersonal communication skills include non-verbal communication, skillful listening and responding, and giving feedback.

- A variety of ways of responding can be an effective communication technique, e.g. giving subtle response signals, asking questions sparingly, addressing the content of what you hear.

- The stages of constructive communication are as follows:
  - Develop rapport
  - Clarify important issues
  - Examine options for change
  - Identify high success potential
  - Clarify costs
  - Select the most appropriate plan
  - Evaluate the outcome of action
  - Follow up.

- Helping people to cope by themselves is your goal. You can help to do this by focusing on problem-solving, and on the long-term emotional adaptation of the affected person.

- When working with groups aim for a sense of belonging. Groups should be based on community members’ need and desire for one, and group members should together work on goals and action to achieve those goals.

- Referral means recognizing specific needs and passing a person on to professionals who are more competent to address those needs. The affected person must be kept informed about what is happening and why.
Supportive communication

- Recommended communication style implies empathy, concern, respect and confidence in the abilities of the affected person
- All levels of distress, all backgrounds, ages, gender, require supportive communication methods
Supportive communication

Learning objectives

• Analyse the values which accompany the most effective communication style
• Practise communicating effectively in challenging situations
• Focus on stages of constructive communication in order to support resilience and self-help
• Practise working with groups of people in a community setting
• Analyse when and how to refer people to other professionals or organizations
Supportive communication

Communication values

- Empathy
- Respect
- Genuineness
- Positive regard
- Non-judgemental stance
- Empowering
- Practical
- Confidentiality
- Ethical conduct
Supportive communication

Interpersonal communication skills

• Non-verbal communication
• Listening and responding
• Giving feedback
Interpersonal communication skills

Non-verbal communication

- Messages often non-verbal, through posture, facial expressions, body language
- Every culture has meanings for different body movements
- General behaviours (depends on culture) to increase trust and confidence:
  - Face the speaker
  - Display an open posture
  - Keep an appropriate distance
  - Frequent and soft eye contact
  - Appear calm and relaxed
Supportive communication

Interpersonal communication skills
Listening and responding

- Skilful listening more than just paying attention to what is said
- Be responsive

  - Seek to understand first, then to be understood
  - Concentrate on what is being said
  - Be an active listener (nod, affirm)
  - Be aware of your own biases or values
  - Listen and look for feelings
  - Do not rehearse your answers
  - Do not interrupt

  - Pause to think before answering
  - Do not judge
  - Use clarifying questions and statements
  - Avoid expressions of approval or disapproval
  - Do not insist on the last word
  - Ask mostly open-ended questions
  - Ask for additional details
Supportive communication

Interpersonal communication skills

Giving feedback

- Feedback valued when people share their experiences with you
- Effective feedback crucial
  - Be sure the person is ready to receive feedback
  - Speak in a calm voice
  - Describe observed behaviours and reactions
  - Describe, rather than interpret
  - Focus on recent events or actions that can be changed
  - Give sincere praise where due
  - Use personal statements that reflect your own views
Supportive communication

Ways of responding

• Ask mostly open-ended questions
• Address thoughts or feelings
• Paraphrase
• Avoid giving outright advice
• Remember your role as supportive helper
Supportive communication

Guidelines for responding

- Give subtle signals that you are listening
- Ask questions sparingly
- Never appear to interview the person
- Address the content (especially feelings) of what you hear without judging
- Focus on responding to what the person is really saying or asking
Supportive communication

Stages of constructive communication

- Develop mutual comfort (rapport)
- Clarify issues of importance
- Examine options for positive change
- Identify most promising options
- Clarify potential costs
- Select and implement the best plan of action
- Evaluate the outcome of the action and lessons learned
- Follow up
Supportive communication

Assisted coping

• Goal = provide assistance so that people cope for themselves, not for you to cope for people

• Focus on problem-solving
  • Help to define the problem
  • Help to formulate multiple solutions
  • Formulate a plan of action and implement solution
  • Reflect on the plan to evaluate effectiveness and adjust if necessary

• Examples: social support, self-help activities, self-advocacy, rehabilitation activities, skill building

• Collective or group solutions support helpful group and community relationships and endure longer

• Focus on the long-term emotional adaptation of the affected person
Supportive communication

Working with groups

• Rely primarily on assisting people at the community level
• Define a target group with an issue which will motivate active participation
• Psychological well-being comes from community participation and cooperative effort
• Sense of membership and worth derived from belonging within an effective group
Supportive communication

Referral 1/3

• Try to refer to professionals or organizations with collaborative ties to the Red Cross - Red Crescent
Supportive communication

Referral 2/3

• When to refer:

- The problem is beyond your capability, level of training and the purpose of the psychological support programme
- You have difficulty maintaining real contact with the person
- When a person hints or talks openly of suicide
- When a person seems to be socially isolated
- When a person presents imaginary ideas or details of persecution
- When you become aware of child abuse or any criminal activity
- When you see persistent physical symptoms developing
- When you become aware of dependency on alcohol or drugs
- When you see the person engaging in risk behaviour
- When you yourself become restless, confused and have recurring bad thoughts or dreams about the case
Supportive communication

Referral 3/3

• How to refer:
  • Inform the person concerned about your intentions
  • Present different possibilities to the person concerned
  • Assure the person that you will continue your support until the referral is complete
Supportive communication

Summary 1/3

- In times of crisis, supportive communication, implying empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information, is the recommended communication style.

- A number of values have consistently been found to accompany the most effective communication style:
  - Empathy
  - Respect
  - Genuineness
  - Positive regard
  - Non-judgemental stance
  - Empowering
  - Practical
  - Confidentiality
  - Ethical conduct
Supportive communication

Summary 2/3

- Interpersonal communication skills include non-verbal communication, skilful listening and responding, and giving feedback.

- A variety of ways of responding can be an effective communication technique, e.g. giving subtle response signals, asking questions sparingly, addressing the content of what you hear.

- The stages of constructive communication are as follows:
  - Develop rapport
  - Clarify important issues
  - Examine options for change
  - Identify high success potential
  - Clarify costs
  - Select the most appropriate plan
  - Evaluate the outcome of action
  - Follow up.
Summary 3/3

• Helping people to cope by themselves is your goal. You can help to do this by focusing on problem-solving, and on the long-term emotional adaptation of the affected person.

• When working with groups aim for a sense of belonging. Groups should be based on community members’ need and desire for one, and group members should together work on goals and action to achieve those goals.

• Referral means recognizing specific needs and passing a person on to professionals who are more competent to address those needs. The affected person must be kept informed about what is happening and why.