ADVANCED SERIES ON SELF NEGLECT:
Engaging with Reluctant Clients

PARTICIPANT MANUAL

MODULE 2
This training was developed by the Academy for Professional Excellence, which is funded by a generous grant from the Archstone Foundation.

Curriculum Developer

Lori Delagrammatikas

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Advanced Series on Self Neglect, developed by Project MASTER, a program of the Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

MASTER is an Archstone Foundation funded program of the Academy for Professional Excellence which has the overarching goal is to develop standardized core curricula for new and experienced APS social workers and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. MASTER has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- The Statewide APS Training Project of the Bay Area Training Academy
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
ACKNOWLEDGMENTS
This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. Project MASTER would like to thank the following individuals and agencies:

**Agencies**
- Bay Area Academy, Statewide APS Training Project
- California Department of Social Services, Adult Services Branch
- California Social Work Education Center Aging Initiative
- Imperial County Department of Social Services
- Orange County Social Services Agency
- Riverside County Department of Public Social Services
- San Bernardino County Department of Aging and Adult Services
- San Diego County Aging and Independence Services

**Regional Curriculum Advisory Committee**
- Carol Mitchel, APS Manager and PSOC Representative, Orange County
- Beverly Johnson, LCSW, Staff Development Officer, Riverside County
- Brenda Pebley, APS Manager, Imperial County
- Carol Castillon, APS Supervisor, San Bernardino County
- Carol Kubota, LCSW, Staff Development Officer, Orange County
- LaTanya Baylis, Staff Development Officer, San Bernardino County
- Zachery Roman, Staff Development Officer, Los Angeles County

**Committees**
- Project MASTER Steering Committee
- APS Core Curriculum Committee
- Protective Services Operations Committee of the California Welfare Directors Association

**Evaluation Consultants**
- James Coloma, Evaluation Consultant
- Jane Birdie, Evaluation Consultant
- Cynthia Parry, Evaluation Consultant

**Video**
- Terra Nova Films, Inc
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# COURSE OUTLINE

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<tr>
<th>Content</th>
<th>Total Time</th>
<th>Activities</th>
<th>Slides/pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions: Objectives, Overview of project, housekeeping</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 1-5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Handouts: Letter to Participants, ID Assignment</td>
</tr>
<tr>
<td>Resistance and Elder Abuse</td>
<td>60 min</td>
<td>Lecture</td>
<td>Slides 5-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;My most Difficult Client&quot;</td>
<td>Activity</td>
</tr>
<tr>
<td>BREAK</td>
<td>15 min.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult Clients</td>
<td>60 min</td>
<td>Lecture, Video Clip</td>
<td>Slides 16-34</td>
</tr>
<tr>
<td>Change theory/Intro to Motivational Interviewing</td>
<td>30 min</td>
<td>Lecture, Decision Table</td>
<td>Slides 35-40</td>
</tr>
<tr>
<td>LUNCH</td>
<td>60 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MI Intervention Concepts and Strategies</td>
<td>80 min</td>
<td>Lecture, Video clips, dyad exercise</td>
<td>Slides 41-51</td>
</tr>
<tr>
<td>BREAK</td>
<td>15 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Self Care</td>
<td>60 min</td>
<td>Lecture and discussion</td>
<td>Slide 52-69</td>
</tr>
<tr>
<td>Closing/Resources &amp; References</td>
<td>15 min</td>
<td>Evaluation</td>
<td>Slide 70-72</td>
</tr>
<tr>
<td>TOTAL TIME</td>
<td>7 hrs (including 1 hour lunch)</td>
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TRAINING GOALS AND OBJECTIVES

By the end of this training, participants will be able to:

**Learning Objective 1**: Identify the factors that contribute to a client’s or family member’s resistance:

**Learning Objective 2**: Gain skills that would enhance the movement towards growth and change

**Learning Objective 3**: Gain skills that would minimize the fear of change.

**Learning Objective 4**: Remember the basic tenets of self-care for helpers.
PRESENTATION

Engaging with Reluctant Clients

Funded by the Archstone Foundation
WELCOME AND INTRODUCTIONS

TIME ALLOTTED: 15 minutes

Slide #2: Housekeeping

Slide 3

Introductions

- Name
- Position
- Years with the agency
- One thing you hope to get out of today's training

Slide 4

Evaluation Process

- Transfer of Learning Activity
- Satisfaction Survey
- Embedded Evaluation
Developing an ID Code

- What are the first three letters of your mother’s maiden name? Alice Smith
- What are the first three letters of your mother’s First name? Alice Smith
- What are the numerals for the DAY you were born? Nov 29th

Trainee ID Code: S M I A L I 2 9
Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete an embedded skills evaluation within the training day. This embedded skills evaluation will take about 15 minutes. You will be asked to determine what types of questions are being asked in a written interview.

This evaluation has two main purposes:

1. To improve trainings’ effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

Our goal is to evaluate training, NOT the individuals participating in the training.

In order to evaluate how well the training is working, we need to link each person’s assessment data using a code. You will generate the code number using the first three letters of your mother’s maiden name, the first three letters of your mother’s first name, and the numerals for the day you were born. Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time. ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy’s training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.
If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families in California.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

James Coloma, MSW  
Training & Evaluation Specialist  
Academy for Professional Excellence  
San Diego State University – School of Social Work  
6505 Alvarado Road, Suite 107  
San Diego, CA 92120  
(619) 594-3219  
jcoloma@projects.sdsu.edu
**MASTER Identification Code Assignment**

**Your Identification Code:**

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother’s *maiden* name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: S M I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ___  ___  ___

2. What are the first three letters of your mother’s *First* name?
   Example: If your mother’s maiden name was Alice Smith, the first three letters would be: A L I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

   ___  ___  ___

3. What are the numerals for the DAY you were born?
   Example: If you were born on November 29, 1970, the numerals would be 2 9. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example 0 9).

   ___  ___

Combine these parts to create your own identification code (example: S M I A L I 2 9). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

*Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.*
Slide #6

Learning Objective 1

Identify the factors that contribute to a client’s or family member’s resistance:

Why do these clients refuse my help?

Slide #7

Learning Objective 2

Gain skills that would enhance the movement towards growth and change

How do I convince him to accept help?

Slide #8

Learning Objective 3

Gain skills that would minimize the fear of change.

How do I minimize his fear of change?
Learning Objective 4
Remember the basic tenets of self-care for helpers.

How do I manage my own frustration?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________
Resistance and Elder Abuse

TIME ALLOTTED: 60 minutes

Slide #10

Remember the old joke:

How many social workers does it take to change a light bulb?

Only one, but the light bulb has to really want to change!

Slide #11

Unique Challenges of APS...

“One of our major problems in this field of protective care has been that our goals have not been clear, nor generally acceptable; nor its extent and complexity known; nor have there been norms or standards upon which to base program objectives”

Mildred Barry at the 1960 Arden House Conference on Aging as quoted by Georgia Antesberger at the International Elder Abuse conference in 2008
Challenges Continued...

- Antesberger suggests that 50 years after Mildred Barry’s comments:
  - Vague problem definition in law and research
  - Lack of national prevalence data
  - Public skepticism about APS
  - Lack of a federally enforced model or universally applied practice standards
  - Inadequate training of APS workers
  - Frequent isolation of APS workers

Resistance: What is it?

- A natural response to change
- Resistance is triggered by anxiety/fear - conscious or unconscious
- “A vitally important communication of a part of the client’s problems and often can be used as an opening into their defenses” – According to Milton Erickson

What does resistance look like?

Resistance can include:

- Overt hostility/refusal
- Diverting to another topic/issue
- Passive agreement with no action
- Taking action, but sabotaging the results
- What else have you encountered?
Contributing factors to resistance

- The more “pejorative” the helper is to resistance, the more resistant the person will become.
- Uncontrolled pain may contribute to resistance.
- The ways resistance is shown is affected by culture.

ACTIVITY: “My most difficult client”

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify your most difficult client.</td>
<td>Write about the interventions you have tried. Do not write on the back.</td>
<td>Exchange forms with a neighbor and complete the back.</td>
<td>Return the forms to original author. Read the back and then debrief with trainer.</td>
</tr>
</tbody>
</table>
My Most Difficult Client

Please write a very brief summary of your most difficult client (minus identifying information, of course). What were their personality issues? What was the service plan and what did they do to resist it? What did you try that didn’t work? (Do NOT include strategies that did work at this point).

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What personality traits were problematic? Reframe them as strengths:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe possible strategies to engage this client:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What service plan options might this client accept?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________


Difficult Clients

Characteristics of a Difficult Person:
- Experience reality differently than you do
- Make untrue accusations
- Blame you for things that aren’t your fault
- Criticize you all the time
- Put you in a no-win situation
- Deny the effects of their behaviors on family members

Working effectively with a difficult client
- Ask yourself, “What does difficult mean?”
- Re-examine our expectations of others
Slide #19

The Key

To help a difficult person accept change, we must first change ourselves.

- The way we see the person
- The way we view our responsibilities
- The ways we respond to the familiar provocations

Slide #20

Professionalism & Problems

Trouble can lead to patience
Patience can lead to endurance
Endurance can lead to professional/personal development
Professional/personal development can lead to hope

Slide #21

Anger defined

- Anger is an emotion
- Emotions are feelings so they reflect a change in both our biological and psychological state
- Hostile aggression refers to behavior
Slide #22

Anger is functional when it is in the right proportion, expressed in a constructive way and with low arousal.

Intense anger may become harmful.

High levels of chronic anger and aggressive behavior can be harmful: higher mortality and coronary heart disease.

Slide #23

Disturbed vs. Adaptive Anger

<table>
<thead>
<tr>
<th>Disturbed anger:</th>
<th>Adaptive anger:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose is to punish/intimidate</td>
<td>Purpose is to correct/restore the situation</td>
</tr>
<tr>
<td>Element of retaliation, intention to hurt the other</td>
<td>There is no malice, hatred, etc.</td>
</tr>
<tr>
<td>Expression is delayed or sustained long after the incident</td>
<td>Expression follows close to the time of the provocation</td>
</tr>
<tr>
<td>Much greater intensity than the situation warrants (displaced)</td>
<td>Intensity is consistent with the situation</td>
</tr>
</tbody>
</table>


Slide #24

Grief polarity continuum

- Losses of a lifetime need to be experienced and expressed.
- We are sitting in a sea of un-grieved loss.
- If grief is un-grieved, “acting-out” will occur as depression, passive/aggressive behavior, manipulation, violence, etc.

Genevay (1998)
Anger and grief
- At the time of a loss, it is natural to experience anger
- Anger can protect us from the pain of loss

See Me clip

Family Issues
- Be aware of family dynamics
  - “Drinking partners”
  - Co-dependency
  - Enabling
  - Patterns of domestic violence/abuse
  - Financial chaos
  - Poor boundaries
Emotional Abuse

- Any behavior that is designed to control another person through the use of fear, humiliation, and verbal or physical assaults
- Is a lot like brainwashing in that it wears away at the victim’s self-confidence

Rejection

- Rejection may be as much of a problem as neglect
- Rejection is more immediately shaming
- Rejection means you have been found defective and deficient
- Self-worth is threatened

Shame

- The emotion of shame is associated with a negative evaluation of the whole self
- Shame interferes with feeling empathy for others - promotes destructive emotions
- “You are bad” vs. “You have behaved badly”
Prolonged Shame

- Internalized shame often gets buried in the person’s unconscious
- Hidden shame cannot be easily healed
- Internalized shame can be converted into rage
- Prolonged but un-acknowledged shame burdens the soul
- Feelings of failure, emptiness, weakness, humiliation, etc. are hard to experience

Personality Problems

- Older adults who lash out at you may be consumed with their own needs
- Expressions of rage and anger may be a result of abuse they suffered in the past
- They may be trying to control their own lives not yours
- Blaming and criticizing may become verbal abuse

Interactions

- Remember that people with personality problems do not view themselves as the problem
- They can be easily aroused to anger when they feel threatened
- They generally refuse referrals for counseling
Regarding Pain

- Pain is common in older adults and often left inappropriately treated
- Untreated pain results in depression, decreased socialization, sleep disturbances etc.
- With dementia, untreated pain can result in resistance to care
- Pain is what the person says it is
Lunch at 12:00

Motivational Interviewing Intervention Concepts and Strategies

TIME ALLOTTED: 110 minutes

Slide #35

Intervention Strategies

Slide #36

Stages of Change

1. Pre-contemplation (Not even considering change/denial)
2. Contemplation (Ambivalent about change)
3. Preparation (Preparing or making small changes)
4. Action (Making changes)
5. Maintenance (Incorporating new behavior into lifestyle)
Motivational Interviewing

“Motivational interviewing is a directive, client centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”


The spirit of Motivational Interviewing

- Motivation to change is elicited from the client (not imposed upon the client).
- The client must resolve his own ambivalence.
- Direct persuasion doesn’t work!
- Your style must be quiet and eliciting while helping the client examine/resolve ambivalence.
- Readiness to change is the product of the interpersonal interaction.
- You are a partner, not “the expert”.

Core Concepts of MI

- Express empathy
- Avoid arguing
- Roll with resistance
- Support self efficacy
- Develop discrepancy
Ambivalence

I want to... AND I don’t want to...

Can you think of something about yourself you are ambivalent about changing? (That you are willing to talk about in class?)

Decisional Balance Worksheet
(Fill in what you are considering changing)

Good things about behavior:

Good things about changing behavior:

Not so good things about behavior:

Not so good things about changing behavior:
### Decisional Balance Worksheet
*(Fill in what you are considering changing)*

<table>
<thead>
<tr>
<th>Good things about <em>behavior</em>:</th>
<th>Good things about changing <em>behavior</em>:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not so good things about <em>behavior</em>:</th>
<th>Not so good things about changing <em>behavior</em>:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
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**Stages of Change**

1. Pre-contemplation (Not even considering change/denial)
2. Contemplation (Ambivalent about change)
3. Preparation (Preparing or making small changes)
4. Action (Making changes)
5. Maintenance (Incorporating new behavior into lifestyle)

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**Slide #43**

**Traps to Avoid**

- Question/Answer Trap
- Labeling Trap
- Premature Focus Trap
- Taking Sides Trap
- Blaming Trap
- Expert Trap

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**Slide #44**

**Change Talk**

- Listen for:
  - Desire statements (I'd like... I wish... I want...)
  - Ability statements (I could... I might...)
  - Reason statements
  - Need statements
- Reflect them back and ask for elaboration
- Listen for a commitment verb
  - (I will... I'm planning to... I am going to...)

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Slide #45

Scaling Readiness

- Ask your client how ready they are to make a change.
  - How important is it to change?
  - How confident are you that you can change?

Slide #46

Putting it in Practice

Case Example:
Responding To Resistance

Slide #47

Activity: Putting it into Practice
Motivational Interviewing Desk Reference

Open-ended Questions, Affirmations, Reflective Listening, and summarizing (OARS)

OARS are the foundation of the MI skills and techniques that are used regularly and consistently, and will become a comfortable way of communicating with clients, colleagues and family alike. OARS, an acquired MI skill, will eventually become a natural interpersonal communication skill observable in all interactions.

Open-ended Questions

Open-ended questions allows the client to speak more than the Intensive Supervision Officer (ISO), they allows the client to share information, in their own words, without input from their ISO. ISOs must listen to what the client is saying which will assist the ISO in asking any follow up questions. Open-ended questions while used often in an exchange in dialogue are not exclusive, closed questions (yes or no responses) and will be used as follow up tools to expand on the subject or provide clarification.

Here are some samples of open questions:

- Who is the most important person in your life? And why are important to you?
- How does being on probation affect your home/work life?
- Who are the 5 most important people in your life?
- How can I help you with ___?
- Help me understand ___?
- What was the best 5 minutes of your day?
- What was the worst 5 minutes of your day?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- Who in your life support you changing this behavior?
- What do you want to do next?
- How does your (behavior) affect your family?
- What do you know about the risks of (drinking/drugs)?
- How will getting off probation affect your home/work life?
OARS: Affirmations
Affirmations are positive reinforcements, statements of a client’s behavior that deserve recognition. When a behavior is acknowledged, the pride the client feels from the recognition, can lead them client to continue the positive behavior. Affirmations can encourage and support the client through the change process. Affirmations build self-confidence in the client’s belief that he or she can change, supporting their self-efficacy. For affirmations to be meaningful it must be genuine and appropriate to the positive behavior.

Examples of affirming responses:
☐ I appreciate that you are willing to meet with me today.
☐ You are clearly a very resourceful person.
☐ You handled yourself really well in that situation.
☐ That’s a good suggestion.
☐ Congratulation on your successful completion from drug treatment (or GED, class)
☐ Your counselor informed me you participate well in her group…that is nice to hear.
☐ If I were in your shoes, I don’t know if I could have managed nearly so well.
☐ I’ve enjoyed talking with you today.
☐ “You are very courageous to be so revealing about this.”
☐ “You’ve accomplished a lot in a short time.”
☐ “You’ve tried very hard to quit.”

OARS: Reflective Listening
Reflective listening is significant in building a rapport. Reflective listening is a skill that engages others with an authentic communication exchange that builds trust, relationship and impacts the desire to change. Reflective listening seems simple, but quite tricky; it involves repeating, rephrasing and/or paraphrasing, as well as, reflecting on feeling statements, at times, reflective listening can be misconstrued as summarizing. In order to master the skills of reflective listening consistent practice is necessary. to It requires really listening to what the client is saying, responding back to the client to ensure understanding of what the client just said and/or to clarify. Using some standard phrases may help until the skill feels comfortable:
☐ So you feel…
☐ It sounds like you…
☐ You’re wondering if…
☐ So what I hear you saying is…
☐ This is what I am hearing, please correct me if I am wrong …

There are three types or degrees of reflective listening that can effect and impact the
rapport building process. In general, the depth should match the situation.

Examples of the three levels include:
- **Repeating or rephrasing**: Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said
- **Paraphrasing**: Listener makes a restatement in which the speaker's meaning is inferred
- **Reflection of feeling**: Listener emphasizes emotional aspects of communication through feeling statements.

This is the sincere and genuine form of listening. Varying the degree of reflection is effective in listening. Also, at times there are benefits to over-stating or under-stating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

**OARS: Summarizing**

Summaries can be used throughout a conversation but are particularly helpful at transition points, for example, If you are in a lengthy conversation with a client, you may summarize at some point to ensure you are on track with where the client is going, then continue with the conversation. Summarizing is also done at the ending of the conversations as well.

**Example of Summaries:** Begin with a statement indicating you are making a summary
- Let me see if I understand so far…
- Here is what I’ve heard. Tell me if I’ve missed anything.
- “What you’ve said is important.”
- “I value what you say.”
- “Here are the salient points.”
- “Did I hear you correctly?”
- “We covered that well. Now let’s talk about…”
- In summarizing…

Motivational Interviewing Desk reference available at:
http://www.sedgwickcounty.org/corrections/Motivational%20Interviewing/Motivational%20Interview%20Desk%20REFERENCE%20Guide.pdf
Dealing Effectively

- Give the angry person your undivided attention
- Do not downplay the seriousness of their complaints
- Make an empathic statement
- Establish rapport
- Take control of the situation

Develop a plan of action
- Invite collaboration
- Ensure the plan is carried out
- Document your interaction with the difficult person

Helpful Interventions

When older adults are angry or resistant you can:
- Make a connection and set another appointment
- Give lots of information
- Listen carefully
- Acknowledge their anger
- Find some point of agreement
- Apologize if appropriate
- Invite criticism without being defensive
- Take "time out"
- Refer when necessary
Offer Something

- If the resistant person or family refuses your assistance, offer them something before you leave – possibly a referral to another community agency
- Be aware of community agencies that might be helpful – carry brochures
- Suggest telephone helplines – local crisis lines, 24-hour Friendship Line
Professional Self Care

TIME ALLOCATED: 60 minutes

Slide #52

Slide #53

“Burnout

“The extinction of motivation or incentive, especially where one’s devotion to a cause or relationship fails to produce desired results”
**Slide #54**

**Job characteristics that lead to burnout**

- Unclear or impossible requirements
- High stress, no downtime
- Big consequences of failure
- Lack of personal control of workload
- Lack of recognition
- Poor communication
- Insufficient compensation
- Poor leadership
- Not knowing if what you do makes a difference

**Slide #55**

**Psychological characteristics**

- Perfectionism
- Pessimism
- Excitability (biological predisposition)
- “Type A” personality
  - Time impatience
  - Free floating hostility
- Poor fit for the job
- Lack of belief in what you do

**Slide #56**

**Compassion**

- Is a moral emotion in which the person suffers along with the injurer
- The goal of compassion is the other’s good
- Compassion energizes in a way that is not understood thoroughly by experts
Compassion and Suffering

- Compassion stems from caring and recognizing another’s suffering
- It involves:
  - Recognizing one’s own pain;
  - Feeling concern for the person in need;
  - Identifying with the pain of their losses;
  - Becoming a companion;
  - Accompanying the sufferer into his/her pain

“Compassion is sometimes the fatal capacity for feeling what it is like to live inside somebody else’s skin. It is the knowledge that there can never really be any peace and joy for me until there is peace and joy finally for you too.”

Frederick Buechner

Vicarious Trauma

- Transformation of the therapist’s or helper’s inner experience as a result of empathic engagement with survivor clients and their traumatic material
Slide #60

Vicarious Trauma

• An aspect of occupational stress
  Inevitable that helping people who have survived traumatic events will affect one's emotional life and world
• Cumulative or particular
• Symptoms resemble those of trauma

Slide #61

Contributing Factors...

• Being new
• Personal triggers
• Personal life stress
• Need to keep confidentiality
• Poor treatment alliance
• Problems with organizations
• Poor life/work balance
• Repetitive exposure reminding of humanity's worst
• High clinical case loads with trauma
• Negative social attitudes towards trauma victims

Slide #62

DON’T DESPAIR!!! There is help.

Awareness
Balance
Connection

...These are the ABCs of Addressing Vicarious Trauma
AWARENESS

Being attuned to one's needs, limits, emotions and resources.

Practice mindfulness and acceptance.

Heed all levels of awareness and sources of information: cognitive, intuitive, somatic.

BALANCE

Maintaining balance among activities, especially at work, play and rest.

Inner balance allows attention to all aspects of oneself.

CONNECTION

Connections to oneself, to others and to something larger.

Communication is part of connection and breaks the silence of unacknowledged pain.

Theses connections offset isolation and increase validation and hope.
The use of humor

- Humor is therapeutic and reduces tension
- Humor helps people rethink a problem
- Humor can defuse hostility
- Good-humored laughter at oneself may be an antidote to anger

What you need to know

- Awareness – your feelings that precede anger
- Acknowledge – your feelings of anger
- Limit-setting – Become an expert at saying "NO"
- Asking for Help – Utilize your resources
- Self-care – Give up professional perfectionism

What your agencies can do

- Provide training for staff
- Provide support networks
- Show respect and empathy for staff
- Provide breaks in working with difficult clients
- Management needs to avoid being part of the problem
- Encourage meaningful conversations among staff
Final thoughts

“We frail humans are at one time capable of the greatest good and, at the same time, capable of the greatest evil. Change will only come about when each of us takes up the daily struggle ourselves to be more forgiving, compassionate, loving, and above all joyful in the knowledge that, by some miracle of grace, we can change as those around us can change too.”

Mairead Maguire

REFERENCES


RESOURCES On the WEB

• Motivational Interviewing articles/studies at: http://www.motivationalinterview.org/
• National Institute of Mental Health at: http://www.nimh.nih.gov/index.shtml
• National Association of Adult Protective Services Agencies (NAPSA) at: http://www.apsnetwork.org/

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101 Ways to Cope with Stress

Get up 15 minutes earlier ♦ Prepare for the morning the night before ♦ Avoid tight fitting clothes ♦ Avoid relying on chemical aids ♦ Set appointments ahead ♦ Don’t rely on your memory ♦ Write it down ♦ Practice preventive maintenance ♦ Make duplicate keys ♦ Say no more often ♦ Set priorities in your life ♦ Avoid negative people ♦ Use time wisely ♦ Simplify meal times ♦ Always make copies of important papers ♦ Repair anything that doesn’t work properly ♦ Anticipate your needs ♦ Ask for help with the jobs you dislike ♦ Break large tasks into bite size portions ♦ Look at problems as challenges ♦ Look at challenges differently ♦ Un-clutter your life ♦ Smile ♦ Pet a friendly dog or cat ♦ Be prepared for rain ♦ Tickle a baby ♦ Don’t know all the answers ♦ Look for the silver lining ♦ Say something nice to someone ♦ Teach a kid to fly kite ♦ Walk in the rain ♦ Schedule play time into every day ♦ Take a bubble bath ♦ Be aware of the decisions you make ♦ Believe in yourself ♦ Stop saying negative things to yourself ♦ Visualize yourself succeeding ♦ Develop a sense of humor ♦ Stop thinking tomorrow will be a better than today ♦ Have goals for yourself ♦ Dance a jig ♦ Say hello to a stranger ♦ Ask a friend for a hug ♦ Look up at the stars ♦ Practice breathing slowly ♦ Learn to whistle a tune ♦ Read a poem ♦ Listen to a symphony ♦ Read a story curled up in bed ♦ Do a brand new thing ♦ Stop a bad habit ♦ Buy yourself flowers ♦ Take time to smell the flowers ♦ Find support from others ♦ Ask someone to be your “vent” partner ♦ Work at being cheerful and optimistic ♦ Do it today ♦ Put safety first ♦ Pay attention to your appearance ♦ Strive for excellence NOT perfection ♦ Stretch your limits a little each day ♦ Look at a work of art ♦ Hum a jingle ♦ Plant a tree ♦ Feed the birds ♦ Practice grace under stress ♦ Maintain your weight ♦ Stand up and stretch ♦ Always have a “Plan B” ♦ Learn a new doodle ♦ Memorize a joke ♦ Be responsible for your feelings ♦ Learn to meet your own needs ♦ Become a better listener ♦ Know your limitations and let others know them too ♦ Tell someone to have a good day in Pig Latin ♦ Exercise every day ♦ Learn the words to a song ♦ Get to work early ♦ Clean out one closet ♦ Play patty cake with a toddler ♦ Go on a picnic ♦ Take a different route to work ♦ Leave work early (with permission) ♦ Put air freshener in your car ♦ Watch a movie and eat popcorn ♦ Write a note to a far away friend ♦ Go to a ball game and scream ♦ Cook a meal and eat it by candle light ♦ Recognize the importance of unconditional love ♦ Remember that stress is an attitude ♦ Practice a monster smile ♦ Keep a journal ♦ Quit trying to “fix” other people ♦ Have a support network of people, places and things ♦ Freely praise other people ♦ Remember that you always have options ♦ Get enough sleep ♦ Talk less and listen more

P.S. Relax, take time each day…you have the rest of your life to live.
RESOURCES

Friendship Line for the Elderly: 1-800-971-0016
- Friendship Line is the only nationwide toll-free number offering telephone support to depressed, isolated, abused, and/or suicidal older adults.

San Diego Trauma Intervention Program (TIP): (760) 931-2104
- TIP, Trauma Intervention Programs of San Diego County, Inc. is a non-profit, volunteer organization of specially trained citizen volunteers who provide immediate emotional and practical support to victims and their families in the first few hours following a tragedy.

California Suicide Prevention Center: (877) 727-4747
- Didi Hirsch Community Mental Health Center

Imperial Valley Crisis Hotline: (760) 482-4000 or 1-800-817-5292

Los Angeles Mental Health Hotline: 1-800-854-7771
Helpline of Riverside: (951) 686-HELP (4357)
- Volunteer Center of Riverside (24/7).

San Bernardino County Crisis Line: 1-800-832-9119
- Family Service Agency of San Bernardino (Mon-Fri 9am to 8pm)

San Diego United Behavioral Health Access & Crisis Line: (619) 641-6992 TDD

Ventura County Suicide / Crisis Line: (805) 652-6727
- Behavioral Health Crisis Team (24/7)

HIV/AIDS Hotline:
Nationwide: (800) 367-AIDS
In San Francisco and outside California: (415) 863-2437
Information available in English, Spanish and Filipino
TDD for the deaf: 1-888-225-AIDS.
Linea Nocturna(Spanish): (800) 303-SIDA
8:00 PM to 12:00 AM
REFERENCES


