

TRAINING THE TRAINER: IMPROVING SOCIAL SKILLS IN A MENTAL
HEALTH SETTING THROUGH STAFF EDUCATION

A thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy.

by

Marissa Carrillo, Robert Gladstone, Clarissa Malhiot-Walter, and Alyza Grace Mijares

Thesis advisor: Ingrid Leu, OTD, OTR/L

June 2019

Certification of Approval

I certify that I have read *Training the Trainer: Improving Social Skills in a Mental Health Setting Through Staff Education* by Marissa Carrillo, Robert Gladstone, Clarissa Malhiot-Walter, and Alyza Grace Mijares, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.



Ingrid Leu, OTD, OTR/L

Instructor of Occupational Therapy

ACCEPTED



Vikas Sharma, OTD, OTR/L

Program Director, Master of Science in Occupational Therapy

Dedication

To our family and friends who have helped us maintain our most meaningful occupations amid such a demanding project.

Acknowledgments

We would like to acknowledge our thesis advisor, Dr. Ingrid Leu, for her endless support and guidance. With her direction and knowledge about this population we were able to create a product that would have a lasting impact on the residents of the facility. In addition to our advisor we would also like to take a sincere moment to acknowledge our family and friends whom without their loving support throughout this process we would have not persisted and endured through the end.

Abstract

“It is estimated that about 18.5% of the adult U.S. population is affected by a mental illness in a given year; about 4.2% of adults in the US experience a severe mental illness (SMI), or a mental illness that substantially interferes with one or more major life activities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Mental illness can impact an individual’s ability to successfully navigate their social participation domain. Social and communication skills are the foundation to participating in meaningful activities (Corrigan, Druss, & Perlick, 2014). This project focused on creating a social skills training (SST) manual for the residential treatment program (RTP), targeted to improve the social skills of the residents enrolled in the program diagnosed with a serious mental illness. Due to the needs of the residents of the RTP, the training manual consisted of four social skill modules, which included active listening, communication skills, assertive communication, and conflict resolution. All modules were delivered with hands-on activities to model and teach the social skill components. Conversation cards, role play scenarios, and group discussions were used to practice these skills. Following the creation of the SST manual, the researchers trained the staff on the proper implementation of the four modules as it would be carried out to the residents of the RTP. The staff who attended the training modules completed a 7-point Likert scale measuring satisfaction, usefulness, helpfulness, and applicability of each module and the overall training provided. While there was no statistical significance found, there was a positive response of the material amongst the participants.

Table of Contents

Introduction.....	1
Statement of the Problem.....	2
Literature Review.....	4
Occupational Deprivation.....	4
Quality of Life.....	5
Training the Trainer.....	7
Statement of Purpose.....	8
Theoretical Framework.....	10
Methodology.....	12
Agency Description.....	13
Project Design.....	14
Module 1 - Active Listening.....	15
Module 2 – Communication Skills.....	15
Module 3 - Assertive Communication.....	16
Module 4 – Conflict Resolution	16
Application of Modules Through Training the Trainer Model.....	17
Priority Population.....	18
Project Development.....	18
Project Implementation.....	19
Project Evaluation.....	20
Ethical and Legal Considerations.....	20
Results.....	21

Discussion.....22

Limitations.....23

Summary.....24

Recommendations.....25

References.....26

Appendix A: Active Listening Module Outline.....32

Appendix B: Active Listening Techniques Worksheet.....39

Appendix C: Active Listening Quick Reference Guide.....40

Appendix D: Open-Ended Question Activity Sheet.....41

Appendix E: Effective Pause and Silence Activity Prompts.....42

Appendix F: Communication Skills Module Outline (for staff).....43

Appendix G: Communication Skills Module Outline (for residents).....54

Appendix H: Supplemental Handout- Body Language Quiz.....56

Appendix I: Supplemental Handout – Importance of Eye Contact.....57

Appendix J: Supplemental Handout – Listening Bad Habits.....58

Appendix K: Supplemental Handout – Listening Tips.....59

Appendix L: Assertive Communication Module Outline.....60

Appendix M: Non-Violent Communication Handout.....67

Appendix N. Broken Record Technique Script.....70

Appendix O: Conflict Resolution Module Outline (for staff).....74

Appendix P: Trigger Action Plan.....88

Appendix Q: Progressive Muscle Relaxation.....90

Appendix R: Post Module Survey.....95

Appendix S: Post Social Skills Training Survey.....96

Appendix T: Institutional Review Board Approval.....97

Appendix U: Likert Scale Results Chart.....98

Appendix V: Social Skills Training Manual.....99

Training the Trainer: Improving Social Skills

Serious mental illness (SMI) disrupts a person's ability to function in everyday society, specifically, perform their daily occupations (Inchausti et al., 2017). One of the most common characteristics of individuals diagnosed with SMI is impaired social functioning. Some social deficits individuals with SMI experience include poor conflict management, difficulty conversing, and aggressive behavior towards others (Inchausti et al., 2017). Individuals with SMI, such as schizophrenia, experience a difference in their social cognition resulting in having difficulty processing social information, which leads to misinterpretation of social intent of others (Green, Horan, & Lee, 2015). Additionally, this impairment in social behavior leads to developing deficits in adjusting behaviors according to social situations and sustaining conversations with others (Bhola et al., 2016). Interpersonal skills required for social participation are outlined in *The Occupational Therapy Practice Framework-Third Edition* and are identified as social participation as a meaningful occupation (AOTA, 2014). Social participation includes engagement with family, friends, peers, and within the community. Social participation is vital as it affects daily functioning and the ability of the individual's independence to navigate their environment independently.

Despite the increase in personal and societal costs associated with the increasing aging patients with schizophrenia, development, and testing of social skills interventions for these patients has been practically nonexistent (McQuaid et al., 2000). While societal mental health needs continue to rise, access to occupational therapy resources and quality care is limited. Occupational therapists are well-suited to provide the necessary client-centered and occupation-based interventions due to their holistic approach to treatment

and competency in task analysis. This allows occupational therapists to break down social participation skills into various components (sensory, emotional, motor, and/or cognitive) and help their clients adapt to perform the skill successfully (AOTA, 2013a). Occupational therapy has a long history in providing mental health treatment in response to rehabilitation, however it is still essential that practitioners advocate for the needs of every individual.

Statement of the Problem

The American Occupational Therapy Association (AOTA) notes the significant impact mental illness can have on an individual's ability to engage in daily, meaningful occupations (AOTA, 2013). There is a strong relationship with social skills deficits amongst individuals with mental health issues including schizophrenia and mood disorders, all of which resemble the population within the RTP. Social skills affect their everyday functioning and ability for independent living. Moreover, impacting their ability to reintegrate into their communities and homes. Specifically, there is a need for the interventions to improve social communication and interpersonal skills and a need for the integration of these social skills interventions for our population to improve their occupational performance and increase their likelihood of successful independent living.

The RTP is a short-term rehabilitation facility that focuses on reduction of stress, promoting independence, and developing a recovery plan. The individuals who utilize this facility are in need of temporary housing after a crisis. A typical picture of a RTP resident is an individual diagnosed with schizophrenia who was recently discharged from an inpatient hospital. However, their family is not comfortable taking them home unless they are consistently taking their medications. The staff at the RTP (occupational therapists, nurses, mental health workers, social workers, and interns) help the resident

create a plan of recovery to reintegrate back into the community. The occupational therapists facilitate group therapy sessions that support the resident's needs. After performing a needs assessment of the facility through the conduction of semi-structured interviews with the facility staff, information revealed that many residents of the RTP exhibit isolative behavior and do not participate in group activities through the program due to confrontational behavior and lack of motivation in performing occupations.

Working with the mental health population can be taxing and complicated for healthcare professionals as every individual suffering from a condition is unique. Several studies have been conducted on how to improve health care providers' approaches when working with those with an SMI. One existing barrier when working with individuals with an SMI is if the health care provider is seen as a cultural outsider. This may indirectly cause cultural harm, leading to a disconnect to the information the patients are being taught by the health care professionals (Wexler, et al., 2017). It is important for the trainers, typically the health care providers, to remain culturally respectful to elicit meaningful experiences for the patients to promote overall learning (Wexler, et al., 2017). Additionally, standard one-day training workshops alone may not be sustainable or create a lasting change in mental health services (Donald, Dower, & Bush, 2013). In order to address these challenges, more enhanced and comprehensive programs that focus on training the trainer have been created. The train the trainer method is a multi-component, organizational approach to staff training is thought to ensure development of skills and resources, enhance knowledge and awareness of the topic at hand, and advance capacity of networks to sustain evidence-based approach (Donald, Dower, & Bush, 2013). By applying the train the trainer method to the staff at the RTP, they will be well-versed with

common issues of social skill trainings (SST) and learn effective methods to develop the resident's communication skills.

Literature Review

One of the main domains affected by SMI is social functioning, which can be characterized through passivity and low level of structure and organization (Lipskaya-Velikovsky et al., 2016). Social deficits present with difficulty in engaging in conversations appropriately, avoiding participation in social activities, and include poor management of conflicts (Inchausti et al., 2017). Furthermore, this deficit in social functioning interferes with one's ability to perform independent living skills and various instrumental activities of daily living (IADLs) such as paying bills, grocery shopping, or managing health and safety (Granholm et al., 2015). Bholal et al. (2016) reported that SST was the third most frequently written referral for inpatient psychiatric rehabilitation services for individuals experiencing symptoms from an SMI. Showing us that this is seen across a large population, proves that there is a need to address the social deficits that interfere with the ability for individuals diagnosed with an SMI to complete their daily activities. Impaired social functioning drastically affects an individual's ability to engage in a variety of occupations required for successful community integration.

Occupational Deprivation

Individuals with SMI may experience a disruption in occupational patterns. Occupational deprivation is likely due to high rates of social exclusion, unemployment, and reduction in self-care and leisure activities (Helfrich, Chan, & Sabol, 2011; Lipskaya-Velikovsky et al., 2016). Compared to the general population, individuals with SMI spend less time on activities related to work and education and instead spend much

of their time sleeping (Leufstadius & Eklund, 2014). This may be because those who experience increased negative symptoms such as emotional withdrawal and blunted affect may have ineffective antipsychotic medicine which leads them to sleep more (Asher, Patel, & De Silva, 2017; Leufstadius & Eklund, 2014). This phenomenon is apparent at the RTP as some residents choose sleeping over group activities such as walking to the park. Combining treatment of neurocognitive deficits and SST may be more effective than standard care alone by encouraging the use of existing skills, fostering self-efficacy, and improving psychosocial functioning through role-play (Kurtz & Mueser, 2008). Therefore, we will include elements from cognitive behavioral social skills training (CBSST) and metacognitive-oriented social skills training (MOSST) programs that have shown to increase client's frequency in participating in social functioning activities in our SST manual (Granholm et al., 2015; Granholm et al., 2005; Inchausti et al., 2017; McQuaid et al., 2000). By compiling elements of both CBSST and MOSST programs we hope to provide a manual that is more encompassing and targets the needs of the residents. The manual will empower the staff to create groups and opportunities for social experiences outside the resident's bedrooms therefore decreasing the occupational deprivation they may have been experiencing.

Quality of Life

Lower skill levels are associated with higher levels of comorbidity between mental disorders (e.g., anxiety and depression) (Stenzel et al., 2013). Granholm, Ben-Zeev, and Link (2009) noted that limited social networks in people with schizophrenia are associated with poorer outcomes. It is beneficial to implement SST with a focus the individual's cognition as they direct the behaviors we exhibit when speaking to others.

Kurzban, Davis, and Brekke (2010), state, "...a great deal of evidence supports the conclusion that cognitive remediation can substantially impact the cognitive deficits characteristic of schizophrenia." (p. 349). Therefore, by combining cognitive strategies within a SST delivery model, individuals' with SMI will receive both SST and cognitive remediation. By identifying thought distortions and altering how to react to those thoughts, it will improve social skill functioning and active participation of members during group activities at the RTP (Inchausti et al., 2017; McQuaid et al., 2000). Moreover, increasing their social skill function may be preventative of excess disability and excess stress among family members or caregivers (McQuaid et al., 2000; Stenzel et al., 2013).

Individuals who have SMI also have negative perceptions about their social cognitive function have a diminished view on their quality of life (Caqueo-Urizar, Boyer, Baumstarck, & Gilman, 2015). According to Penn et al., "supportive interactions with others can provide stress-buffering information about how one is perceived by others that can challenge low self-esteem beliefs and interactions that challenge attributional biases about negative intensions of other," (2004). People with schizophrenia can learn that rewarding relationships are possible through their interactions with therapist and other health professionals (Granholt, Ben-Zeev, & Link, 2009). By enhancing their communication skills the residents at the RTP have the capacity to build strong, positive, and lasting relationships with their peers and family members to increase their quality of life. Improving such relationships allow increased enjoyment when participating in meaningful occupations and improves the quality of the engagement in those occupations. It is found that individuals with an SMI have difficulties with self-

perception when engaging in social interactions; therefore, focusing on their volitional thoughts helps increase their engagement in activities and overall quality of life (Bello, Steffen, & Hayashi, 2011). Improving social skills at the RTP can help connect the residents back to their meaningful activities that can lead to increased independence.

Training the Trainer

Whenever an outside parties take interest in vulnerable populations it is important to consider the availability of access to the population, the time available to help the population, and how the time spent will have a positive impact once the volunteers/outside agency has left. When considering the time available and the difficult access to work directly with residents it was crucial to find a model which would provide the greatest impact despite logistical challenges. Therefore, the use of a manual and staff training became an avenue worth exploring. Training the trainer ensures sustainability, enhances knowledge of the subject, and strengthens the role of the trainer as a mental health agent (Donald, Dower, & Bush, 2013). Marks, Sisirak, and Chang (2013), utilized the train the trainer model with adult with disabilities and found that the staff was able to successfully implement a health education program. It is crucial to recognize the anxiety of the staff about effectively facilitating the modules. We aim to normalize their anxieties of delivering unfamiliar material by referencing the manual and having open discussions about their concerns. A large majority of the staff of the RTP were not provided formal training or completed higher education, creating a low sense of confidence when facilitating group sessions. When provided with a manualized intervention through a situational learning format participants are able to benefit from having tangible materials and experiences to reference and practice their skills (Helfrich, Chan, & Sabol, 2011).

Furthermore, by implementing key elements of training the trainer model such as participating in deep learning sessions, utilizing the opportunity to practice skills in a supported context, and encouraging the possibility of collaborating with other staff, will give an increased sense of confidence while facilitating the modules (Donald, Dower, & Bush, 2012). This model has shown the potential to generate sustainable improvements for the facilitators and increase their endorsement and knowledge of the material (Wexler et al., 2017). Post-session meetings are beneficial to the trainers as it allows for an opportunity to discuss sections that were difficult, give constructive criticism on what could have gone better, and provides a fidelity check (Inchausti et al., 2017; Wexler et al., 2017). Following the train the trainers model, the participants felt an increased readiness and confidence to implement the skills they have gained during the practice sessions due to comprehensive feedback in a safe learning environment (Donald et al., 2013; Marks, Sisirak, & Chang, 2013; Wexler et al., 2017). To ensure that the staff at the RTP retains the knowledge from these training sessions, the facilitators will create a comprehensive review. This design creates a non-threatening, almost game-like, activity that creates opportunities to discuss areas of uncertainty and misinterpretation (Wexler et al., 2017). Lastly, to measure the staff's satisfaction with the material learned from each module we will implement a 7-point Likert survey to gather a more accurate response as compared to a 5-point scale (Finstad, 2010).

Statement of Purpose

The purpose of this project was to provide the staff and occupational therapy student interns at the RTP in Southern California with two products: training sessions to allow the staff and interns time to practice implementing modules and a training manual

containing step-by-step guidance teaching of social skills. Furthermore, the manual is designed to educate interns and staff who work with individuals experiencing SMI related neurocognitive and occupational performance deficits. According to Granholm et al. (2015), functional skills such as paying bills, using an Automatic Teller Machin (ATM), or interpersonal skills can be enhanced using SST. We sought observational information from the staff regarding the residents' typical behaviors and routines regarding socialization and participation in order refine the material offered in the modules. The manual provided the staff with a resource to reference after we left the RTP when creating group activities in order to improve their occupational performance and functional status in their daily life. The training sessions facilitated opportunities for learning in the areas of communication skills, assertive communication, active listening, and conflict resolution. An improvement in functional behaviors allowed for an increased self-efficacy and meaningful change in quality of life (Emmerson et al., 2009). The manual will provide a sustainable impact for residents as the staff will be equipped to train individuals with a SMI and can utilize the manual resources in the future. The manual provides staff with training materials in order to implement social skills modules with residents. Training the staff creates a snowball effect of knowledge; information researched and gathered was passed down from researchers to staff and future staff as the manual will remain on site as a resource to all staff members as they need. This created a realistic approach for change within the facility and for this population.

Theoretical Framework

The Model of Human Occupation (MOHO) is an occupation-based theoretical model developed by Gary Kielhofner that focuses on the individual's interests, values,

roles, habits, subjective experience, and contextual elements as a dynamic system to explain how and why we engage in the occupations most meaningful (Kielhofner, 2008). The MOHO theoretical frame of reference is also able to give insight on how to best approach interventions to create improvement in the individual's deficit areas of occupational performance. The RTP housed individuals diagnosed with serious mental illness experiencing cognitive dysfunction. The cognitive disabilities associated with SMI interfere with a person's structural brain capacities, level of attention, the meaning they interpret from information, behaviors and most importantly values and motivation, all of which affect functional performance (Helfrich, Chan, & Sabol, 2011). According to Bello, Steffen and Hayashi (2011), individuals diagnosed with an SMI often experience comorbid symptoms of depression and anxiety that impact the way they rate their personal life satisfaction. The comorbid symptoms related to depression and anxiety bring about cognitive disabilities associated with SMI interfere with a person's level of attention, the meaning they interpret from information, behaviors, and most importantly values and motivation, all of which affect functional performance (Helfrich, Chan, & Sabol, 2011). The MOHO frame of reference is the was utilized to guide the implementation of the social skills training manual that targets the values and motivation of the residents.

The training modules for this project were created using the MOHO framework as a guiding perspective; RTP staff would use the module activities and topics as a way to increase social engagement and provide meaningful opportunities to address the resident's motivation, habits, and performance capacity in the domain of social skills. It is imperative that the RTP staff understand the unique parts that motivation, roles, and

performance capacity has on an individual's ability to participate in meaningful occupations. Therefore, we have addressed opportunities for grading activities in the training manual as well as included diagrams for reference on the integration of each of these areas (motivation, roles, performance capacity) and how they interplay to contribute to overall successful performance and quality of life through occupational participation. As a project-based study, it was important our theoretical framework had the capacity to be utilized both as a holistic client-centered approach and as a means to better understand the phenomenon of interest when applied to the client as an intervention tool. A great majority of individuals with SMI lack structured daily activities and often seek social activities (Leufstadius & Eklund, 2014). It was important to understand the residents' perceptions of their capacity and efficacy regarding participation in activities or occupations before starting our training (Cole, 2010). The RTP population had negative perceptions of their abilities to participate in social interactions based on a needs assessment and informal interview with RTP staff. The project; therefore, required for an interdisciplinary approach between occupational therapists, nurses, social workers, and the residents to address the underlying features of a SMI as a means to develop positive volitional thoughts and feelings towards social participation in group activities (Cole, 2010). Therefore, using the MOHO as a guide when implementing the training manual allowed to address the internal barrier of participation in social activities. Conquering the internal barrier correlated to improving self-perception and was found to improve an individual's quality of life (Cole, 2010).

The particular population targeted at the RTP lack engagement in various occupations as they often require social interaction, which they struggle in successfully

displaying. The occupational therapy theoretical framework of MOHO is foundational to this project. Creating materials with a MOHO perspective will give the RTP staff a better understanding for how to best engage, motivate, facilitate, and increase the performance capacity of the residents. Understanding what activity motivates the residents is the first step in facilitating new habits and increasing the performance capacity resulting in the potential improvement of independent living and daily functioning. Therefore, the use of MOHO was expected to produce motivation through the use of SST principles for individuals with SMI to enhance participation in group activities.

Methodology

The focus of this thesis was to improve social skills through staff training and develop a resource manual for nurses, mental health workers, occupational therapists, and interns at the RTP. The manual aims to provide education and training for the staff on evidence-based practices most effective for interacting with clients in the RTP in order to aid them in rehabilitating social skills. In order to create a quality resource for staff, researchers conducted a comprehensive literature review to find the areas that individuals with serious mental illness are struggling with most in their transition towards independent living. Our research showed a strong need for SST and a strong correlation for independent living through SST. A literature review provided evidence for potential SST modules, interventions, and best-practice principles which informed the creation of a training manual resource for RTP staff on site. A training session was developed in combination with the manual to disseminate information provided in the manual directly to the staff. After the completion of each module a survey completed by the participants, 7-point Likert scale measuring satisfaction with the module experience. Finstad (2010)

notes the ineffective use of a 5-point Likert scale and therefore a 7-point Likert scale a more effective measurement scale. When researchers were not available on site, they remained available via telephone or email for any questions staff may had throughout the duration of the study. Staff was encouraged to give feedback on their experiences using the manual in practice. Staff was also encouraged to fill out an exit survey (see Appendix E) form with the goal of providing feedback and constructive criticism to the researchers for further adaptations and considerations for the future.

Agency Description

The RTP is a short-term rehabilitation facility located in southern California. It is a 12-bed program the focuses on the reduction of stress, promoting independence, and developing a recovery plan for individuals facing a crisis. Residents can participate in group therapy sessions developed to promote independent living skills such as medical and medication management, prevocational and vocational training, and other instrumental community living skills. As the residents themselves are considered a vulnerable population, we had limited interactions with them. Therefore, we directed our project to the staff so that they can directly implement the modules to the residents.

Project Design

This project was based off a needs assessment of the facility and what was found through an extensive literature review. The basis of this project design focused on social skills training (SST) and cognitive behavioral approach to develop social skills. A total of four module topics were selected: active listening, communication skills, assertive communication, and conflict resolution. Active listening was selected as a foundation skill for developing more advanced social skills such as problem solving. Communication

skills is paramount to engaging in meaningful social engagement. Assertive communication is necessary for compromise and developing healthy boundaries. Lastly, conflict resolution was chosen as a requisite skill for managing disagreements and maintaining emotional regulation. The modules are discussed in further detail below.

The training format and interventions used was modeled after SST Protocols for individuals with SMI and the HealthMatters program Training the Trainer (Marks, Sisirak & Chang, 2013). Each module follows the same basic outline: baseline assessment, didactic lecture, group activity, handout/worksheet review, questions/trouble shoot, and debrief. The baseline assessment is a group discussion to gauge the participants' understanding of the topic, discuss their own experience, and what they would like to know. The didactic section is when terms are explained, and role-play examples are shown by the facilitator. The group activity allows the participants to practice the topic of the module. Next, supplemental handouts are given for the use of the participants. After, the floor is open to the participants to ask questions and clarify any points. Lastly, a debrief comprises of a non-threatening true-false game about the topic to determine overall understanding of the module.

Module 1 - Active Listening

The purpose of the active listening module (Appendix A) is to teach RTP staff the importance of active listening. The participants will have an opportunity to learn, identify, and demonstrate active listening skills through the use of the following activities: Active Listening Techniques Worksheet (Appendix B), Active Listening Quick Reference Guide (Appendix C), Open-Ended Question Activity Sheet (Appendix D), and Effective Pause and Silence Activity Prompts (Appendix E). Active listening skills can

support effective communication and foster a person's ability to engage in conversation as a participant rather than a spectator. Furthermore, developing trust and rapport with the residents of the RTP. The purpose of the active listening module is to bring awareness to the often-unconscious process of listening and facilitate development of active listening skills for use both in practice when working with residents and as skill to teach residents for their use in everyday life.

Module 2 - Communication Skills

Communication skills module (Appendix F) builds the foundation for communication skills by strengthening three key skills: positive body language, asking wh-questions, and taking turns. The trainer will begin a discussion to gather a baseline understand of what the staff knows about each communication skill. Following the module, they will be able to distinguish positive and negative body language, use wh-questions to keep the conversation on topic, and grasp how to take turns during a conversation. To practice these skills the group will take-part in an activity that was based off Muller's et al. (2016) conversation club to promote social thinking. As a result, the participants will have an increased confidence to integrate these skills into typical conversation throughout the day.

Module 3 - Assertive Communication

The purpose of the assertive communication module (Appendix L) is to teach the RTP staff the difference between assertive, passive, and aggressive communication. The module elaborates the importance of assertive communication as an effective communication method especially regarding conflicts. Assertive communication allows an individual to get their point across in a conversation by being direct while being

respectful to the other party participating in the conversation (Kubany, Richard, Bauer, & Muraoka, 1992). The trainer will educate the staff on how to properly run a group session for assertive communication and how to facilitate discussions to further educate the residents about assertive communication strategies. The group facilitator begins by assessing the current knowledge of the topic followed by a more elaborate explanation of the topic and different strategies. The module provides opportunities to participate in group activities to practice assertive communication strategies and ends the session with an informal debrief of the session information using a true and false method.

Module 4 - Conflict Resolution

The purpose of the conflict resolution module (Appendix O) is to teach the RTP staff different conflict resolution strategies that can be used in everyday life. In order to properly manage conflicts, certain factors must be taken into account, such as the type of conflict, the resolution strategy to use, and the overall approach to take (McKibben, 2017). The trainer will educate the staff on how to properly run a group session for conflict resolution and how to facilitate discussions to further educate the residents about conflict resolution strategies. The group facilitator begins by assessing the current knowledge level of the topic followed by a more elaborate explanation of the topic and different strategies. The module provides opportunities to participate in group activities by practicing conflict resolution strategies and discussing beneficial and maladaptive strategies as a group.

Application of Modules Through Training the Trainer Model

Each participant will have a chance to practice leading a module and demonstrate it in front of their peers when they feel that they are ready. After the roleplay of

facilitating a module, the participant will receive feedback delivered in the “sandwich method”. The “sandwich method” is stating one positive aspect of their performance, one aspect they could improve on, and a different positive aspect on their implementation of the module. Each module will include the following lesson plan structure: baseline assessment, didactic lecture, group activity, final discussion, and true/false debrief. The topic introduction will include the clarification of the module objectives as well as gaining an understanding of the staff and interns current knowledge of the module topic. The didactic lecture section will include the learning components of each module topic covering operational definitions, real life examples, and relevance of topic for the RTP setting. The group activity includes a variety of learning methods displayed through role-playing, case scenarios, and educational games. The reflection reiterates the main points of the training module and opens the floor to any questions the staff or interns may have regarding the topic. The informal assessment will include a group true-false quiz to ensure that all participants fully understand the content of the module. To create a non-threatening environment this quiz will reflect a game. The participants will be sitting side by side and facing the front. They will be holding a paper with green (true) on one side and red (false) on the opposite side. The facilitator of the quiz will ask the question and ask the participants to hold up their answer on the count of three. After each answer the facilitator will explain why the statement is true or false. When the quiz is complete the facilitator will ask the participants if there are any answers that need further explanation.

Priority Population

12 participants were recruited from an RTP in Southern California in 2018. The target population was interdisciplinary staff working with clients who suffer from a

serious mental illness. Four Occupational Therapy Students (OTS) from a University in Southern California gained access to interview the RTP staff for the purpose of completing a thesis project, necessary for graduation. Inclusion criteria for the project included having the ability to read, speak, and understand English as well as being a staff member or intern at the RTP. Exclusion criteria established for participation were staff availability and those who did not directly interact with clients.

Project Development

The project was developed after observing the routines of the RTP for one day a week for four weeks. Following the observations, a needs assessment was conducted based on the RTP residents' recovery process and personal experiences in the RTP. Individuals enrolled in the RTP participated in group sessions directed by occupational therapists, mental health workers, and interns. The needs assessment discovered residents experiencing difficulties with social interactions due to the inability to efficiently utilize basic social skills. The residents' social inadequacy interfered with their ability to participate in group sessions that had the purpose of improving their recovery process. From that, a manual was implemented that keyed in on four basic social skills that were most relevant to the population in the RTP setting including active listening, communication skills, assertive communication, and conflict resolution. Materials used in the development of this project included a printed script for each of the four modules for the trainer to follow when facilitating a group session. The script prompted the use of activities, with provided printed handouts for the trainer and participants to utilize in the group session. Lastly, a set of ten red and green true and false cards were created for the comprehensive review of the group session for each module. Our thesis advisor, who was

a staff member of the RTP as an acting occupational therapist, provided the researchers with the RTP personnel background and education level. Background information such as their work and school experience was essential to create a manual that is easily understood by the intended audience.

Project Implementation

The project was implemented at the RTP in a total of eight sessions: four sessions covering the four modules to morning staff and four sessions covering the four modules to the evening staff. The project was implemented over a course of four weeks in an administrative office room within the RTP. Challenges to project implementation included lack of a quiet environment, inability to present material to every staff member, and inattention of staff members during the teaching. Approval to utilize the staff and site was attained prior to implementation of the program. The goal of the project was to teach SST modules to the staff so they would gain confidence in leading groups. As well as, provide a manual that staff could reference within the facility, and in turn utilize when leading groups for all clients. Each module had behavioral learning objectives for the staff to meet at the conclusion of the teaching. The objectives included: learning the importance of active listening, strengthening three key communication skills that will lead to effective communication, learning how to run a group on assertive communication, and learning strategies to resolve conflicts and the different types. A 7-point Likert Scale was utilized to evaluate the efficacy of the teaching both at the end of the module teachings and after all modules were presented.

Project Evaluation

The 7-point Likert Scale utilized at the end of each module assessed if the material was understood, helpful, interesting, had a likelihood to utilize skills, and overall satisfaction with the module. Similarly, the 7-point Likert Scale utilized after all modules presented assessed satisfaction with each module, likelihood to utilize skills, and overall satisfaction. Each number has a facial expression that corresponds to the number to allow for easier scoring. Open-ended questions were listed so participants could expand on their responses. The evaluations were answered anonymously to encourage honest answers. Likert Scales were utilized to gather qualitative data with the ultimate goal of testing readability, usability, and effectiveness.

Ethical and Legal Considerations

Researchers were required to perform a background check, live scan clearance, and health clearance prior to interaction with facility staff at the crisis residential center. Informed consent to carry out the intervention training program was given to participants on the basis of written and verbal information due to interacting with individuals with a SMI. Individuals with a SMI are considered to be a vulnerable population as they may be cognitively compromised which interferes with their decision making on important life issues. Before signing the informed consent form, participants are encouraged to ask questions. The providers will give them a typed, informed consent form. Participants were reminded they could withdraw freely at any time without consequences. The project was approved by the Stanbridge University Institutional Review Board (IRB) (Appendix T) and results of the project were shared with Stanbridge University Occupational Therapy department for the purposes of a Master Thesis project required for graduation.

We recognized the occupational therapy code of ethics by promoting inclusion, independence, and safety for all participants. The purpose of this manual is to enhance the occupational performance and self-efficacy of each participant. Through proper training, the staff will provide a safe environment to practice their new skills.

Participation in-service training was an additional optional training. Confidentiality and anonymity of evaluations and surveys were protected by researchers through the use of anonymous data collection forms.

Results

The active listening module on average scored between 6.00-6.83 and the participants enjoyed the didactic lecture, group activities, and handouts. The communication skills module on average scored 6.83 and the participants enjoyed the didactic lecture and group activities. The assertive communication module on average scored between 6.50-7.00 and the participants enjoyed the didactic lecture and non-violent communication worksheet. The conflict resolution module on average scored between 6.50-7.00 and the participants enjoyed the didactic lecture and group activity. The results from the Likert Scales showed an average score of 6.00-7.00, demonstrating a high satisfaction with the material presented (Appendix U).

Discussion

With direct access to a willing RTP facility, the researchers implemented an SST program through the training the trainer model. The project came to fruition due to the researchers' passion throughout the development and implementation process. Staff typically have little to no formal education on the psychosocial needs of individuals with SMI. Therefore, the project provided the RTP staff with formal education on SMI deficits

and remediation strategies to improve the social skills of the population residing at the RTP. These training contributed to the occupational functioning of the individual staff member through our training. The project was executed with its original intention and vision; however, instead of providing the four modules once a week, two modules once a week were provided. The additional training offerings were included to ensure we were providing training for both the morning staff and evening staff. The project provided training, resources, and hands-on experience for RTP staff to further their professional development. Feedback from RTP staff participants stated they felt more confident in providing quality activities. The project provided a resource for continued use, therefore successfully providing a sustainable social skills program for the residents of the RTP. There is great need for further study regarding the impact of SST programs among mental health workers and the connection to quality of treatment. The next step would be to produce a longitudinal pilot study to measure the validity and efficacy of the program in RTP facilities. In order to provide additional materials and resources based on gaps observed from the learning process to the implementation of new skills. While the ultimate goal is to develop a sustainable training manual, the SST modules were conducted to test the readability, usability, and effectiveness with the staff.

Limitations

During the administration of the surveys, there is a risk of a loss of confidentiality with the participants. The surveys are meant to be anonymous, but participants may unintentionally include personal information. A barrier was staff buy-in as there is a possibility that staff and interns of the RTP will not elicit a collected openness to the intervention and may be unwilling to implement the social skills group to the residents of

the facility. Next, we have the concern of generalizability and how that will affect the efficiency of our training on our targeted population. We are only able to implement our training to the staff for a short duration and are not available to be there on a day to day basis to help implement the training or intervention as we are not part of the staff.

Retrospectively, it would have been helpful to observe the RTP staff facilitate social skill groups with the residents. It is difficult to determine whether our short-term training will have a long-term positive effect on the staff and; therefore, have a transfer of skills for the residents. Our sample size also provides a limitation for generalizability as we will only have an estimate of ten to twenty participants who will be administering interventions learned from the manual to the twelve residents enrolled in the RTP.

Possible limitations of results found are the potential for participant bias when completing the post-module survey after each completed module and when completing the SST survey at the end of all four modules. The modules were administered in small groups of 3-6, and as a result, the participants may have scored higher out of an inclination to appease researchers with the result they felt were desired. Post-module surveys and post-SST surveys were not coded for each participant; therefore, we were unable to infer individual changes over time based on their participation in individual modules and the overall training.

Summary

The SST manual is a resource for RTP staff which would sustainably provide staff with step by step groups and handouts to use for developing social skill of residents. A hallmark symptom of schizophrenia is social skills deficits which makes a SST manual beneficial for this population. After a brief, semi-structured interview with the RTP staff

and interns to determine the needs of the residents, the topics of active listening, communication skills, assertive communication, and conflict resolution emerged as the areas for improvement. The literature review confirmed that the above-mentioned topics are skills that are typically affected in individuals with SMI. The researchers determined that the modules in the manual should first be taught to the staff and interns at the RTP so they could develop familiarity with the topics before they run the groups themselves. The intended outcomes of the project-based study were increased independence in completing meaningful occupations through improvements in social skills. Outcomes for the staff and interns were measured by means of a Likert scale and the outcomes for the residents will be measured upon completion of the modules by the staff by means of the same Likert scale.

Occupational therapists who specialize in mental health play a significant role in addressing social skills deficits among individuals with SMI. The project-based study is relevant to occupational therapy because social participation falls under the occupational therapy scope of practice. Social participation helps many individuals connect to others through meaningful occupations and social skills are necessary to have certain occupational needs met. Improvements in social skills can lead to successful and safe community reintegration, which is the goal for the residents upon departure from the RTP. Another reason why this study is relevant to occupational therapy is because practitioners play a major role in community reintegration. Finally, this project is significant in the field of occupational therapy because the researchers are aiming to improve occupational and functional performance through the SST manual.

Recommendations

RTPs should consider investing in their staff of mental health workers, nurses, and interns by providing additional professional development to improve the quality of care being provided to their clients/patients. After dissemination of the train the trainer project through presentation at OTAC Spring Symposium, 2019 it was realized the impact of providing hands-on experience offers clinicians an immediate tangible tool for practice. The practical application of the train the trainers social skills modules contributes to the practical application of social skills in mental health. It was brought to light how effective collaboration is when problem-solving real-life scenarios regarding mental health issues. The members of the audience effectively communicated together to work out the problems, by gaining new perspectives.

References

- American Occupational Therapy Association. (2013). *Occupational therapy's role in community mental health* [Fact sheet]. Retrieved from <https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mental-health.pdf>
- American Occupational Therapy Association. (2013a). *Occupational therapy's role in mental health promotion, prevention, and intervention with children and youth: Social and emotional learning* [Fact sheet]. Retrieved from <https://www.aota.org/~media/Corporate/Files/Practice/Children/SchoolMHToolkit/Social-and-Emotional-Learning-Info-Sheet.pdf>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi: 10.5014/ajot.2014.682006
- Asher, L., Patel, V., & De Silva, M. J. (2017). Community-based psychosocial interventions for people with schizophrenia in low and middle-income countries: Systematic review and meta-analysis. *BMC Psychiatry*, 17(1). doi: 10.1186/s12888-017-1516-7
- Bello, I., Steffen, J., & Hayashi, K., (2011). Cognitive motivational systems and life satisfaction in serious persistent mental illness. *Quality of Life Research*, 20: 1061-1069
- Bhola, P., Basavarajappa, C., Guruprasad, D., Hegde, G., Khanam, F., Thirthalli, J., & Chaturvedi, S. (2016). Development of a social skills assessment screening

- scale for psychiatric rehabilitation settings: A pilot study. *Indian Journal of Psychological Medicine*, 38(5), 395-403. doi: 10.4103/0253-7176.191392
- Caqueo-Urizar, A., Boyer, L., Baumstarck, K., & Gilman, S. E. (2015). The relationships between patients' and caregivers' beliefs about the causes of schizophrenia and clinical outcomes in Latin American countries. *Psychiatry Research*, 229, 440-446. doi: 10.1016/j.psychres.2015.06.033
- Cole, F. (2010). Physical activity for its mental health benefits: Conceptualizing participation within the model of human occupation. *British Journal of Occupational Therapy*, 73(12), 607-615. doi: 10.4276/030802210X12918167234280
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2) 37-70. doi: 10.1177/1529100614531398
- Donald, M., Dower, J., & Bush, R. (2012). Evaluation of a suicide prevention training program for mental health services staff. *Community Mental Health Journal*, 49(1), 86-94. doi: 10.1007/s10597-012-9489-y
- Emmerson, L. C., Granholm, E., Link, P. C., McQuaid, J. R., & Jeste, D. V. (2009). Insight and treatment outcome with cognitive-behavioral social skills training for older people with schizophrenia. *Journal of Rehabilitation Research & Development*, 46(8), 1053-1058. doi: 10.1682/JRRD.2009.04.0042
- Finstad, K. (2010). Response interpolation and scale sensitivity: Evidence against 5-point scales. *Journal of Usability Studies*, 5(3), 104-110.

50 Communication Activities, Icebreakers, and Activities. HRD Press, Amherst, MA, 2008.

Gardner, J., Swarbrick, M., Ackerman, A., Church, T., Rios, V., Valente, L., & Rutledge, J. (2017). Effect of physical limitations on daily activities adults with mental health disorders. *Journal of Psychosocial Nursing*, *55*(10), 45-51. doi: 10.3928/02793695-20170818-05

Granholm, E., Holden, J. L., Sommerfeld, D., Rufener, C., Perivoliotis, D., Mueser, K. T., & Aarons, G. A. (2015). Enhancing assertive community treatment with cognitive behavioral social skills training for schizophrenia: Study protocol for randomized controlled trial. *BioMed Central*, *16*(1). doi: 10.1186/s13063-015-0967-8

Granholm, E., McQuaid, J. R., McClure, F. S., Auslander, L. A., Perivoliotis, D., Pedrelli, P., . . . Jeste, D. V. (2005). A randomized, controlled trial of cognitive behavioral social skills training for middle-aged and older outpatients with chronic schizophrenia. *American Journal of Psychiatry*, *162*(3), 520-529. doi: 10.1176/appi.ajp.162.3.520

Green, M. F., Horan, W. P., & Lee, J. (2015). Social cognition in schizophrenia. *Nature Reviews Neuroscience*, *16*(10), 620-631. doi: 10.1038/nrn4005

Helfrich, C. A., Chan, D. V., & Sabol, P. (2011). Cognitive predictors of like skills intervention outcomes for adults with mental illness at risk for homelessness. *American Journal of Occupational Therapy*, *65*(3), 277-286. doi: 10.5014/ajot.2011.001321

- Inchausti, F., García-Poveda, N. V., Ballesteros-Prodos, A., Fonseca-Pedrero, E., Ortuño-Sierra, J., Sánchez-Reales, S., . . . Mole, J. (2017). A pilot study on feasibility, acceptance and effectiveness of metacognitive-oriented social skills training in schizophrenia. *BMC Psychiatry, 17*(1). doi: 10.1186/s12888-017-1378-z
- Kielhofner, G. (2008). *Model of Human Occupation: Theory and Application*. Fourth Edition. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Kubany, E. S., Richard, D. C., Bauer, G. B., & Muraoka, M. Y. (1992). Impact of assertive and accusatory communication of distress and anger: A verbal component analysis. *Aggressive Behavior, 18*(5), 337–347. doi: 10.1002/1098-2337
- Kurtz, M. M. & Mueser, K. T. (2008). A meta-analysis of controlled research on social skills training for schizophrenia. *Journal of Consulting and Clinical Psychology, 76*(3), 491-504. doi: 10.1037/0022-006x.76.3.491
- Kurzban, S., Davis, L., & Brekke, J. S. (2010). Vocational, social, and cognitive rehabilitation for individuals diagnosed with schizophrenia: A review of recent research and trends. *Current Psychiatry Reports, 12*(4), 345-355. doi: 10.1007/s11920-010-1029-3
- Leufstadius, C. & Eklund, M. (2014). Time use among individuals with persistent mental illness: Identifying risk factors for imbalance in daily activities. *Scandinavian Journal of Occupational Therapy, 15*(1), 53-63. doi: 10.3109/11038128.2014.952905

- Lipskaya-Velikovsky, L., Jarus, T., Easterbrook, A., & Kotler, M. (2016). Participation in daily life of people with schizophrenia in comparison to the general population. *The Canadian Journal of Occupational Therapy, 83*(5), 297-305. doi: 10.1177/0008417416647158
- Marks, B., Sisirak, J., & Chang, Y. (2013). Efficacy of the HealthMatters program train-the-trainer model. *Journal of Applied Research in Intellectual Disabilities, 26*(4), 319–334. doi: 10.1111/jar.12045
- McKibben, L. (2017). Conflict management: Importance and implications. *British Journal of Nursing, 26*(2), 100-103. doi: 10.12968/bjon.2017.26.2.100
- McQuaid, J. R., Granholm, E., McClure, F. S., Roepke, S., Pedrelli, P., Patterson, T. L., & Jeste, D. V. (2000). Development of an integrated cognitive-behavioral and social skills training intervention for older patients with schizophrenia. *Journal of Psychotherapy Practice and Research, 9*(3), 149-156.
- Muller, E., Cannon, L., Kornblurn, C., Clark, J., & Power, M. (2016). Description and preliminary evaluation of a curriculum for teaching conversation skills to children with high-functioning autism and other social cognition challenges. *Language, Speech, and Hearing Services in School, 47*(3), 1-18. doi: 10.1044/2016_LSHSS-15-0042
- Penn, D. L., Mueser, K. T., Tarrier, N., Gloege, A., Cather, C., Serrano, D., & Otto, M. W. (2004). Supportive therapy for schizophrenia: Possible mechanisms and implications for adjunctive psychosocial treatments. *Schizophrenia Bulletin, 30*(1), 101–112. doi: 10.1093/oxfordjournals.schbul.a007055

- Scheinholtz, M. (2010). Occupational therapy in mental health: Considerations for advanced practice. Bethesda, MD: AOTA Press.
- Stenzel, N., Krumm, S., Hartwich-Tersek, J., Beisel, S., & Rief, W. (2013). Psychiatric comorbidity is associated with increased skill deficits. *Clinical Psychology and Psychotherapy, 20*(6), 501-512. doi: 10.1002/cpp.1790
- Wexler, L., Trout, L., Rataj, S., Kirk, T., Moto, R., & McEachern, D. (2017). Promoting community conversations about research to end suicide: Learning and behavioural outcomes of a training-of-trainers model to facilitate grassroots community health education to address Indigenous youth suicide prevention. *International Journal of Circumpolar Health, 76*(1). doi: 10.1080/22423982.2017.1345277

Appendix A

Active Listening Module Outline

Title: Active Listening for Healthcare Employees

Purpose: The purpose of this group is to teach RTP staff the importance of active listening. The participants will have an opportunity to learn, identify, and demonstrate active listening skills.

Impact on Occupation: Active listening skills can support effective communication and foster a person's ability to engage in conversation as a participant rather than a spectator. Furthermore, developing trust and rapport with the residents of the RTP.

Role of OT / Group Leader: Educator & Facilitator

Group Goals:

- Participants will learn the components active listening.
- Participants will demonstrate active listening skills learned by the end of the module.

Description of Group:

Section I: Baseline assessment

Begin by welcoming everyone to the group training for active listening and introduce yourself.

Introduction: *“Let’s all go around the circle and introduce ourselves before we begin our first activity.”*

Telephone Icebreaker Activity

“Now let’s play a short game of telephone, to start please make a single-file line. I will begin by whispering a sentence to the first person in line then they will continue to pass the sentence down the line by whispering the sentence to the next person in line until we reach the end. The last person will say the sentence out loud for all to hear.”

With music playing in the background, begin by whispering the following sentence:

*“I desperately want to know what it feels like to listen and what it feels like to be truly
heard.”*

Once the last person shares the sentence out loud share with the group the original sentence you whispered to the first person in line and compare the two sentences using the debrief below:

Facilitate a short discussion using the following prompts:

- What happened to the original message?
- Was it easy or difficult to hear the message? Why do you think it might have been difficult?

Responses might include the following:

“It was hard to hear because the person was whispering.”

“We weren’t making eye contact.”

“It was too loud to hear.”

Ask the following questions to understand the level of knowledge the participants have regarding active listening:

“What do you know about active listening?”

“Can you give me some examples of what active listening looks like?”

Section II: Didactic

Briefly open the didactic portion of the module with a description of the module and its purpose as well as a brief clear definition of active listening:

“Active listening can be defined as being fully present and concentrated on what a speaker is sharing instead of passively hearing the words of the speaker. Therefore, active listening is a skill we can learn and practice to develop and use in all areas of our lives. It is the skill of listening with all our senses and being a participant in the communication process.”

“When a person only listens to the words being said they may fail to really hear what a person is trying to share quickly leading to misunderstandings or misinterpretations. In order to avoid such moments, we can use active listening to make sure the people who are talking to us are most accurately heard and understood.”

I am going to lead you through three activities which will give us the opportunity to learn, practice, and develop our active listening skills.

Section III: Group Activity

Group Activity #1: Active Listening Techniques

Hand out the “*Active Listening Techniques Worksheet*” have the participants fill out worksheet collaboratively as a collaborative learning experience for 5-10 minutes.

Reassure the participants this is not graded but rather an opportunity to think about these techniques before further discussion.

Have the participants share their examples and facilitate a group discussion, reviewing each technique interactively with the group.

Let the clients know an “*Active Listening Quick Reference Guide*” will be handed out as an additional resource to review these techniques in the future and give both an example and its purpose.

Group Activity #2: Effective Pause / Silence Role Play Practice

Explain to the participants that we will now practice the active listening technique of effective pause and silence. Have the participants break up into pairs have one person be the speaker and the other be the listener. Their goal will be to listen to the speaker without interrupting the speaker and using short effective pauses while a partner reads a prompt. Once the prompt have the participants switch roles and read the second prompt.

Be sure to print and handout the following prompts for this activity:

Below is reading prompt 1:

“I have been feeling very confused about everything lately... I don’t know what to do... I think I am losing my mind. I walk around forgetting where I am going...and then when I get where I am going.... I forget why I went there in the first place... I have a note pad and pen in my pocket to write things down and it really helped me in the past but... I feel so dumb having to write things down all the time.... I know its just my depression causing me to forget things and when I feel rested and happy I don’t have these problems of losing my mind.”

Below is reading prompt 2:

“Have I told you about my dog, his name is Charlie. He is my best friend... he knows when my thoughts are scary, and I need extra love... He keeps me from being alone.... I have had him for 12 years, he has been my only friend when everyone else abandoned me. I don’t know what I am going to do.... He is very sick, and I know he will die soon.... Even when I was homeless he never left my side... I will have a hard time staying on track without him... I am afraid I will make bad choices when he’s gone and end up homeless again.”

Group Activity #2: Silence Role Play Practice

Explain to the participants they are going to interview each other, using the following prompt:

“Tell me something about yourself that might surprise me.”

Further explain that when they interview each other, they should practice using short silences. This means that whenever the narrator stops speaking, the interviewer should pause for six to eight seconds (counting quietly to themselves) before asking a follow-up question.

During this period, the narrator is free to add any details to their story. The interviewer will then need to wait for another opportunity to ask a follow-up question.

Have the participants pair up. The first speaker will tell their story for five minutes with the listener/interviewer pausing before they ask any follow-up questions. After the five minutes is up call time, and have the participants switch roles.

Once both participants had an opportunity to be the listener/interviewer debrief the activity.

Facilitate a short discussion using the following prompts:

- **“As the interviewer, how did it feel to pause before asking questions?”**
- **“Were the pauses helpful when you were telling your story?”**
- **“Do you think people often use this method of ‘short silences’ in real life?”**
- **“What does it feel like when someone interrupts you?”**
- **“What do you think might cause someone to interrupt another person?”**

Group Activity #4: Open-Ended Question Role Play Scenarios

See worksheet for role play scenarios and directions for the worksheet.

Explain the worksheet to the participants and explain the directions for completing the worksheet. Give the participants an opportunity to fill in the worksheet and once adequate time has been allowed have them each come up to the front to role play as the listener using the open-ended questions and other skills learned during the module with the module facilitator. After each role play scenario have the group identify skills used and give feedback

Section IV: Handout / Worksheet (review)

Pass out the additional handout on active listening for their reference and remind them the worksheets handed out during the activity portion of the module are also help to keep as a reference when working with clients at the RTP.

Worksheet / Handouts:

1. Active Listening Techniques Worksheet

2. Open-Ended Question Activity Sheet
3. Active Listening Reference

Section V: Questions / Troubleshoot

This is an opportunity for participants to ask any questions about the material. Give the participants an opportunity to ask questions related to their experiences at the RTP.

Open this section of the module with some questions to open discussion:

“Does anyone have questions related to active listening they would like answered or any technique they would like reviewed for clarity?”

“What aspect of the module was most helpful and why?”

“Share one thing you learned today that you can immediately use when working with residents?”

Section VI: Debrief

T / F: When listening to others we use our whole body. (T)

T / F: If I repeat exactly what others say they will know I am listening. (F)

T / F: I give my opinion about what others say so they know I am being an active listener.
(F)

Materials and Supplies:

**enough handouts for all members of the group including group facilitator.*

Appendix B

Active Listening Techniques Worksheet

Listening Skill	Define	Example
Restating		
Summarizing		
Minimal Encouraging		
Reflecting		
Giving Feedback		
Observing		
Emotion Labeling		
Probing		
Validating		
“I” messages		
Redirecting		
Silence/Effective Pause		

Appendix C

Active Listening Quick Reference Guide

Listening Skill	Sounds Like	What it is meant to do
Restating	“So, you would like your partner to trust you more.”	Shows you are listening, helps verify what speaker means
Summarizing	“So, you are saying you love your parents but you would like them to ease up on the rules at home.”	Helps clarify the speaker’s situation so that problem-solving can begin
Minimal Encouraging	“Tell me more about that.”	Allows speaker to feel safe enough to tell more about his/her situation
Reflecting	“This seems really important to you.”	Allows speaker to sort out his/her feeling
Giving Feedback	“It appears to me like this relationship is causing you grief.”	Let’s the speaker know what you are thinking about the situation, helps share insights, observations, and experiences
Observing	Watch for facial expression & body language, listen for words used, note energy level	Allows listener to pick up on important information that may be unconscious
Emotion Labeling	“You seem really sad about that”	Allows speaker to put feelings into words
Probing	“What do you think would happen if you were to change?”	Helps draw the person out and go deeper and into more meaningful information
Validating	“I appreciate you telling me that.”	Shows good will and promotes trust
“I” messages	“I know you are upset, I’m sorry we have to stop now.”	Ownership of message helps facilitate trust
Redirecting	“Let’s talk about something else.”	Diffuses an aggressive, agitated, or angry person
Silence/Effective Pause	Pause for emphasis. Gives a person time to think, diffusing unproductive interaction

Appendix D

Open-Ended Question Activity Sheet

Directions: In each of the following examples, respond to the client with an open-ended question that helps draw the person out and go deeper into more meaningful information.

To help us focus – think about a specific resident, situation, or problem someone might be experiencing to cause them to make such statements.

1. “I’m always so unlucky!”

Open-ended question:

2. “No matter what I do, I can’t win.”

Open-ended question:

3. “I’m not thinking right today.”

Open-ended question:

4. “Boy, did I have a boring week-end.”

Open-ended question:

5. “My doctor gave me new medication, and I’m just not myself.”

Open-ended question:

6. “Life is so unfair. Do you think there’s any justice in the world?”

Open-ended question:

7. “What good does it do to write down a schedule? When I go home, it’s all for nothing.”

Open-ended question:

8. “I’m really afraid to talk about how I feel.”

Open-ended question:

9. “Just let well enough alone. I feel great today.”

Open-ended question:

10. “Why should I care what my mother thinks!”

Open-ended question:

Appendix E

Effective Pause and Silence Activity Prompts

Read the following prompt to your partner:

“I have been feeling very confused about everything lately... I don’t know what to do... I think I am losing my mind. I walk around forgetting where I am going...and then when I get where I am going.... I forget why I went there in the first place... I have a note pad and pen in my pocket to write things down and it really helped me in the past but... I feel so dumb having to write things down all the time.... I know its just my depression causing me to forget things and when I feel rested and happy I don’t have these problems of losing my mind.”

Read the following prompt to your partner:

“Have I told you about my dog, his name is Charlie. He is my best friend... he knows when my thoughts are scary, and I need extra love... He keeps me from being alone.... I have had him for 12 years, he has been my only friend when everyone else abandoned me. I don’t know what I am going to do.... He is very sick, and I know he will die soon.... Even when I was homeless he never left my side... I will have a hard time staying on track without him... I am afraid I will make bad choices when he’s gone and end up homeless again.”

Appendix F

Communication Skills Module Outline
(FOR STAFF)**Supplies:**

1. Conversation Topic Cards
2. True/False Cards

Purpose of group:

1. Instructor introduces self.
2. Purpose: Our objective today is to teach the residents how to strengthen three key skills that will lead to effective communication: positive body language, asking wh-questions, and taking turns.

Section I: Baseline Assessment

Begin by explaining that the instructor is showing you an example of how to run this module to the residents.

“I understand that these skills are things that we don’t even think twice about, but for the purpose of this module put yourselves in the shoes of the residents.”

Next, ask the group the introduction questions to get an understanding of what they know about communication skills.

Introduction Questions (3 total):

- *What do you know about communication skills?*
 - Possible responses:
 1. We use it every day.
 2. Good communication skills help us build friendships.
 3. Bad communication skills might make it hard for others to approach us.

- *Can you give examples of communication skills?*
 - Possible responses:
 1. Starting a conversation
 2. Ending a conversation
 3. Speaking in a continuous manner
 4. **Body Language**
 - **Turning toward partner**
 - **Eye contact**
 5. **Asking Questions**
 6. Replying appropriately
 7. Expressing emotions appropriately
 8. **Taking turns or timing response**

**If someone responds with an underlined item say, “Great! That’s a really important one that I want you to keep in mind for later!”*

GOOD	BAD
<ul style="list-style-type: none"> ❖ Focusing on what your partner is saying ❖ Asking follow up questions that relate to the topic discussed ❖ Taking turns and allowing your partner proper time to respond ❖ Open body language ❖ Matching the tone of your partner. 	<ul style="list-style-type: none"> ❖ Multitasking - looking at your phone while your partner is talking to you ❖ Asking your partner to repeat him or herself constantly ❖ Never letting your partner talk. ❖ Interrupting your partner while her or she is talking ❖ Rolling your eyes, looking away, body turned away, arms folded together ❖ Mumbling softly to yourself or yelling at your partner

After a few responses next say,

“Now that we have a better idea of what communications skills are, can you tell me if these are good communication skills or bad communication skills?”

Randomly read one bullet point from the good or bad column and ask the group whether it is good or bad communication skill. Choose 2-3 bullet points from each column.

Next, determine what the STAFF is interested in ask,

“What do you want to know? Is there a communication skill that we mentioned earlier that you did not recognize?”

- When a group member shares their concern respond with, “I’m so glad you brought that up. _____ is....” And explain term to best of your ability.
- If you do not have an answer say, “That is a great question! I will have (instructor who is assisting you) look it up for me and I will get back to you.”

“Is there a skill you already have, but what to improve on?”

- The instructor is encouraged to share a personal goal here.
Example: Sometimes I get so caught up on saying the right thing that I interrupt when someone is talking.

To determine what skills the staff would like to focus on for the RESIDENTS ask,

“Have you noticed a lack of communication skills from the residents? Which skills?

Which communications skills do the residents perform well?”

- Take note of the discussed skills so that the staff can focus on them when they implement the module to the residents.

Next, thank the group for participating in warm up activity and briefly go over the objective of the module,

“Thank you for actively participating. I hope this gives you a better idea of what we’re going to talk about for the next hour. As you can see there are many communication skills that we could discuss, but our objective for today’s module includes 3 key skills that lead to effective communication:

- *Body language: body and eyes oriented toward partner*
- *Questioning: asking wh-questions to remain on topic*
- *Taking turns: responding in reasonable length of time and then allowing your partner to speak freely without interruption*

Section II: Didactic Lecture

To begin your lecture, reiterate,

“I’m sure you are wondering why are we going over such basic skills? This is natural to us and something we do on a day to day basis without even thinking about it. However, social deficits are a main characteristic of individuals with a serious mental illness (SMI), so try thinking about this from their point of view. Why do you think building this skill is so important to the residents?”

Explain that,

- We use these skills every day!
 - Think about the last time you talked to someone:
 - Was it in line at the store? To your friend or loved one? You can talk to someone anywhere!

- What did you talk about? How did you feel after?
- Now imagine going through the day not knowing how to start a conversation with someone. How would that make you feel?
- Communicating with others helps build supportive and lasting relationships
 - Opportunity to learn about each other
 - Share information about yourself and make connections to others
 - We're social beings. It is natural for us to speak to one another.
- Prevent excess disability
 - A lack of communicative skills may lead to isolation. Individuals who are isolated are at a higher risk of depression and anxiety.
 - Is this something you see within our clients?
- Reduce burden and stress of caregivers.
 - Examples: Less screaming matches and more calm conversations about the issue at hand.

FIRST SKILL: Body Language

- Start with a **Nonverbal Listening Test** (Garber, 2008 - p. 63): Ask the group these questions about nonverbal listening to determine their baseline understanding of body language.
 - **What does the term nonverbal communication mean?**
 - i. Answer: How we communicate without spoken words.
 - **Give three examples of positive nonverbal communication (Act it out).**
 - i. *Nodding your head yes while someone is talking*
 - ii. *Eye contact*

- iii. *Facing your body towards the person*
- **Give three examples of negative nonverbal communication (Act it out)**
 - i. *Furrowed eyebrows*
 - ii. *Avoiding eye contact*
 - iii. *Slumped posture / crossed arms*
- To summarize this skill explain that,

“So many of the messages we get from others is from their nonverbal behavior. Nonverbal behavior includes body language, facial expressions, and gestures. I’m sure you have experienced a time where you can predict someone’s thoughts just by their body language right?”
- Finally reiterate that,

“There is a lot that goes into nonverbal communication but today our focus is on turning our body toward our partner and giving them our full attention through eye contact.”

SECOND SKILL: Questioning

- Explain that,

“Now that you are in the proper position it’s time to start talking! The question is how do you keep the conversation going? By requesting or asking for questions, you find out any information that you may have been missing, need or want. The strategy we’re going to focus on today is ‘wh-questioning.’ This will at will help us stay on topic, continue the conversation, and make comments using keywords.”

- Teach the group to,

*“Listen for **keywords**: Using a word their partner used when asking a follow up question or making a follow up comment”*

 - Example:

Person A - “I’m going to watch **TV** after school today”

Person B - “What are you going to watch on **TV**?” or “Cool! My favorite **TV** show is __. What’s yours?”
- Teach the group,

How to stay on topic using **wh-words (who, what, where, and when)**

 - “Who do you watch TV with?”
 - “What TV show do you watch?”
 - “Where do you watch your TV shows?”
 - “When is your favorite TV show playing?”

THIRD SKILL: Taking Turns

- Explain that,
 - *“A conversation is an exchange of words, meaning we take turns talking.*
 - *Sometimes, we get excited about what to say next and we talk over our partner. This can be seen as rude, so instead we should concentrate on what the speaker is saying and try not to think about how you are going to respond while he or she is talking.*
 - *You can interact nonverbally by nodding your head or saying brief comments such as “I see.” This tells the speaker that you are fully engaged and listening.*

- *Do not interrupt or finish the other person's sentences. This takes your concentration completely away for the speaker.*
- *Taking turns allows your partner to speak freely and then gives us a reasonable amount of time to respond."*

Section III: Group Activity

1. Explain to the group that concludes the lecture portion of the module. Now, we are going to do an exercise that will help the residents practice these skills. This activity is called, "Conversation Club" -
 - a. Explain that, *"Now that you have a pretty good understanding of some key communication skills let us practice in our conversation club! We're going to have everyone pair up, but first I'll give you an example of what we're going to do."*
 - Instructors give an example of a brief back-and-forth conversation.
 - b. Emphasize the main objective,
 - *"Positive body language shows the speaker that we are paying attention. We want our body and eye directed to the speaker,*
 - *We listen for key words and use wh-questions to stay on topic,*
 - *We want to be fair and take turns. Try not to interrupt and speak for an equal amount of time."*
 - c. Have group members pair up
 - If have odd numbered group have someone pair with an assisting instructor
 - d. Have pairs choose one topic of mutual interest

- Have topic cards ready to facilitate brainstorming
 1. Favorite food
 2. Best movie ever seen
 3. Fantasy vacation destination
 4. Favorite actor
 5. Favorite season
 6. Favorite holiday
 7. What is something you are looking forward to?
 8. What famous person do you admire the most?
 9. Who would you most like to meet?
 10. If you could have any animal as a pet what animal would you choose?
 - e. Once everyone has a partner and a topic begin activity for ___ minutes. If a pair feels that they are stuck ask them to raise their hand. Instructors will come by to assist.
 - f. Instructors should walk around and give praise to those demonstrating target behaviors.
2. Group discussion
- a. After the activity gather everyone as a group and ask,
 - *What worked well with your conversation?*
 - *What do did you do well? What do you need to work on?*
 - *Did you have to regain your partner's attention? How?*
 - *Did you stay on topic? How? If not, what happened?*

- *How did it feel when your partner listened to you? When they didn't how did it feel?*

3. Thank the group for actively participating.

Section IV: Reflection

1. Before ending the module ask,

“Does anyone have any questions about body language, asking appropriate questions, or taking turns? How about any other conversation skills that we haven't covered?”

2. To end the lecture give the group these additional resources. Explain each one before handing it out.

- Listening Tips** (Garber, 2008 - p. 35): If you have difficulty being an active listener here are 5 great listening tips. It covers paraphrasing the message, repeating the message, probing for missing information, clarifying confusing points, and remembering important points. This handout will be useful during our activity in the second half of the module.
- Listening Bad Habits** (Garber, 2008 - p. 39): If you are not sure if you have bad listening habits here is checklist you can refer to. Be honest with yourself when filling out this form. Everyone is guilty of this so don't feel bad, the important things is to work on it by practicing active listening.
- Importance of eye contact**: This handout gives a few reasons eye contact is a key component of communication.
- Body Language Quiz**: Try this quiz on your own time. Think about the specific action and write down what messages you think they are sending

- e. Who, what, where, when, why - worksheet Try this worksheet if you want more practice with wh-questions.

Section V: Final Review of Didactic Material

1. T/F: Body language does not change the entire meaning of a sentence.
 - a. False: Body language informs your conversation partner without the use of words.
2. T/F: Asking Who, what, where, when, why questions are ways to keep conversation on topic
 - a. True: Wh-questions keep the conversation on task and flowing
3. T/F: It is okay to talk over someone else because your topic is more interesting.
 - a. False: Conversation requires an exchange of words.

Appendix G

Communication Skills Module Outline
(FOR RESIDENT)**Supplies:**

1. Conversation Topic Cards
2. True/False Cards

Purpose of group:

1. Instructor introduces self.
2. **Purpose:** Our objective today is to strengthen three key skills that will lead to effective communication: positive body language, asking wh-questions, and taking turns.

Section I: Baseline Assessment

1. **Listening Tips** (Garber, 2008 - p. 35): If you have difficulty being an active listener here are 5 great listening tips. It covers paraphrasing the message, repeating the message, probing for missing information, clarifying confusing points, and remembering important points. This handout will be useful during our activity in the second half of the module.
2. **Listening Bad Habits** (Garber, 2008 - p. 39): If you are not sure if you have bad listening habits here is checklist you can refer to. Be honest with yourself when filling out this form. Everyone is guilty of this so don't feel bad, the important things is to work on it by practicing active listening.
3. **Importance of eye contact:** This handout gives a few reasons eye contact is a key component of communication.
4. Body Language Quiz: Try this quiz on your own time. Think about the specific action and write down what messages you think they are sending

5. Who, what, where, when, why - worksheet Try this worksheet if you want more practice with wh-questions.

Section V: Final Review of Didactic Material

_Give each group member a true/false card. Have the members sit side by side together facing the lead instructor. Explain up the red card is false and the green card is true. Ask the question to the group and instruct them to hold up with the answer on the count of three.

1. T/F Body language does not change the entire meaning of a sentence
 1. **False:** Body language can inform your conversation without using words.
2. T/F: Asking who, what, where, when, why questions are way to keep the conversation on topic.
 2. **True:** Wh-questions is a strategy to listen to key words and ask questions to stay on topic.
3. T/F: It is okay to talk over someone because your topic is more interesting.
 3. **False:** A conversation is an exchange of words. Each person is allowed a certain amount of time to talk.

Appendix H

Supplemental Handout - Body Language Quiz

BODY LANGUAGE QUIZ

Human Beings send **more** messages through body language such as gestures facial expressions, and **posture** etc. than through what we say.

To assist both students and teachers in the use of positive body language, think about the specific action and write down what messages you think they are sending.

Raising this **awareness** will help build relationships; body language is a **choice**.

• Shrugging your shoulders	• Leaning forward when sitting opposite someone
• Sighing when talking to someone	• Glaring at someone
• Talking with a shakey trembling voice	• Talking with your arms folded
• Slumping in a chair	• Looking away when someone is talking to you
• Looking with eyes down	• Arms and hands open when talking to someone
• Looking with tight lips and narrowed eyes	• Looking with a big smile
• Sitting upright on the edge of the chair	• Nodding when listening to someone
• Yawning when listening to someone	• Taking a deep breath when talking to someone
• Sitting with arms and legs slightly apart	• Lowering your head when listening or talking
• Leaning back on your chair with hands on your head	• Fiddling with objects while talking
• Talking or listening wringing your hands	• Talking gently and softly
• Avoiding eye contact with someone	• Standing relaxed and still when talking
• Talking with a loud assertive voice	• Leaning against a wall when talking

Knowledge is learning something every day; wisdom is letting go of something every day, Zen Saying

(50 Communication Activities, Icebreakers, and Activities)

Appendix I

Supplemental Handout – Importance of Eye Contact



Importance of Eye Contact

1. Eye contact is healthy and natural.
 2. Eye contact helps you connect to others.
 3. Eye contact shows your partner that you are listening.
 4. Eye contact holds your partner's attention and makes your words memorable.
 5. Eye contact shows that you are being honest and sincere.
-

Appendix J

Supplemental Handout – Listening Bad Habits (Garber, 2008)

Listening Bad Habits

Following is a list of ten bad habits of listening. Check those listening bad habits that you are sometimes guilty of committing when communicating with others. Be honest with yourself!

- I interrupt often or try to finish the other person's sentences.
- I jump to conclusions.
- I am often overly parental and answer with advice, even when not requested.
- I make up my mind before I have all the information.
- I am a compulsive note taker.
- I don't give any response afterward, even if I say I will.
- I am impatient.
- I lose my temper when hearing things I don't agree with.
- I try to change the subject to something that relates to my own experiences.
- I think more about my reply while the other person is speaking than what he or she is saying.

Appendix K

Supplemental Handout - Listening Tips (Garber, 2008)

Listening Tips

- **Paraphrase** the message to the speaker in order to confirm your understanding.
- **Repeat** the message to help you remember what was said.
- **Probe** for missing information.
- **Clarify** any points that you might not completely understand.
- **Remember** the important points of the message for future application.



Appendix L

Assertive Communication Module Outline

Purpose: To teach individuals basic assertive communication skills to use in every day conversations and provide opportunities to practice skills.

Supplies (print out one for each group member):

1. Broken Record Handout
2. Non-violent Communication Handout
3. Red answer card
4. Green answer card

Instructions:

Read the following questions to the group and allow for responses

1. “What do you know about Assertive Communication Skills?”
2. “How do you define assertive communication?”

Didactic Lecture:

Read the following aloud to the group

“Assertive communication style means that you express yourself effectively and stand up for your point of view, while also respecting the rights and beliefs of others. This can be seen with nonverbal behavior that you can see and verbal behavior that you can hear.

Here are some examples:

Examples of nonverbal behavior include:

- Strong eye contact: remain looking into the person’s eyes as you speak to them and they speak to you

Examples of verbal behavior include:

- Strong voice: amplified noise level and proper annunciation of words
- Clearly stating a point: using simple words that get to the point.”

Ask group members the following questions:

- “Can you give me an example of a time you have been assertive?”

Read the following aloud to the group:

“Passive communication style means avoiding expressing one’s opinions or feelings and not being able to meet their needs. Here are some examples of nonverbal behavior you can see and verbal behavior you can hear:

Examples of nonverbal behavior include:

- Lack of eye contact: fails to hold eye contact while speaking with someone or being spoken to. Typically looks down at the ground or off in the distance.

Examples of verbal behavior include:

- Low volume on voice: Quiet tone and hard to hear
- Timid tone: may mumble or fail to get to the point of their sentence.”

Ask group members the following questions:

- “Can you give me an example of a time you have been passive?”
- “How did that go?”
- “Is there anything you wish you did differently?”

Read the following description aloud to the group:

“Lastly, an aggressive communication style means you stand up for yourself in a way that is inappropriate and may violate the rights of others. Here are some examples of nonverbal behavior you can see and verbal behavior you can hear:

Examples of nonverbal behavior include:

- Intruding into someone's personal space: not keeping a proper distance between you and the person you are speaking with. An arm's length is most ideal.
- Aggressive gestures: pointing, clenched fists, sneering, or smirking.

Examples of verbal behavior include:

- Sarcasm: saying things that are the opposite of what is meant. Meant to be ironic and to hurt someone's feelings.
- Harsh tone: Loud volume and shouting
- Condescending statements: saying something that presents a superior attitude. Meaning talking down to someone or saying things that belittle what someone else says or does"

Ask group members the following questions:

- "Can you give me an example of a time you have been aggressive?"
- "How did that go?"
- "Is there anything you wish you did differently?"

Non-Violent Communication Discussion:

Pass out the "Nonviolent Communication Handout" to each member attending the group session.

Read aloud the "Nonviolent Communication Handout" and pause at "Scenarios

Read through each scenario (pick 3 from the selection provided).

Read the provided nonviolent response that uses the formula given on the handout.

Read aloud the “Example Situations” to the group (pick 2-3 in each session). After each situation read aloud, give the group a few minutes to come up with a non-violent response on their own.

- *Provide feedback to their responses:*
 - Are they following the formula?
 - Are they missing a step?
 - What can they say to better their statement?
- *Read aloud the provided non-violent response to each scenario presented.*

Ask group members the following question:

- “Can you identify a conflict in your life where we could use the non-violent formula?”

Group Activity:

Begin Broken-Record Technique:

Pass out a broken record handout for each group participant.

Read the following aloud to the group:

“The broken record technique continually has a person repeat their point when having a conversation with another person by saying it in a different way. The goal of this technique is to NOT get distracted from the conversation of its original topic, especially when it is meaningful to the person who started the conversation.”

Read the following aloud to the group:

“Similar to the nonviolent communication activity, we begin by identifying what you want/need to say in a conversation. What do you want to tell someone? An example is : I feel anxious when you do not clean your side of the room.”

Read the following aloud to the group:

“The next step is to state the ‘want/need’ you have identified. For example: Can you please keep your side of the room more organized. Next, you wait for a response from your partner in the conversation. Next, you *continue to rephrase* that same ‘want/need’ until the person acknowledges your ‘want/need’ and the conversation has come to a pleasant end. For example: Keeping your side of the room clean will help me feel less anxious. You stated the same feeling and need just using slightly different words.”

Choose two volunteers that will participate in a role-play

Have one volunteer play the role of “Person A” and the other “Person B” listed on the handout

Read the following aloud to the group:

“Follow the script provided for Scenario A.”

After the volunteers complete reading scenario, A script, ask the group the following questions:

- “What went well in this scenario?”
- “What could have gone better with *scenario A*?”

Read the following aloud to the group:

“Scenario A uses an **aggressive communication style**”

Read the following aloud to the group:

“Now follow the script provided for Scenario B.”

After the volunteers complete reading scenario B script, ask the group the following questions:

- “What went well in this scenario?”
- “What could have gone better with *scenario B*?”

Read the following aloud to the group:

“*Scenario B* uses the **assertive communication style**.”

Reflection (for staff participant group only):

Open the floor to the group members specific concerns in order to better relate this topic to any specific situations they need help with.

Read to group to initiate reflection:

- “Are there specific scenarios that occur frequently that you would like to address with assertive communication?”
- Any other questions regarding the group session or topic?
- Are there any specific instances this may have been helpful?”
- Role play it out if necessary and provide feedback

Comprehensive Review:

The leader will administer a true or false quiz to measure level of understanding of the topic at the end of each session. The leader will pass out a red and green paper to each group member.

Read the following instructions allowed:

“We will now have a short review of the material we just went over during this group session. I will recite three questions to you that are either true or false. Your green paper means true and your red paper means false. When I ask the question, raise the green paper if you believe the statement is true or raise the red paper if you believe the statement is false.”

Next, read aloud each of the following questions and then allow each person to raise a red or green paper before moving on to the next question:

- “The main goal of assertive communication is upholding respect for each person’s voice in a conversation. T/F?”
 - Correct answer is TRUE (GREEN)
- “The three main communication types assertive, aggressive, and active. T/F?”
 - Correct answer is FALSE (RED)
- “The focus of the broken record technique is to continually reiterate the want or need of the person initiating the conversation in order to make sure their voice is heard. T/F?”
 - Correct answer is TRUE (GREEN)

Appendix M

Non-Violent Communication Handout

Nonviolent Communication Handout

“Nonviolent communication is a way to talk to other individuals using compassion by following a simple formula”

1. First, we have to **OBSERVE** what is actually happening in a situation. What are we observing others saying or doing that is enriching or not enriching our lives.
2. Then we want to articulate this observation without any judgment or evaluation. We’re just saying what they are doing that we either like or don’t like
3. Next, we state how we **FEEL** when we observe this action. Are we hurt, scared, joyful, amused, or irritated?
4. Then we say what **NEEDS** of ours are connected to the feelings we just identified.
5. And last, we make the **REQUEST** of what we want to be done about the situation.

So, for example a mom might say *to her son*. “When I see two balls of soiled socks under the coffee table and another three next to the TV, I feel irritated because I am needing more order in the rooms that we share in common. Would you be willing to put your socks in your room or in the washing machine?”

How does this fit our formula?

Observe: When I see two balls of soiled socks under the coffee table and another three next to the TV...

Feel: I feel irritated...

Needs: because I am needing more order in the rooms that we share in common.

Request: Would you be willing to put your socks in your room or in the washing machine?

So, the important part of this is that we are expressing these four pieces of information very clearly. And this is how we also want to connect with others and hear this from others as well.

Scenarios:

- “Your dog just made a mess on my lawn.”

- Observe: “When I see your dog leaving turds on the lawn...
 - Feel: I feel upset.
 - Needs: We have kids who play here and I want the yard to be safe, clean space for them.
 - Request: Would you be willing to use this plastic bag to remove the turds?”
- “Yelling obscenities isn’t going to get you what you want.”
- Observe: When I hear you addressing me like that...
 - Feel: I feel agitated...
 - Needs: because I need cooperation and a peaceful resolution of our differences.
 - Request: Are you willing to tell me what you are feeling and needing right now instead of what you think I am?”
- “By putting your money in mutual funds, you are just supporting guns and tobacco and sweat shops and all the things we’re trying to change in this world.”
- Observe: When I hear you have put your money in mutual funds
 - Feel: I feel dejected
 - Needs: because I’d like to see us put our resources into what we value, rather than to support guns, tobacco, and sweatshops.
 - Request: Would you be willing to tell me what you are feeling when you hear me say this?”
- “Hey kids, flashlights aren’t toys. Don’t waste batteries. They cost money.”
- Observe: “When I see you kids playing with the flashlights under the blanket,
 - Feel: I feel uneasy.
 - Needs: I want these flashlights to last so they’ll be available if we have an emergency.
 - Request: Would you be willing to put them away?”
- “But you told me two weeks ago that it would be fine if I were to take a long weekend this month.”
- Observe: “When I hear you say ‘no’ to my taking a long weekend this month and then remember you saying two weeks ago that it would be fine...
 - Feel: I feel frustrated and confused.
 - Needs: I need more clarity and some reassurance that we are communicating accurately.
 - Request: Would you be willing to tell me what you just heard me say.”

Example Situations:

What could you say in these situations using Nonviolent Communication?

Instructions: Cut out each square as use as a deck of cards to pull from when picking situations

<p>Your boyfriend starts working 60 hours a week and you don't see him as often.</p>	<p>Your friend doesn't call you on your birthday.</p>	<p>Your roommate leaves their dirty dishes piling up in the sink for a week.</p>
<p>Your coworker comes up to you and starts swearing</p>	<p>You see your neighbor and his god and his dog poops on your lawn</p>	<p>Your boss gets upset with you for taking vacation he approved two months ago.</p>
<p>You haven't seen your sister in a month when you usually see her once a week.</p>		

Appendix N

Broken Record Technique

Instructions: Print two copies of scenario A and B. One copy is for someone roleplaying “Mom” and the other copy is for someone roleplaying “Jessica”.

Scenario A:

Mom: Jessica, come back here. I want you to do your homework.

Jessica: No, mom. All my friends are going over to Maria’s to practice for the talent show.

Mom: So, what? You still have to do your homework.

Jessica: Mom! You don’t understand anything. I’m doing a comedy routine with Tina and Carol. If I don’t go, they’ll be mad at me.

Mom: Well...

Jessica: The other mothers are letting their kids go. You never let me do anything!

Mom: Yes, I do. I let you go to the circus last week when you should have cleaned your room.

Jessica: You don’t understand me. (Crying) You’re mean and you don’t get anything.

Mom: Oh, all right then! Go ahead, but one of these days you’re going to feel really bad when you bring home bad grades.

Scenario B:

Mom: Jessica, come back here. I want you to do your homework.

Jessica: No mom, I can't. All my friends are going over to Maria's to practice for the talent show.

Mom: I understand the talent show is important. But I want you to do your homework before you do anything else.

Jessica: Mom! You don't understand anything. I'm doing a comedy routine with Tina and Carol. If I don't go, they'll be mad at me.

Mom: I understand you feel obligated to Tina and Carol, but you are also obligated to do your homework. I'd like you to do your homework now.

Jessica: You never let me do anything!!

Mom: I want you to do your homework. Could you call Tina and Carol and let them know you'll be over when you finish your homework.

Jessica: Do I have to?

Mom: I'd like you to do your homework. You can make other arrangements with Tina and Carol.

Jessica: Oh, okay.

Broken Record Technique

Instructions: Print two copies of scenario A and B. One copy is for someone roleplaying “Jack” and the other copy is for someone roleplaying “Jill”.

Scenario A:

Jack: Jill, your reports are late again.

Jill: It wasn't my fault. I swear.

Jack: What do you mean?

Jill: The last supervisor wasn't such a stickler for being on time. They didn't care.

Jack: Mm, but you still knew when the deadline was.

Jill: Well Helen never gets her reports in on time either.

Jack: Yes but...

Jill: I am a way better employee than she is. I may turn it in late but at least's its done and I get it in before most people who work here.

Jack: Well, this is true. Thanks for the reports Jill. We can talk about this later.

Scenario B:

Jack: Jill, your reports are late again.

Jill: It wasn't my fault. I swear.

Jack: What do you mean?

Jill: The last supervisor wasn't such a stickler for being on time. They didn't care.

Jack: That may be the case, but right now I'm concerned about finding ways for you to get your reports in on time.

Jill: Well Helen never gets her reports in on time either.

Jack: Perhaps I need to talk with Helen about that, but for the moment I'm more concerned about your reports being on time.

Jill: Well it's hard to get my work done on time when Rob in the marketing department is giving me trouble.

Jack: I'm interested in hearing about Jack, but first let's settle the issue of your late reports.

Jill: Oh, all right. Let's talk about my report.

Appendix O

Conflict Resolution Module Outline (for staff)

Purpose of the group:

1. To teach individuals conflict resolution strategies to use in everyday life and provide opportunities to practice the skills.

Supplies:

1. Trigger activity worksheet
2. True/false cards

Section I: Introduction to Conflict Resolution

Hi everyone. I want to thank you for joining in on this session and I hope that you will find it rewarding. My name is (insert your name) and I am an occupational therapy student at Stanbridge University. In this part of the session, we will briefly discuss how conflicts start and strategies to resolve conflicts.

Next, ask the group the introductory questions to get a baseline of what they already know about conflict resolution.

First, I want to ask you some introductory questions

1. *How do conflicts start? There are no wrong answers.*
 - a. Possible responses:
 - i. Physical altercations
 - ii. Verbal arguments
 - iii. Internal struggle with right vs wrong
2. *What are some strategies you know of to resolve conflicts?*
 - b. Possible responses:

- i. Use active listening
 - ii. Use assertive communication
 - iii. Address the problem sooner rather than later
 - iv. Assert feelings without blaming
 - v. Listen without interruption to what the other person has to say
 - vi. Identify triggers and activities to reduce them
 - vii. Be mindful of your non-verbal cues
3. *If you are comfortable sharing, tell me about the last time you had a conflict and how you dealt with it.*
 4. *Can you think of a strategy that you want improvement in?*
 - a. *For example: I hate conflict so when I have a conflict with someone else, I tend to be very passive and let the other person know they're right so that the conflict ends.*
 5. *Have you noticed a lack of conflict resolution from the residents?*
 - a. *Which strategies are they lacking?*
 - b. *Which strategies do the residents perform well?*

Thank you everyone for sharing. We are now going to move on to the next session and discuss conflict resolution a little further.

Section II: Didactic Lecture

In this part of the session, we will cover more deeply the different types of conflict, outcomes of conflict resolution, and what triggers are.

1. *Let's define what conflict resolution means. Who can give me a definition of conflict resolution? Afterward I will read you the google definition for what conflict resolution is.*
 - a. *Conflict resolution is a way for two or more parties to find a peaceful solution to a disagreement between them.*
2. *There are different types of conflicts to know about. While there are many different types of conflicts, I only want to focus on three of them: cognitive, emotional and person conflicts.*
 - a. *Can you give me some examples of cognitive conflicts?*
 - i. Possible responses
 1. Conflicts when beliefs are proved wrong
 2. Conflicts in decision making
 3. Conflict in justifying effort and compliance
 4. Conflict when responsible for bad consequences
 5. Conflict when behaviors don't match self-concept
 6. Conflict when outcomes don't measure up
 - b. *Can you give me some examples of emotional conflicts?*
 - i. Possible responses
 1. Conflicts when personalities clash
 2. Conflicts regarding perceived safety
 3. Conflicts regarding how to feel in a certain moment
 - c. *Can you give me some examples of personal conflicts?*
 - i. Possible responses

1. Conflicts surrounding family issues
 2. Conflicts regarding ethical dilemmas
 3. Conflicts regarding responsibility
3. *Whether outcomes are resolved quickly or slowly, the outcomes associated with that can have a big effect.*
- a. *The following are examples of outcomes for when the conflict is not resolved.*
 - i. *Poor relationships.*
 - ii. *You feel powerless.*
 - iii. *Conflicts become bigger.*
 - iv. *Resentment grows/lingering thoughts*
 - b. *Can you think of any other examples?*
 - c. *The following are examples of outcomes for when the conflict is resolved.*
 - i. *Healthy relationships.*
 - ii. *You feel in control.*
 - d. *Can you think of any other examples?*
4. *Now I want to talk about triggers. I will briefly explain what they are and how they affect conflict resolution.*
- a. *Triggers are any events that cause someone to become upset.*
 - b. *Being able to control triggers can lead to better conflict management.*
 - c. *If someone is worked up due to an event, it can cloud their judgement, and make solving conflicts much harder.*

- d. *Without controlling triggers, problems might be solved with verbal abuse, physical fights, or emotionally shutting down.*
- e. *Being in control of what upsets you allows you to think through the conflict and solve it in a harmless and more effective way.*

Thank you for sharing and listening to this section. In the next section, we will have some group activities and hopefully learn some new things about ourselves.

Section III: Group Activity

In this part of the session, we will participate in two different group activities. These activities will require your active participation.

1. *Our first activity will be the Trigger Action Plan.*

Pass out the trigger handout.

- a. As you can see, one side of the paper has the word ‘triggers’ written on it and the other side of the paper has the words ‘trigger action plan’ written on it
- b. On the side that says ‘triggers’, I want you to write out your triggers, and again, they are the things that create unpleasant thoughts or feelings within you.
- c. You will see some examples of triggers written down on the worksheet to give you ideas. You may use these ideas but I encourage you to think of others as well.
- d. Some examples of common triggers that I listed on the worksheet include feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.

- e. It is not necessary to write out catastrophic events such as war or natural disaster
- f. When you're done, please flip over the page and wait for the next instructions
- g. On this side, I want you to write out strategies you can use to calm yourself and keep your reactions from becoming more serious
- h. You will see some examples of strategies written on the worksheet to give you ideas. Like before, feel free to use these but try to think of others
- i. Some examples of strategies include talking out the situation with a friend, praying (if religious), writing in a journal, going for a walk, or doing a relaxation exercise
- j. When one of your triggers occur, I would like you to try out the different strategies you wrote down and cross out ones that don't work after you try them and continue to add new ones to figure out what works best to calm you down

Now that we have briefly talked about strategies, I want to give you quick pointers on what you can do when the conflict is with someone else and when the conflict is within yourself.

- k. *The following are strategies to keep in mind if the conflict is with someone else*
 - i. *Taking a 5-minute break before talking again when arguing with someone.*

- d. Now take a long slow deep breath in through your nose, all the way down into your stomach. Hold the breath for just a moment, and then exhale through your mouth. Allow your breath to carry away all stress and tension as the air floods out of your lungs.
- e. Take another slow breath in through your nose. Fill your lungs completely. Hold it for a moment...and release the breath through your mouth. Empty your lungs completely with your out-breath.
- f. Take a third deep breath in. Hold it for a moment, and then let it go.
- g. Feel that your body has already undergone a change. The tension in your body has begun to loosen and subside.
- h. Now let your breathing rhythm return to normal...and relax....
- i. During this relaxation I will ask you to tense various muscles throughout your body. Please do this without straining. You do not need to exert yourself, just contract each muscle firmly but gently as you breathe in. If you feel uncomfortable at any time, you can simply relax and breathe normally.
- j. Bring your awareness to your feet and toes. Breathe in deeply through your nose, and as you do, gradually curl your toes down and tense the muscles in the soles of your feet. Hold your breath for just a few seconds and then release the muscles in your feet as you breathe out. Feel the tension in your feet wash away as you exhale. Notice how different your feet feel when tensed and when they are relaxed.

- k. Take another deep breath in again, tense the muscles in the soles of your feet and hold this position for a few seconds.
- l. Now release. Feel yourself relaxing more and more deeply with each breath. Your whole body is becoming heavier, softer and more relaxed as each moment passes.
- m. Now bring your awareness to your lower legs...to your calf muscles. As you draw in a nice deep breath, point your toes up towards your knees and tighten these muscles. Hold for just a moment, and then let those muscles go limp as you exhale.
- n. Once again, draw in a deep breath...and tighten your calf muscles. Hold for a few seconds, and then let it all go. Feel your muscles relax, and feel the tension washing away with your out-breath.
- o. In a moment you will tense the muscles in the front of your thighs. If you are lying down, you can do this by trying to straighten your legs. You'll feel the muscles pulling your kneecap upwards. If you are seated, you can tense these muscles by pushing your heels down onto the floor.
- p. Take a deep breath in, and tense the muscles in your thighs. Hold for just a moment, and then release everything. As you do this, the blood flow to your muscles increases, and you may notice a warm tingling sensation. Enjoy this feeling of soothing relaxation in your thighs.
- q. Again, breathe in deeply and tighten your thigh muscles. Hold for a moment. Now release. Focus on letting your muscles go limp and loose.

- r. Draw in a nice deep breath and gradually tighten the muscles in your buttocks. Hold this contraction for a few seconds, and then release your breath. Feel the tension leaving your muscles. Feel them relaxing completely.
- s. Once more, breathe in deeply and tighten the muscles in your buttocks. Hold for a moment. Now release them. You are becoming more and more deeply relaxed.
- t. Take another breath, and this time, gradually tighten all the muscles in your legs, from your feet to your buttocks. Do this in whatever way feels natural and comfortable to you. Hold it...and now release all these large strong muscles. Enjoy the sensation of release as you become even more deeply relaxed.
- u. Now bring your awareness to your stomach. Draw in a nice deep breath and then tighten these muscles. Imagine you are trying to touch your belly button to your spine. Now release your breath and let your muscles relax. Notice the sensation of relief that comes from letting go.
- v. Once again, draw in a deep breath and then tighten your stomach muscles. Hold for a few seconds... and then let them relax as you exhale and release all tension.
- w. Bring your awareness to the muscles in your back. As you slowly breathe in, arch your back slightly and tighten these muscles....Now release your breath and let your muscles relax.

- x. Again, draw in a deep breath and then tighten your back muscles. Hold for a few seconds...and then let them relax and release.
- y. Now give your attention to your shoulder muscles and the muscles in your neck. As you slowly draw in a nice deep breath, pull your shoulders up towards your ears and squeeze these muscles firmly. Now breathe out completely, and allow your contracted muscles to go loose and limp.
- z. Again, pull your shoulders up towards your ears and squeeze these muscles firmly.
- aa. Now feel the tension subside as you relax and breathe out.
- bb. Feel the heaviness in your body now. Enjoy the feeling. Feel yourself becoming heavier and heavier. Feel yourself becoming more and more deeply relaxed.
- cc. You are calm, secure, at peace.
- dd. Now it's time to let go of all the tension in your arms and hands. Let's start with your upper arms.
- ee. As you breathe in, raise your wrists towards your shoulders and tighten the muscles in your upper arms. Hold that breath and that contraction for just a moment...and then gently lower your arms and breathe all the way out. You may feel a warm, burning sensation in your muscles when you tighten them. Feel how relaxing it is to release that tightness and to breathe away all tension.
- ff. As you curl your upper arms again, tighten the muscles as you breathe in. Breathe in deeply. Now relax your arms and breathe out.

- gg. Now bring your awareness to your forearms. As you breathe in, curl your hands inwards as though you are trying to touch the inside of your elbows with your fingertips. Now feel the tension subside as you relax and breathe out.
- hh. Again, take a deep breath in, and tighten the muscles in your forearms. Hold it for a moment, and then release them. Feel the tension washing away.
- ii. Now, take another breath in and tightly clench your fists. When you have finished breathing in, hold for just a few seconds, and then release. Notice any feelings of buzzing or throbbing. Your hands are becoming very soft and relaxed.
- jj. Take another deep breath in and clench your fists again. Hold for just a few seconds, and then release. Let your fingers go limp.
- kk. Your arms and hands are feeling heavy and relaxed.
- ll. Take a couple of nice long slow breaths now, and just relax. Feel yourself slipping even deeper into a state of complete rest.
- mm. Now tighten the muscles in your face by squeezing your eyes shut and clenching your lips together. As you do, breathe in fully. Hold it...now breathe out and relax all your facial muscles. Feel your face softening.
- nn. Once more, breathe in deeply while you scrunch the muscles in your eyes and lips....and release.
- oo. Now bring your awareness to the muscles in your jaw. Take a deep breath in, and then open your mouth as wide as you can. Feel your jaw muscles

stretching and tightening. Now exhale and allow your mouth to gently close.

pp. Again, fill your lungs with air and then open your mouth wide. Now let your mouth relax and let your breath flood all the way out.

qq. You are now completely relaxed from the tips of your toes to the top of your head.

rr. Please take a few more minutes to rest. Relax. Listen to the sound of your breathing and enjoy the lovely, warm sensation of physical relaxation. If you have the time, feel free to fall asleep. You will wake feeling completely rejuvenated and relaxed.

3. *I hope that felt relaxing and refreshing for you all. To finish off this section, I would like to have a group discussion*

a. *What did you like or not like about either of the activities?*

i. *Tell me about some of the strategies you listed for the trigger activity exercise? Are any of them meaningful to you?*

ii. *Tell me how you are feeling after the relaxation exercise.*

b. *Do you feel more confident that you can resolve conflicts effectively?*

Thank you again for participating in the group activities.

Section IV: Reflection

Before ending the module, state:

1. *In this part of the session, we will discuss any remaining questions you may have.*

Do you have any questions that you would still like answered? Which activity did you enjoy the most and why?

2. *Now I will hand out some additional resources for you to reference at any time.*
 1. Progressive muscle relaxation handout
 2. Guided imagery handout

Section V: Didactic Learning Review

In this part of the session, we will play a quick review game and then discuss why the answers are correct.

T/F Questions:

1. *The best way to handle conflicts is to ignore them.*
 - a. *F*
2. *Non-verbal cues can affect the way a conflict is resolved.*
 - a. *T*
3. *When a conflict is resolved, it leads to healthier relationships.*
 - a. *T*

Appendix P

Trigger Action Plan

Examples: Feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.

Strategies to Overcome Triggers

Examples: Talking out the situation with a friend, praying, writing in a journal, going for a walk, doing a relaxation exercise, etc.

Appendix Q

Progressive Muscle Relaxation

1. Find yourself a quiet place to relax. Turn off your phone and dim the lights. This is your time...a time for complete and utter relaxation.
2. For this relaxation, you can either sit or lie down. Just make sure that you are warm enough, and that you are comfortable. Let your hands rest loosely in your lap, or by your side. Now close your eyes.
3. Become aware of your breathing, and notice how your abdomen rises and falls with each breath...
4. Now take a long slow deep breath in through your nose, all the way down into your stomach. Hold the breath for just a moment, and then exhale through your mouth. Allow your breath to carry away all stress and tension as the air floods out of your lungs.
5. Take another slow breath in through your nose. Fill your lungs completely. Hold it for a moment...and release the breath through your mouth. Empty your lungs completely with your out-breath.
6. Take a third deep breath in. Hold it for a moment, and then let it go.
7. Feel that your body has already undergone a change. The tension in your body has begun to loosen and subside.
8. Now let your breathing rhythm return to normal...and relax....
9. During this relaxation I will ask you to tense various muscles throughout your body. Please do this without straining. You do not need to exert yourself, just contract each muscle firmly but gently as you breathe in. If you feel uncomfortable at any time, you can simply relax and breathe normally.

10. Bring your awareness to your feet and toes. Breathe in deeply through your nose, and as you do, gradually curl your toes down and tense the muscles in the soles of your feet. Hold your breath for just a few seconds and then release the muscles in your feet as you breathe out. Feel the tension in your feet wash away as you exhale. Notice how different your feet feel when tensed and when they are relaxed.
11. Take another deep breath in again, tense the muscles in the soles of your feet and hold this position for a few seconds.
12. Now release. Feel yourself relaxing more and more deeply with each breath. Your whole body is becoming heavier, softer and more relaxed as each moment passes.
13. Now bring your awareness to your lower legs...to your calf muscles. As you draw in a nice deep breath, point your toes up towards your knees and tighten these muscles. Hold for just a moment, and then let those muscles go limp as you exhale.
14. Once again, draw in a deep breath...and tighten your calf muscles. Hold for a few seconds, and then let it all go. Feel your muscles relax, and feel the tension washing away with your out-breath.
15. In a moment you will tense the muscles in the front of your thighs. If you are lying down, you can do this by trying to straighten your legs. You'll feel the muscles pulling your kneecap upwards. If you are seated, you can tense these muscles by pushing your heels down onto the floor.
16. Take a deep breath in, and tense the muscles in your thighs. Hold for just a moment, and then release everything. As you do this, the blood flow to your muscles increases, and you may notice a warm tingling sensation. Enjoy this feeling of soothing relaxation in your thighs.

17. Again, breathe in deeply and tighten your thigh muscles. Hold for a moment. Now release. Focus on letting your muscles go limp and loose.
18. Draw in a nice deep breath and gradually tighten the muscles in your buttocks. Hold this contraction for a few seconds, and then release your breath. Feel the tension leaving your muscles. Feel them relaxing completely.
19. Once more, breathe in deeply and tighten the muscles in your buttocks. Hold for a moment. Now release them. You are becoming more and more deeply relaxed.
20. Take another breath, and this time, gradually tighten all the muscles in your legs, from your feet to your buttocks. Do this in whatever way feels natural and comfortable to you. Hold it...and now release all these large strong muscles. Enjoy the sensation of release as you become even more deeply relaxed.
21. Now bring your awareness to your stomach. Draw in a nice deep breath and then tighten these muscles. Imagine you are trying to touch your belly button to your spine. Now release your breath and let your muscles relax. Notice the sensation of relief that comes from letting go.
22. Once again, draw in a deep breath and then tighten your stomach muscles. Hold for a few seconds... and then let them relax as you exhale and release all tension.
23. Bring your awareness to the muscles in your back. As you slowly breathe in, arch your back slightly and tighten these muscles....Now release your breath and let your muscles relax.
24. Again, draw in a deep breath and then tighten your back muscles. Hold for a few seconds...and then let them relax and release.

25. Now give your attention to your shoulder muscles and the muscles in your neck. As you slowly draw in a nice deep breath, pull your shoulders up towards your ears and squeeze these muscles firmly. Now breathe out completely, and allow your contracted muscles to go loose and limp.
26. Again, pull your shoulders up towards your ears and squeeze these muscles firmly.
27. Now feel the tension subside as you relax and breathe out.
28. Feel the heaviness in your body now. Enjoy the feeling. Feel yourself becoming heavier and heavier. Feel yourself becoming more and more deeply relaxed.
29. You are calm, secure, at peace.
30. Now it's time to let go of all the tension in your arms and hands. Let's start with your upper arms.
31. As you breathe in, raise your wrists towards your shoulders and tighten the muscles in your upper arms. Hold that breath and that contraction for just a moment...and then gently lower your arms and breathe all the way out. You may feel a warm, burning sensation in your muscles when you tighten them. Feel how relaxing it is to release that tightness and to breathe away all tension.
32. As you curl your upper arms again, tighten the muscles as you breathe in. Breathe in deeply. Now relax your arms and breathe out.
33. Now bring your awareness to your forearms. As you breathe in, curl your hands inwards as though you are trying to touch the inside of your elbows with your fingertips. Now feel the tension subside as you relax and breathe out.
34. Again, take a deep breath in, and tighten the muscles in your forearms. Hold it for a moment, and then release them. Feel the tension washing away.

35. Now, take another breath in and tightly clench your fists. When you have finished breathing in, hold for just a few seconds, and then release. Notice any feelings of buzzing or throbbing. Your hands are becoming very soft and relaxed.
36. Take another deep breath in and clench your fists again. Hold for just a few seconds, and then release. Let your fingers go limp.
37. Your arms and hands are feeling heavy and relaxed.
38. Take a couple of nice long slow breaths now, and just relax. Feel yourself slipping even deeper into a state of complete rest.
39. Now tighten the muscles in your face by squeezing your eyes shut and clenching your lips together. As you do, breathe in fully. Hold it...now breathe out and relax all your facial muscles. Feel your face softening.
40. Once more, breathe in deeply while you scrunch the muscles in your eyes and lips....and release.
41. Now bring your awareness to the muscles in your jaw. Take a deep breath in, and then open your mouth as wide as you can. Feel your jaw muscles stretching and tightening. Now exhale and allow your mouth to gently close.
42. Again, fill your lungs with air and then open your mouth wide. Now let your mouth relax and let your breath flood all the way out.
43. You are now completely relaxed from the tips of your toes to the top of your head.
44. Please take a few more minutes to rest. Relax. Listen to the sound of your breathing and enjoy the lovely, warm sensation of physical relaxation. If you have the time, feel free to fall asleep. You will wake feeling completely rejuvenated and relaxed.

Appendix R

Post Module Survey

Post Module Survey

1. How much did you understand what was taught?

1 2 3 4 5 6 7

2. How interesting was the topic?

1 2 3 4 5 6 7

3. How helpful was this module?

1 2 3 4 5 6 7

4. How likely are you to use the skills taught in this module?

1 2 3 4 5 6 7

5. Overall how satisfied are you training you received?

1 2 3 4 5 6 7

6. What part(s) of today's training were the most helpful?

- Introduction
- Didactic Lecture
- Group Activity
- Questions/Review
- Debrief - True/False Game








7. Why?

Appendix S








Post Social Skills Training Survey

Social Skills Training Survey








1. How satisfied are you with the Communication Skills Module?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7








2. How satisfied are you with the Active Listening Module?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7








3. How satisfied are you with the Assertiveness Module?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7








4. How satisfied are you with the Conflict Resolution Module?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

5. Overall how satisfied are you with the social skills training you received?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

6. How likely are you to apply this information to your work?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

Appendix T

Institutional Review Board Approval



IRB Reviewer Feedback

Reviewer Name:	Vikas Sharma, OTR/L/OTD
Student Name(s):	Marissa Carrillo, Robert Gladstone, Clarissa Malhiot, & Alyza Grace Mijares
Advisor Name(s):	Ingrid Leu, OTR/L/OTD
Study Title:	Training the Trainer: Improving Social Skills in a Mental Health Setting through Staff Education
Study ID:	078
Decision:	<input checked="" type="checkbox"/> Approve
	<input type="checkbox"/> Minor Revisions
	<input type="checkbox"/> Major Revisions

Reviewer Comments: I am approving your project. You made all the suggested changes as requested! All sections are revised now based on my suggestions and in case I had asked you to clarify!

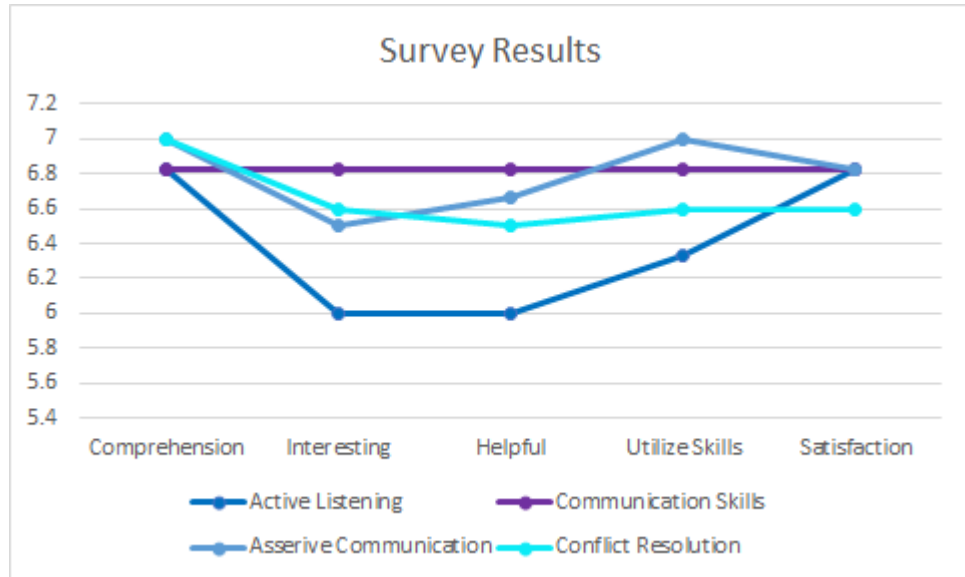
1. You made a tie-up with AOTA 2025 vision and supported your project with the relevant studies and evidence.
2. You explained the use of creating this manual and the routine tasks that the staff of RTP perform.
3. It is signed and dated now.
4. The methodology part is very clear now. You explained the lesson plan of the module and which is good.
5. Inclusion and exclusion criteria are clarified now.
6. Measurement part is clear. Also, you mentioned that the post survey will have a 7-point Likert scale. I see most of the questions in the post survey (in the appendices) are open ended. There are a few Likert scale questions and they have 5-6 points. Please clarify that before you start the project. Also, your references are missing too!

Other than that, it is a great project and please keep us posted about further development of this project! Good luck! Thanks!

Please type your name as electronic signature

Appendix U

Likert Scale Results Chart



Appendix V

Social Skills Training Manual

Social Skills Training Manual

1. Active Listening
2. Communication Skills
3. Assertive Communication
4. Conflict Resolution

Created by:

Marissa Carrillo OTS, Robert Gladstone OTS,
Clarissa Malhiot-Walter OTS, Alyza Grace Mijares OTS

Thesis advisor: Ingrid Leu, OTD, OTR/L

June 2019

Module 1:

Active Listening for STAFF

The purpose of the active listening module is to teach RTP staff the importance of active listening. The participants will have an opportunity to learn, identify, and demonstrate active listening skills through the use of the following activities:

Active Listening Techniques Worksheet, Active Listening Quick Reference Guide, Open-Ended Question Activity Sheet, and Effective Pause and Silence Activity Prompts

Active listening skills can support effective communication and foster a person's ability to engage in conversation as a participant rather than a spectator. Furthermore, developing trust and rapport with the residents of the RTP.

The purpose of the active listening module is to bring awareness to the often-unconscious process of listening and facilitate development of active listening skills for use both in practice when working with residents and as skill to teach residents for their use in everyday life.

Module: Active Listening
(For Staff)

Purpose: The purpose of this group is to teach RTP staff the importance of active listening. The participants will have an opportunity to learn, identify, and demonstrate active listening skills.

Role of OT / Group Leader: Educator & Facilitator

IMPACT ON OCCUPATION: Active listening skills can support effective communication and foster a person's ability to engage in conversation as a participant rather than a spectator. Furthermore, developing trust and rapport with the residents of the RTP.

Materials and Supplies:

**enough handouts for all members of the group including group facilitator.*

Group Goals:

1. Participants will learn the components active listening.
2. Participants will demonstrate active listening skills learned by the end of the module.

Description of Group:

Section I: Baseline assessment

Begin by welcoming everyone to the group training for active listening and introduce yourself.

Introduction: *“Let’s all go around the circle and introduce ourselves before we begin our first activity.”*

Telephone Icebreaker Activity –

“Now let’s play a short game of telephone, to start please make a single-file line. I will begin by whispering a sentence to the first person in line then they will continue to pass the sentence down the line by whispering the sentence to the next person in line until we reach the end. The last person will say the sentence out loud for all to hear.”

With music playing in the background, begin by whispering the following sentence:

“I desperately want to know what it feels like to listen and what it feels like to be truly heard.”

Once the last person shares the sentence out loud share with the group the original sentence you whispered to the first person in line and compare the two sentences using the debrief below:

Facilitate a short discussion using the following prompts:

- *What happened to the original message?*
- *Was it easy or difficult to hear the message? Why do you think it might have been difficult?*

Responses might include the following:

- “It was hard to hear because the person was whispering.”
- “We weren’t making eye contact.”
- “It was too loud to hear.”

Ask the following questions to understand the level of knowledge the participants have regarding active listening:

- *“What do you know about active listening?”*
- *“Can you give me some examples of what active listening looks like?”*

Section II: Didactic

Briefly open the didactic portion of the module with a description of the module and its purpose as well as a brief clear definition of active listening:

“Active listening can be defined as being fully present and concentrated on what a speaker is sharing instead of passively hearing the words of the speaker. Therefore, active listening is a skill we can learn and practice to develop and use in all areas of our lives. It is the skill of listening with all our senses and being a participant in the communication process.”

“When a person only listens to the words being said they may fail to really hear what a person is trying to share quickly leading to misunderstandings or misinterpretations. In order to avoid such moments, we can use active listening to make sure the people who are talking to us are most accurately heard and understood.”

I am going to lead you through three activities which will give us the opportunity to learn, practice, and develop our active listening skills.

Section III: Group Activity

Group Activity #1: Active Listening Techniques

Hand out the “*Active Listening Techniques Worksheet*” have the participants fill out worksheet collaboratively as a collaborative learning experience for 5-10 minutes. Reassure the participants this is not graded but rather an opportunity to think about these techniques before further discussion.

Have the participants share their examples and facilitate a group discussion, reviewing each technique interactively with the group.

Let the clients know an “*Active Listening Quick Reference Guide*” will be handed out as an additional resource to review these techniques in the future and give both an example and its purpose.

Group Activity #2: Effective Pause / Silence Role Play Practice

Explain to the participants that we will now practice the active listening technique of effective pause and silence. Have the participants break up into pairs have one person be the speaker and the other be the listener. Their goal will be to listen to the speaker without interrupting the speaker and using short effective pauses while a partner reads a prompt. Once the prompt has been read have the participants switch roles and read the second prompt.

***Be sure to print and handout the following prompts for this activity:**

Below is reading prompt 1:

“I have been feeling very confused about everything lately... I don’t know what to do... I think I am losing my mind. I walk around forgetting where I am going...and then when I get where I am going.... I forget why I went there in the first place... I have a note pad and pen in my pocket to write things down and it really helped me in the past but... I feel so dumb having to write things down all the time.... I know its just my depression causing me to forget things and when I feel rested and happy I don’t have these problems of losing my mind.”

Below is reading prompt 2:

“Have I told you about my dog, his name is Charlie. He is my best friend... he knows when my thoughts are scary, and I need extra love... He keeps me from being alone.... I have had him for 12 years, he has been my only friend when everyone else abandoned me. I don’t know what I am going to do.... He is very sick, and I know he will die soon.... Even when I was homeless he never left my side... I will have a hard time staying on

track without him... I am afraid I will make bad choices when he's gone and end up homeless again."

Group Activity #3: Silence Role Play Practice

Explain to the participants they are going to interview each other, using the following prompt:

"Tell me something about yourself that might surprise me."

Further explain that when they interview each other, they should practice using short silences. This means that whenever the narrator stops speaking, the interviewer should pause for six to eight seconds (counting quietly to themselves) before asking a follow-up question.

During this period, the narrator is free to add any details to their story. The interviewer will then need to wait for another opportunity to ask a follow-up question.

Have the participants pair up. The first speaker will tell their story for five minutes with the listener/interviewer pausing before they ask any follow-up questions. After the five minutes is up call time, and have the participants switch roles. Once both participants had an opportunity to be the listener/interviewer debrief the activity.

Facilitate a short discussion using the following prompts:

- ***"As the interviewer, how did it feel to pause before asking questions?"***
- ***"Were the pauses helpful when you were telling your story?"***
- ***"Do you think people often use this method of 'short silences' in real life?"***
- ***"What does it feel like when someone interrupts you?"***
- ***"What do you think might cause someone to interrupt another person?"***

Group Activity #4: Open-Ended Question Role Play Scenarios

See worksheet for role play scenarios and directions for the worksheet.

Explain the worksheet to the participants and explain the directions for completing the worksheet. Give the participants an opportunity to fill in the worksheet and once adequate time has been allowed have them each come up to the front to role play as the listener using the open-ended questions and other skills learned during the module with the module facilitator. After each role play scenario have the group identify skills used and give feedback

Section IV: Handout / Worksheet (review)

Pass out the additional handout on active listening for their reference and remind them the worksheets handed out during the activity portion of the module are also help to keep as a reference when working with clients at the RTP.

Worksheet / Handouts:

1. Active Listening Techniques Worksheet
2. Open-Ended Question Activity Sheet
3. Active Listening Reference

Section V: Questions / Troubleshoot

This is an opportunity for participants to ask any questions about the material. Give the participants an opportunity to ask questions related to their experiences at the RTP.

Open this section of the module with some questions to open discussion:

- *“Does anyone have questions related to active listening they would like answered or any technique they would like reviewed for clarity?”*
- *“What aspect of the module was most helpful and why?”*
- *“Share one thing you learned today that you can immediately use when working with residents?”*

Section VI: Debrief

T / F: When listening to others we use our whole body. (T)

T / F: If I repeat exactly what others say they will know I am listening. (F)

T / F: I give my opinion about what others say so they know I am being an active listener. (F)

Active Listening Quick Reference Guide

Listening Skill	Sounds Like	What it is Meant to Do
Restating	“So, you would like your partner to trust you more.”	Shows you are listening, helps verify what speaker means
Summarizing	“So, you are saying you love your parents but you would like them to ease up on the rules at home.”	Helps clarify the speaker’s situation so that problem-solving can begin
Minimal Encouraging	“Tell me more about that.”	Allows speaker to feel safe enough to tell more about his/her situation
Reflecting	“This seems really important to you.”	Allows speaker to sort out his/her feeling
Giving Feedback	“It appears to me like this relationship is causing you grief.”	Let’s the speaker know what you are thinking about the situation, helps share insights, observations, and experiences
Observing	Watch for facial expression & body language, listen for words used, note energy level	Allows listener to pick up on important information that may be unconscious
Emotion Labeling	“You seem really sad about that”	Allows speaker to put feelings into words
Probing	“What do you think would happen if you were to change?”	Helps draw the person out and go deeper and into more meaningful information
Validating	“I appreciate you telling me that.”	Shows good will and promotes trust
“I” messages	“I know you are upset, I’m sorry we have to stop now.”	Ownership of message helps facilitate trust
Redirecting	“Let’s talk about something else.”	Diffuses an aggressive, agitated, or angry person
Silence/Effective Pause	Pause for emphasis. Gives a person time to think, diffusing unproductive interaction

Active Listening Techniques Worksheet

Listening Skill	Sounds Like	What it is Meant to Do
Restating		
Summarizing		
Minimal Encouraging		
Reflecting		
Giving Feedback		
Observing		
Emotion Labeling		
Probing		
Validating		
“I” messages		
Redirecting		
Silence/Effective Pause		

Open-Ended Question Activity Sheet

Directions: In each of the following examples, respond to the client with an open-ended question that helps draw the person out and go deeper into more meaningful information.

To help us focus – think about a specific resident, situation, or problem someone might be experiencing to cause them to make such statements.

1. “I’m always so unlucky!”

Open-ended question:

2. “No matter what I do, I can’t win.”

Open-ended question:

3. “I’m not thinking right today.”

Open-ended question:

4. “Boy, did I have a boring week-end.”

Open-ended question:

5. “My doctor gave me new medication, and I’m just not myself.”

Open-ended question:

6. “Life is so unfair. Do you think there’s any justice in the world?”

Open-ended question:

7. “What good does it do to write down a schedule? When I go home, it’s all for nothing.”

Open-ended question:

8. “I’m really afraid to talk about how I feel.”

Open-ended question:

9. “Just let well enough alone. I feel great today.”

Open-ended question:

10. “Why should I care what my mother thinks!”

Open-ended question:

Effective Pause and Silence Activity Prompts

Read the following prompt to your partner:

“I have been feeling very confused about everything lately... I don't know what to do... I think I am losing my mind. I walk around forgetting where I am going...and then when I get where I am going.... I forget why I went there in the first place... I have a note pad and pen in my pocket to write things down and it really helped me in the past but... I feel so dumb having to write things down all the time.... I know its just my depression causing me to forget things and when I feel rested and happy I don't have these problems of losing my mind.”

Read the following prompt to your partner:

“Have I told you about my dog, his name is Charlie. He is my best friend... he knows when my thoughts are scary, and I need extra love... He keeps me from being alone.... I have had him for 12 years, he has been my only friend when everyone else abandoned me. I don't know what I am going to do.... He is very sick, and I know he will die soon.... Even when I was homeless he never left my side... I will have a hard time staying on track without him... I am afraid I will make bad choices when he's gone and end up homeless again.”

Module 2:

Communication Skills for STAFF

Communication skills module builds the foundation for communication skills by strengthening three key skills: positive body language, asking wh-questions, and taking turns.

The trainer will begin a discussion to gather a base-line understand of what the participants know about each communication skill. Following the module, they will be able to distinguish positive and negative body language, use wh-questions to keep the conversation on topic, and grasp how to take turns during a conversation.

To practice these skills the group will take-part in an activity that was based off Muller's et al. (2016) conversation club to promote social thinking. As a result, the participants will have an increased confidence to integrate these skills into typical conversation throughout the day.

Included:

- Conversation Club Topic Cards
- Supplemental Handouts:
 - Listening Tips
 - Listening Bad Habits
 - Importance of Eye Contact

Module: Communication Skills
(For Staff)

Supplies:

- Conversation Topic Cards
- True/False Cards

Purpose of group:

- Instructor introduces self.
- **Purpose:** Our objective today is to teach the residents how to strengthen three key skills that will lead to effective communication: positive body language, asking wh-questions, and taking turns.

Section I: Baseline Assessment

Begin by explaining that the instructor is showing you an example of how to run this module to the residents.

“I understand that these skills are things that we don’t even think twice about, but for the purpose of this module put yourselves in the shoes of the residents.”

Next, ask the group the introduction questions to get an understanding of what they know about communication skills.

- **Introduction Questions (3 total):**
 - *“What do you know about communication skills?”* Possible responses:
 - “We use it every day.”
 - “Good communication skills help us build friendships.”
 - “Bad communication skills might make it hard for others to approach us.”
 - *“Can you give examples of communication skills?”* Possible responses:
 - Starting a conversation
 - Ending a conversation
 - Speaking in a continuous manner
 - **Body Language**
 - **Turning toward partner**
 - **Eye contact**
 - **Asking Questions**
 - Replying appropriately
 - Expressing emotions appropriately
 - **Taking turns or timing response**

If someone responds with an item in **bold say, “Great! That’s a really important one that I want you to keep in mind for later!”*

After a few responses next say,

“Now that we have a better idea of what communications skills are, can you tell me if these are good communication skills or bad communication skills?”

Randomly read one bullet point from the good or bad column and ask the group whether it is good or bad communication skill. Choose 2-3 bullet points from each column.

GOOD	BAD
<ul style="list-style-type: none"> ● Focusing on what your partner is saying ● Asking follow up questions that relate to the topic discussed ● Taking turns and allowing your partner proper time to respond ● Open body language ● Matching the tone of your partner 	<ul style="list-style-type: none"> ● Multitasking-looking at your phone while your partner is talking to you ● Asking your partner to repeat him- or herself constantly ● Never letting your partner talk ● Interrupting your partner while he or she is talking ● Rolling your eyes, looking away, body turned away, arms folded together

Next, determine what the STAFF is interested in ask,

“What do you want to know? Is there a communication skill that we mentioned earlier that you did not recognize?”

- When a group member shares their concern respond with, “I’m so glad you brought that up. _____ is…” And explain term to best of your ability.
- If you do not have an answer say, “That is a great question! I will have (instructor who is assisting you) look it up for me and I will get back to you.”

“Is there a skill you already have, but what to improve on?”

- The instructor is encouraged to share a personal goal here.
Example: Sometimes I get so caught up on saying the right thing that I interrupt when someone is talking.

To determine what skills the staff would like to focus on for the RESIDENTS ask,
“Have you noticed a lack of communication skills from the residents? Which skills? Which communications skills do the residents perform well?”

- Take note of the discussed skills so that the staff can focus on them when they implement the module to the residents.

Next, thank the group for participating in warm up activity and briefly go over the objective of the module,

“Thank you for actively participating. I hope this gives you a better idea of what we’re going to talk about for the next hour. As you can see there are many communication skills that we could discuss, but our objective for today’s module includes 3 key skills that lead to effective communication:

- **Body language:** *body and eyes oriented toward partner*
- **Questioning:** *asking wh-questions to remain on topic*
- **Taking turns:** *responding in reasonable length of time and then allowing your partner to speak freely without interruption*

Section II: Didactic Lecture

To begin your lecture, reiterate,

“I’m sure you are wondering why are we going over such basic skills? This is natural to us and something we do on a day to day basis without even thinking about it. However, social deficits are a main characteristic of individuals with a serious mental illness (SMI), so try thinking about this from their point of view. Why do you think building this skill is so important to the residents?”

- Explain that,
 - We use these skills every day!
 - Think about the last time you talked to someone:
 - Was it in line at the store? To your friend or loved one?
You can talk to someone anywhere!
 - What did you talk about? How did you feel after?
 - Now imagine going through the day not knowing how to start a conversation with someone. How would that make you feel?
 - Communicating with others helps build supportive and lasting relationships
 - Opportunity to learn about each other
 - Share information about yourself and make connections to others
 - We’re social beings. It is natural for us to speak to one another.
 - Prevent excess disability
 - A lack of communicative skills may lead to isolation. Individuals who are isolated are at a higher risk of depression and anxiety.
 - Is this something you see within our clients?
 - Reduce burden and stress of caregivers.
 - Examples: Less screaming matches and more calm conversations about the issue at hand.

FIRST SKILL: Body Language

- Start with a **Nonverbal Listening Test** (Garber, 2008 - p. 63): Ask the group these questions about nonverbal listening to determine their baseline understanding of body language.
 - **What does the term nonverbal communication mean?**
 - Answer: How we communicate without spoken words.
 - **Give three examples of positive nonverbal communication (Act it out).**
 - *Nodding your head yes while someone is talking*
 - *Eye contact*
 - *Facing your body towards the person*
 - **Give three examples of negative nonverbal communication (Act it out)**
 - *Furrowed eyebrows*
 - *Avoiding eye contact*
 - *Slumped posture / crossed arms*
- To summarize this skill explain that,

“So many of the messages we get from others is from their nonverbal behavior. Nonverbal behavior includes body language, facial expressions, and gestures. I’m sure you have experienced a time where you can predict someone’s thoughts just by their body language right?”
- Finally reiterate that,

“There is a lot that goes into nonverbal communication but today our focus is on turning our body toward our partner and giving them our full attention through eye contact.”

SECOND SKILL: Questioning

- Explain that,

“Now that you are in the proper position it’s time to start talking! The question is how do you keep the conversation going? By requesting or asking for questions, you find out any information that you may have been missing, need or want. The strategy we’re going to focus on today is ‘wh-questioning.’ This will at will help us stay on topic, continue the conversation, and make comments using keywords.”
- Teach the group to,

*“Listen for **keywords**: Using a word their partner used when asking a follow up question or making a follow up comment*

 - Example:

Person A - “I’m going to watch TV after school today”

Person B - “What are you going to watch on TV?” or “Cool! My favorite TV show is __. What’s yours?”

- Teach the group how to stay on topic using **wh-words (who, what, where, and when)**
 - “Who do you watch TV with?”
 - “What TV show do you watch?”
 - “Where do you watch your TV shows?”
 - “When is your favorite TV show playing?”

THIRD SKILL: Taking Turns

- Explain that,
 - *“A conversation is an exchange of words, meaning we take turns talking.*
 - *Sometimes, we get excited about what to say next and we talk over our partner. This can be seen as rude, so instead we should concentrate on what the speaker is saying and try not to think about how you are going to respond while he or she is talking.*
 - *You can interact nonverbally by nodding your head or saying brief comments such as “I see.” This tells the speaker that you are fully engaged and listening.*
 - *Do not interrupt or finish the other person’s sentences. This takes your concentration completely away for the speaker.*
 - *Taking turns allows your partner to speak freely and then gives us a reasonable amount of time to respond.”*

Section III: Group Activity

1. Explain to the group that concludes the lecture portion of the module. Now, we are going to do an exercise that will help the residents practice these skills. This activity is called, “Conversation Club” -
 - a. Explain that, *“Now that you have a pretty good understanding of some key communication skills let us practice in our conversation club! We’re going to have everyone pair up, but first I’ll give you an example of what we’re going to do.”*
 - i. Instructors give an example of a brief back-and-forth conversation.
 - b. Emphasize the main objective,
 1. *“Positive body language shows the speaker that we are paying attention. We want our body and eye directed to the speaker,*
 2. *We listen for key words and use wh-questions to stay on topic,*
 3. *We want to be fair and take turns. Try not to interrupt and speak for an equal amount of time.”*
 - c. Have group members pair up
 - i. If have odd numbered group have someone pair with an assisting instructor
 - d. Have pairs choose one topic of mutual interest
 - i. Have topic cards ready to facilitate brainstorming:
 - e. Once everyone has a partner and a topic begin activity for ___ minutes. If a pair feels that they are stuck ask them to raise their hand. Instructors will come by to assist.
 - f. Instructors should walk around and give praise to those demonstrating target behaviors.

Instructions: Print and cut out conversation cards before group activity – Conversation Club

Favorite Food	Best Movie Ever Seen
Fantasy Vacation Destiny	Favorite Actor
Favorite Season	Favorite Holiday

What is something
you are looking
forward to?

What famous
person do you
admire the most?

Who would you
most
like to meet?

If you could have
any
animal as a pet
what
animal would you
choose?

2. Group discussion
 - a. After the activity gather everyone as a group and ask,
 - i. *What worked well with your conversation?*
 - ii. *What do you do well? What do you need to work on?*
 - iii. *Did you have to regain your partner's attention? How?*
 - iv. *Did you stay on topic? How? If not, what happened?*
 - v. *How did it feel when your partner listened to you? When they didn't how did it feel?*
3. Thank the group for actively participating.

Section IV: Reflection

1. Before ending the module ask,

“Does anyone have any questions about body language, asking appropriate questions, or taking turns? How about any other conversation skills that we haven't covered?”
2. To end the lecture, give the group these additional resources. Explain each one before handing it out.
 - a. **Listening Tips** (Garber, 2008 - p. 35): If you have difficulty being an active listener here are 5 great listening tips. It covers paraphrasing the message, repeating the message, probing for missing information, clarifying confusing points, and remembering important points. This handout will be useful during our activity in the second half of the module.
 - b. **Listening Bad Habits** (Garber, 2008 - p. 39): If you are not sure if you have bad listening habits here is checklist you can refer to. Be honest with yourself when filling out this form. Everyone is guilty of this so don't feel bad, the important thing is to work on it by practicing active listening.
 - c. **Importance of eye contact**: This handout gives a few reasons eye contact is a key component of communication.

Section V: Final Review of didactic material

1. T/F: Body language does not change the entire meaning of a sentence.
Answer - False: Body language informs your conversation partner without the use of words.
2. T/F: Asking Who, what, where, when, why questions are ways to keep conversation on topic.
Answer - True: Wh-questions keep the conversation on task and flowing
3. T/F: It is okay to talk over someone else because your topic is more interesting.
Answer - False: Conversation requires an exchange of words.

Module 2: Supplemental Handouts

Listening Tips

- **Paraphrase** the message to the speaker in order to confirm your understanding.
- **Repeat** the message to help you remember what was said.
- **Probe** for missing information.
- **Clarify** any points that you might not completely understand.
- **Remember** the important points of the message for future application.



Module 2: Supplemental Handouts

Listening Bad Habits

Following is a list of ten bad habits of listening. Check those listening bad habits that you are sometimes guilty of committing when communicating with others. Be honest with yourself!

- I interrupt often or try to finish the other person's sentences.
- I jump to conclusions.
- I am often overly parental and answer with advice, even when not requested.
- I make up my mind before I have all the information.
- I am a compulsive note taker.
- I don't give any response afterward, even if I say I will.
- I am impatient.
- I lose my temper when hearing things I don't agree with.
- I try to change the subject to something that relates to my own experiences.
- I think more about my reply while the other person is speaking than what he or she is saying.

Module 2: Supplemental Handouts



Importance of Eye Contact

1. Eye contact is healthy and natural.
2. Eye contact helps you connect to others.
3. Eye contact shows your partner that you are listening.
4. Eye contact holds your partner's attention and makes your words memorable.
5. Eye contact shows that you are being honest and sincere.

Module 2:

Communication Skills for RESIDENTS

Communication skills module builds the foundation for communication skills by strengthening three key skills: positive body language, asking wh-questions, and taking turns.

The trainer will begin a discussion to gather a base-line understand of what the participants know about each communication skill. Following the module, they will be able to distinguish positive and negative body language, use wh-questions to keep the conversation on topic, and grasp how to take turns during a conversation.

To practice these skills the group will take-part in an activity that was based off Muller's et al. (2016) conversation club to promote social thinking. As a result, the participants will have an increased confidence to integrate these skills into typical conversation throughout the day.

Included:

- Conversation Club Topic Cards
- Supplemental Handouts:
 - Listening Tips
 - Listening Bad Habits
 - Importance of Eye Contact

Communication Skills Module

For Residents

Supplies:

- Conversation Topic Cards
- True/False Cards

Purpose of group:

- Instructor introduces self.
- **Purpose:** Our objective today is to strengthen three key skills that will lead to effective communication: positive body language, asking wh-questions, and taking turns.

Section I: Baseline Assessment

Begin by asking the group the introduction questions to get an understanding of what they know about communication skills.

- **Introduction Questions (3 total):**
 - *What do you know about communication skills?*
 - Possible responses:
 1. We use it every day.
 2. Good communication skills help us build friendships.
 3. Bad communication skills might make it hard for others to approach us.
 - *Can you give examples of communication skills?*
 - Possible responses:
 1. Starting a conversation
 2. Ending a conversation
 3. Speaking in a continuous manner
 4. **Body Language**
 - a. **Turning toward partner**
 - b. **Eye contact**
 5. **Asking Questions**
 6. Replying appropriately
 7. Expressing emotions appropriately
 8. **Taking turns or timing response**

If someone responds with an item in **bold say, "Great! That's a really*

important one that I want you to keep in mind for later!"

- After a few responses next say, *“Now that we have a better idea of what communications skills are, can you tell me if these are good communication skills or bad communication skills?”* Randomly read one bullet point from the good or bad column and ask the group whether it is good or bad communication skill. Choose 2-3 bullet points from each column.

GOOD	BAD
<ul style="list-style-type: none"> • Focusing on what your partner is saying • Asking follow up questions that relate to the topic discussed • Taking turns and allowing your partner proper time to respond • Open body language • Matching the tone of your partner 	<ul style="list-style-type: none"> • Multitasking-looking at your phone while your partner is talking to you • Asking your partner to repeat him- or herself constantly • Never letting your partner talk • Interrupting your partner while he or she is talking • Rolling your eyes, looking away, body turned away, arms folded together

- Next, to determine what skills the residents would like to focus on ask, *“Is there a skill you want to improve upon?”* or *“Is there a skill that you have never heard about or thought was interesting?”*
 - If there are no responses, be honest and share a skill that you would like to improve on.
 - Thank the residents for their honesty.
 - Take note of their responses so you can ask them how they are going to practice those skills throughout the week.
- **Recap of Objective:**
 - To wrap up the introduction, say *“Thank you for actively participating. I hope this gives you a better idea of what we’re going to go over today. There are many important communication skills, but three key skills we will practice today are:*
 - **Positive body language:** making sure your body and eye are facing your partner
 - **Questioning:** Asking wh-questions to remain on topic
 - **Taking turns:** responding in a reasonable amount of time and then allowing your partner to talk

Section II: Didactic Lecture

To start your lecture, begin with a discussion. Ask,

*“Why is improving communication skills so important?
What will this help you achieve in the future?”*

Explain that:

- We use communication skills every day! We talk to our friends, family, loved ones, and even strangers.
- We talk to each other so that we can learn from each other, make connections, and share information.
- Strong communication skills help us get the job we want! Why? It shows our boss that we can be a team player and be a hard worker.
- Humans are social beings! It’s normal for us to want to talk to each other.

FIRST SKILL: BODY LANGUAGE

Explain that,

- One important skill that we might not think about is body language. Ask,
What does body language mean?
 - Answer: Body language is how we communicate without spoken words.

Next ask them to, *“Give three examples of positive body language,”*

- After each response explain why the gesture is positive.
- Possible responses:
 - Nodding your head yes while someone is talking - shows that you are actively listening
 - Eye contact - shows that you are giving your full attention
 - Facing your body towards the person - shows that you are giving your full attention

Next ask them to, *“Give three examples of negative body language,”*

- After each response explain why the gesture is negative.
- Possible responses:
 - Furrowed eyebrows - shows that you are angry or upset
 - Avoiding eye contact - shows that you are not interested or scared
 - Slumped posture or folded arms - shows that you are bold or defensive

To summarize this skill explain that,

- So many messages that we get from others are nonverbal
- Body language includes facial expressions, hand gestures, and body positioning.
- Today, we will focus on turning our body toward our conversation partner and giving them appropriate eye contact.

SECOND SKILL: WH-QUESTIONS

Explain that,

- You are now properly positioned to have a great conversation. Ask,
How are you going to start a conversation?
How are you going to keep the conversation going?
 - Answer: Asking questions. More specifically, wh-questions.

Explain that,

- The skill we will focus on today is **wh-questioning**.
- Wh-questioning helps you request information from your conversation partner.
- Wh-questions helps you find out any information you are missing, need, or want.
- Wh-questions help us stay on topic by using **KEYWORDS**, which the main subject of their comment and something you can use to ask a follow-up questions.
 - Give an example and ask what they think the keyword is.
I'm going to watch TV after school today.
Answer: The keyword is TV
- Teach the group how to stay on topic using **wh-words** (who, what, where, and when)
 - Give examples from the previous keyword - TV
Who do you watch TV with?
What TV show do you watch?
Where do you watch TV?
When is your favorite TV show playing?

THIRD SKILL: TAKING TURNS

Explain that, a **conversation** is an exchange of words, meaning we take turns talking!

- Sometimes we get excited about what to say next and we interrupt your partner.
- This can be seen as rude, so instead focus on what the speaker is saying and try not to think about how you are going to respond while he or she is still talking.
- You can take part in the conversation by using body language such as nodding your head.
- You can also say brief comments such as "I see." This shows the speaker that you are fully engaged and listening.
- Do not attempt jump in or finish the speaker's sentence. This is distracting.
- Taking turns allows your conversation partner to speak freely and then gives you a reasonable amount of time to respond.

Section III: Group Activity

Explain that,

- Now that you know three fundamental conversation skills, let us get some practice in our Conversation Club! We are going to have everyone pair up, but **first** I will show you an example of how this will work.
- Instructors give an example of a brief back-and-forth conversation. Ask the group if they have any questions before emphasizing the main objective.

Now emphasize,

1. Positive body language shows the speaker that we are giving them our full attention. We want our body and eyes directed toward the speaker
 2. We listen for key words and use wh-questions to stay on topic
 3. We want to be fair and take turns. Try not to interrupt or take over one another.
- Have group member pair up
 - *If have odd numbered group have an assisting instructor pair with the member*
 - Have pairs choose one topic of mutual interest
 - Have topic cards ready to encourage brainstorming
 - One everyone has a partner and a topic begin activity for 3 minutes and then switch partners. Continue switching partners until you see fit.
 - Explain to the group that if they feel stuck in their conversation raise their hand so the instructors can assist.
 - Instructors should walk around and give praise to those demonstrating target behaviors.

Group Discussion:

After the activity gather the group together and ask,

- *What worked well in your conversation?*
- *What did you do well? What do you need to work on?*
- *Did you have to regain your conversation partner's attention? How?*
- *Did you stay on topic? How? If not, what happened?*
- *How did it feel when your partner listened to you? When they didn't how did it feel?*

Thank the group for actively participating.

Instructions:

Print and cut out conversation cards before group activity – Conversation Club

Favorite Food	Best Movie Ever Seen
Fantasy Vacation Destiny	Favorite Actor
Favorite Season	Favorite Holiday

What is something you are looking forward to?	What famous person do you admire the most?
Who would you most like to meet?	If you could have any animal as a pet what animal would you choose?

Section IV: Reflection

Before ending the module ask,

- *Does anyone have any questions about body language, asking appropriate questions, or taking turns?*
- *How about any other conversation skills that we have not covered?*

To end the lecture, give the group these additional resources. Explain each one before handing it out.

- **Listening Tips** (Garber, 2008, p. 35): If you have difficulty being an active listener here are 5 great listening tips. It covers paraphrasing the message, repeating the message, probing for missing information, clarifying confusing points, and remembering important points. This handout will be useful during our activity in the second half of the module.
- **Listening Bad Habits** (Garber, 2008, p. 39): If you are not sure if you have bad listening habits here is checklist you can refer to. Be honest with yourself when filling out this form. Everyone is guilty of this so don't feel bad, the important things is to work on it by practicing active listening.
- **Importance of eye contact:** This handout gives a few reasons eye contact is a key component of communication.

Section V: Final Review of Didactic Material

Give each group member a true/false card. Have the members sit side by side together facing the lead instructor. Explain up the red card is false and the green card is true. Ask the question to the group and instruct them to hold up with the answer on the count of three.

1. T/F Body language does not change the entire meaning of a sentence
 - a. **False:** Body language can inform your conversation without using words.
2. T/F: Asking who, what, where, when, why questions are way to keep the conversation on topic.
 - a. **True:** Wh-questions is a strategy to listen to key words and ask questions to stay on topic.
3. T/F: It is okay to talk over someone because your topic is more interesting.
 - a. **False:** A conversation is an exchange of words. Each person is allowed a certain amount of time to talk.

Module 2: Supplemental Handouts

Listening Tips

- **Paraphrase** the message to the speaker in order to confirm your understanding.
- **Repeat** the message to help you remember what was said.
- **Probe** for missing information.
- **Clarify** any points that you might not completely understand.
- **Remember** the important points of the message for future application.



Module 2: Supplemental Handouts

Listening Bad Habits

Following is a list of ten bad habits of listening. Check those listening bad habits that you are sometimes guilty of committing when communicating with others. Be honest with yourself!

- I interrupt often or try to finish the other person's sentences.
- I jump to conclusions.
- I am often overly parental and answer with advice, even when not requested.
- I make up my mind before I have all the information.
- I am a compulsive note taker.
- I don't give any response afterward, even if I say I will.
- I am impatient.
- I lose my temper when hearing things I don't agree with.
- I try to change the subject to something that relates to my own experiences.
- I think more about my reply while the other person is speaking than what he or she is saying.

Module 2: Supplemental Handouts



Importance of Eye Contact

1. Eye contact is healthy and natural.
2. Eye contact helps you connect to others.
3. Eye contact shows your partner that you are listening.
4. Eye contact holds your partner's attention and makes your words memorable.
5. Eye contact shows that you are being honest and sincere.

Module 3:

Assertive Communication for STAFF

The purpose of the assertive communication module is to teach the RTP staff the difference between assertive, passive, and aggressive communication. The module elaborates the importance of assertive communication as an effective communication method especially regarding conflicts. Assertive communication allows an individual to get their point across in a conversation by being direct while being respectful to the other party participating in the conversation (Kubany, Richard, Bauer, & Muraoka, 1992).

The trainer will educate the staff on how to properly run a group session for assertive communication and how to facilitate discussions to further educate the residents about assertive communication strategies.

The group facilitator begins by assessing the current knowledge of the topic followed by a more elaborate explanation of the topic and different strategies. The module provides opportunities to participate in group activities to practice assertive communication strategies and ends the session with an informal debrief of the session information using a true and false method.

Included:

- Nonviolent Communication Handout
- Nonviolent Communication Cards
- Broke Record Technique Handout
- Supplemental Handout: On My Own Two Feet



Assertive Communication Training



Purpose of group: To teach individuals basic assertive communication skills to use in every day conversations and provide opportunities to practice skills.

Supplies (print out one for each group member):

1. Broken Record Handout
2. Non-violent Communication Handout
3. Red answer card
4. Green answer card

Instructions:

Section I: Baseline Assessment

Read the following questions to the group and allow for responses

- a. “What do you know about Assertive Communication Skills?”
- b. “How do you define assertive communication?”

Section II: Didactic Lecture

Read the following aloud to the group

“Assertive communication style means that you express yourself effectively and stand up for your point of view, while also respecting the rights and beliefs of others. This can be seen with nonverbal behavior that you can see and verbal behavior that you can hear.

Here are some examples:

Examples of nonverbal behavior include:

- Strong eye contact: remain looking into the person’s eyes as you speak to them and they speak to you

Examples of verbal behavior include:

- Strong voice: amplified noise level and proper enunciation of words
- Clearly stating a point: using simple words that get to the point.”

Ask group members the following questions:

- “Can you give me an example of a time you have been assertive?”

Read the following aloud to the group:

“Passive communication style means avoiding expressing one’s opinions or feelings and not being able to meet their needs. Here are some examples of nonverbal behavior you can see and verbal behavior you can hear:

Examples of nonverbal behavior include:

- Lack of eye contact: fails to hold eye contact while speaking with someone or being spoken to. Typically looks down at the ground or off in the distance.

Examples of verbal behavior include:

- Low volume on voice: Quiet tone and hard to hear
- Timid tone: may mumble or fail to get to the point of their sentence.”

Ask group members the following questions:

- “Can you give me an example of a time you have been passive?”
- “How did that go?”
- “Is there anything you wish you did differently?”

Read the following description aloud to the group:

“Lastly, an aggressive communication style means you stand up for yourself in a way that is inappropriate and may violate the rights of others. Here are some examples of nonverbal behavior you can see and verbal behavior you can hear:

Examples of nonverbal behavior include:

- Intruding into someone's personal space: not keeping a proper distance between you and the person you are speaking with. An arm’s length is most ideal.
- Aggressive gestures: pointing, clenched fists, sneering, or smirking.

Examples of verbal behavior include:

- Sarcasm: saying things that are the opposite of what is meant. Meant to be ironic and to hurt someone’s feelings.
- Harsh tone: Loud volume and shouting
- Condescending statements: saying something that presents a superior attitude. Meaning talking down to someone or saying things that belittle what someone else says or does”

Ask group members the following questions:

- “Can you give me an example of a time you have been aggressive?”
- “How did that go?”
- “Is there anything you wish you did differently?”

Non-Violent Communication Discussion:

Pass out the “Nonviolent Communication Handout” to each member attending the group session.

Read aloud the “Nonviolent Communication Handout” and pause at “Scenarios Read through each scenario (pick 3 from the selection provided).

Read the provided nonviolent response that uses the formula given on the handout.

Read aloud the “Example Situations” to the group (pick 2-3 in each session).

After each situation read aloud, give the group a few minutes to come up with a non-violent response on their own.

- *Provide feedback to their responses:*
 - Are they following the formula?
 - Are they missing a step?
 - What can they say to better their statement?
- *Read aloud the provided non-violent response to each scenario presented.*

Ask group members the following question:

- “Can you identify a conflict in your life where we could use the non-violent formula?”

Section III: Group Activity

Begin Broken-Record Technique (can replace or add with supplemental handouts/activities):

Pass out a broken record handout for each group participant.

Read the following aloud to the group:

“The broken record technique continually has a person repeat their point when having a conversation with another person by saying it in a different way. The goal of this technique is to NOT get distracted from the conversation of its original topic, especially when it is meaningful to the person who started the conversation.”

Read the following aloud to the group:

“Similar to the nonviolent communication activity, we begin by identifying what you want/need to say in a conversation. What do you want to tell someone? An example is : I feel anxious when you do not clean your side of the room.”

Read the following aloud to the group:

“The next step is to state the ‘want/need’ you have identified. For example: Can you please keep your side of the room more organized. Next, you wait for a response from your partner in the conversation. Next, you *continue to rephrase* that same ‘want/need’ until the person acknowledges your ‘want/need’ and the conversation has come to a pleasant end. For example: Keeping your side of the room clean will help me feel less anxious. You stated the same feeling and need just using slightly different words.”

Choose two volunteers that will participate in a role-play

Have one volunteer play the role of “Person A” and the other “Person B” listed on the handout

Read the following aloud to the group:

“Follow the script provided for Scenario A.”

After the volunteers complete reading scenario A script, ask the group the following questions:

- “What went well in this scenario?”
- “What could have gone better with *scenario A*?”

Read the following aloud to the group:

“Scenario A uses an **aggressive communication style**”

Read the following aloud to the group:

“Now follow the script provided for Scenario B.”

After the volunteers complete reading scenario B script, ask the group the following questions:

- “What went well in this scenario?”
- “What could have gone better with *scenario B*?”

Read the following aloud to the group:

“Scenario B uses the **assertive communication style**.”

Section IV: Reflection (for STAFF participant group only)

Open the floor to the group members specific concerns in order to better relate this topic to any specific situations they need help with.

Read to group to initiate reflection:

- “Are there specific scenarios that occur frequently that you would like to address with assertive communication?”
- Any specific concerns with the technique provided with this population?
- Any other questions regarding the group session or topic?
- Are there any specific instances this may have been helpful?”
 - Role play it out if necessary and provide feedback

Section V: Comprehensive Review

The leader will administer a true or false quiz to measure level of understanding of the topic at the end of each session. The leader will pass out a red and green paper to each group member.

Read the following instructions allowed:

“We will now have a short review of the material we just went over during this group session. I will recite three questions to you that are either true or false. Your green paper means true and your red paper means false. When I ask the question, raise the green paper if you believe the statement is true or raise the red paper if you believe the statement is false.”

Next, read aloud each of the following questions and then allow each person to raise a red or green paper before moving on to the next question:

- “The main goal of assertive communication is upholding respect for each person’s voice in a conversation. T/F?”
 - Correct answer is TRUE (GREEN)
- “The three main communication types assertive, aggressive, and active. T/F?”
 - Correct answer is FALSE (RED)
- “The focus of the broken record technique is to continually reiterate the want or need of the person initiating the conversation in order to make sure their voice is heard. T/F?”
 - Correct answer is TRUE (GREEN)



Nonviolent Communication Handout

“Nonviolent communication is a way to talk to other individuals using compassion by following a simple formula”

- ✓ First, we have to **OBSERVE** what is actually happening in a situation. What are we observing others saying or doing that is enriching or not enriching our lives.
- ✓ Then we want to articulate this observation without any judgment or evaluation. We’re just saying what they are doing that we either like or don’t like
- ✓ Next, we state how we **FEEL** when we observe this action. Are we hurt, scared, joyful, amused, or irritated?
- ✓ Then we say what **NEEDS** of ours are connected to the feelings we just identified.
- ✓ And last, we make the **REQUEST** of what we want to be done about the situation.

So, for example a mom might say to her son. “When I see two balls of soiled socks under the coffee table and another three next to the TV, I feel irritated because I am needing more order in the rooms that we share in common. Would you be willing to put your socks in your room or in the washing machine”

How does this fit our formula?

Observe: When I see two balls of soiled socks under the coffee table and another three next to the TV...

Feel: I feel irritated...

Needs: because I am needing more order in the rooms that we share in common.

Request: Would you be willing to put your socks in your room or in the washing machine?

So, the important part of this is that we are expressing these four pieces of information very clearly. And this is how we also want to connect with others and hear this from others as well.

Scenarios:

- “By putting your money in mutual funds, you are just supporting guns and tobacco and sweat shops and all the things we’re trying to change in this world.”
 - Observe: When I hear you have put your money in mutual funds

- Feel: I feel dejected
 - Needs: because I'd like to see us put our resources into what we value, rather than to support guns, tobacco, and sweatshops.
 - Request: Would you be willing to tell me what you are feeling when you hear me say this?"
-
- "Hey kids, flashlights aren't toys. Don't waste batteries. They cost money."
 - Observe: "When I see you kids playing with the flashlights under the blanket,
 - Feel: I feel uneasy.
 - Needs: I want these flashlights to last so they'll be available if we have an emergency.
 - Request: Would you be willing to put them away?"
-
- "But you told me two weeks ago that it would be fine if I were to take a long weekend this month."
 - Observe: "When I hear you say 'no' to my taking a long weekend this month and then remember you saying two weeks ago that it would be fine..."
 - Feel: I feel frustrated and confused.
 - Needs: I need more clarity and some reassurance that we are communicating accurately.
 - Request: Would you be willing to tell me what you just heard me say."

Example Situations:

What could you say in these situations using Nonviolent Communication?

Instructions: Cut out each square as use as a deck of cards to pull from when picking situations

<p>Your boyfriend starts working 60 hours a week and you don't see him as often.</p>	<p>Your friend doesn't call you on your birthday.</p>	<p>Your roommate leaves their dirty dishes piling up in the sink for a week.</p>
<p>Your coworker comes up to you and starts swearing.</p>	<p>You see your neighbor and his god and his dog poops on your lawn</p>	<p>Your boss gets upset with you for taking vacation he approved two months ago.</p>
<p>You haven't seen your sister in a month when you usually see her once a week.</p>		

Broken Record Technique

Instructions: Print two copies of scenario A and B. One copy is for someone roleplaying “Mom” and the other copy is for someone roleplaying “Jessica”.

Scenario A:

Mom: Jessica, come back here. I want you to do your homework.

Jessica: No, mom. All my friends are going over to Maria’s to practice for the talent show.

Mom: So, what? You still have to do your homework.

Jessica: Mom! You don’t understand anything. I’m doing a comedy routine with Tina and Carol. If I don’t go, they’ll be mad at me.

Mom: Well...

Jessica: The other mothers are letting their kids go. You never let me do anything!

Mom: Yes, I do. I let you go to the circus last week when you should have cleaned your room.

Jessica: You don’t understand me. (Crying) You’re mean and you don’t get anything.

Mom: Oh, all right then! Go ahead, but one of these days you’re going to feel really bad when you bring home bad grades.

Scenario B:

Mom: Jessica, come back here. I want you to do your homework.

Jessica: No mom, I can't. All my friends are going over to Maria's to practice for the talent show.

Mom: I understand the talent show is important. But I want you to do your homework before you do anything else.

Jessica: Mom! You don't understand anything. I'm doing a comedy routine with Tina and Carol. If I don't go, they'll be mad at me.

Mom: I understand you feel obligated to Tina and Carol, but you are also obligated to do your homework. I'd like you to do your homework now.

Jessica: You never let me do anything!!

Mom: I want you to do your homework. Could you call Tina and Carol and let them know you'll be over when you finish your homework.

Jessica: Do I have to?

Mom: I'd like you to do your homework. You can make other arrangements with Tina and Carol.

Jessica: Oh, okay.

Conversation 2

Scenario A:

Jack: Jill, your reports are late again.

Jill: It wasn't my fault. I swear.

Jack: What do you mean?

Jill: The last supervisor wasn't such a stickler for being on time. They didn't care.

Jack: Mm, but you still knew when the deadline was.

Jill: Well Helen never gets her reports in on time either.

Jack: Yes but...

Jill: I am a way better employee than she is. I may turn it in late but at least's its done and I get it in before most people who work here.

Jack: Well, this is true. Thanks for the reports Jill. We can talk about this later.

Scenario B:

Jack: Jill, your reports are late again.

Jill: It wasn't my fault. I swear.

Jack: What do you mean?

Jill: The last supervisor wasn't such a stickler for being on time. They didn't care.

Jack: That may be the case, but right now I'm concerned about finding ways for you to get your reports in on time.

Jill: Well Helen never gets her reports in on time either.

Jack: Perhaps I need to talk with Helen about that, but for the moment I'm more concerned about your reports being on time.

Jill: Well it's hard to get my work done on time when Rob in the marketing department is giving me trouble.

Jack: I'm interested in hearing about Jack, but first let's settle the issue of your late reports.

Jill: Oh, all right. Let's talk about my reports

HOW ASSERTIVE AM I?

Extremely Comfortable Extremely Uncomfortable

How do I feel -

10....9.....8.....7.....6..... 5.....4.....3.....2....1

Telling someone that I like them?

Starting a conversation with someone I
don't know very well?

Ending a conversation?

Going into a room full of strangers?

When people criticise me?

Giving someone a compliment?

Telling someone that I feel hurt?

Giving myself praise?

Standing up for my beliefs even if I'm
under pressure?

Telling someone I'm annoyed?

Saying 'No'/turning down a request?

Making a complaint?

GOAL

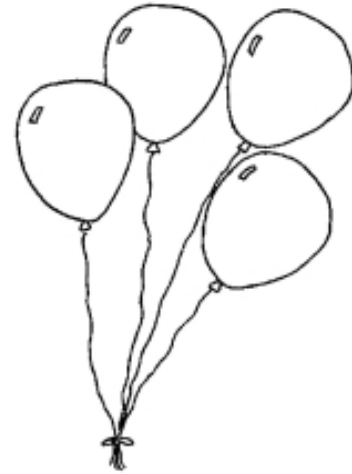
My goal is to practise

Name of person to whom I want to say it

What I want to say

When I want to say it

How did I do?



Colour in a balloon each time you use the skill of giving a compliment assertively.

SAYING “NO”

- **NOTICE YOUR IMMEDIATE REACTION**

- **IF UNSURE, ASK FOR MORE**
 - **INFORMATION**

 - **TIME TO THINK**

- **REFUSE CLEARLY AND DIRECTLY**

- **EXPLAIN BRIEFLY IF YOU WISH**

- **REMEMBER**

YOU ARE REFUSING A REQUEST

NOT REJECTING THE PERSON

THEY HAVE A RIGHT TO ASK

YOU HAVE A RIGHT TO SAY “NO”

RECORD SHEET

For homework fill this sheet in. At the end of each day write down any situation you found difficult to handle, what you did and whether you were assertive, aggressive or passive.

Situation

What I Did

*Was my behaviour
Ass/Agg/Pass?*

HOW ASSERTIVE AM I NOW?

Extremely Comfortable Extremely Uncomfortable

How do I feel -

10.....9.....8.....7.....6..... 5.....4.....3.....2.....1

- Asking for a favour?
- Starting a conversation?
- Ending a conversation?
- Going into a room full of strangers?
- Dealing with criticism?
- Telling someone that I like them?
- Dealing with people in authority?
- Expressing an opinion in a group?
- Expressing praise/giving compliments?
- Showing if I feel hurt?
- Talking about myself in a positive way?
- Being the centre of attention in a group?
- Standing up for my point of view even under pressure?
- Showing annoyance?
- Saying 'No'/turning down a request?
- Refusing to be put down?
- Standing up for yourself/ making a complaint

Module 4:

Conflict Resolution for STAFF

The purpose of the conflict resolution module is to teach the RTP staff different conflict resolution strategies that can be used in everyday life. In order to properly manage conflicts, certain factors must be taken into account, such as the type of conflict, the resolution strategy to use, and the overall approach to take (McKibben, 2017).

The trainer will educate the staff on how to properly run a group session for conflict resolution and how to facilitate discussions to further educate the residents about conflict resolution strategies.

The group facilitator begins by assessing the current knowledge level of the topic followed by a more elaborate explanation of the topic and different strategies. The module provides opportunities to participate in group activities by practicing conflict resolution strategies and discussing beneficial and maladaptive strategies as a group.

Included:

- Trigger Action Plan Worksheet
- Progressive Muscle Relaxation Script
- Guided Imagery Script

Module: Conflict Resolution
(For Staff)

Purpose of the group:

1. To teach individuals conflict resolution strategies to use in everyday life and provide opportunities to practice the skills.

Supplies:

1. Trigger activity worksheet
2. True/false cards

Section I: Baseline Assessment

Hi everyone. I want to thank you for joining in on this session and I hope that you will find it rewarding. My name is (insert your name) and I am an occupational therapy student at Stanbridge University. In this part of the session, we will briefly discuss how conflicts start and strategies to resolve conflicts.

Next, ask the group the introductory questions to get a baseline of what they already know about conflict resolution.

First, I want to ask you some introductory questions

1. *How do conflicts start? There are no wrong answers.*
 - a. Possible responses:
 1. Physical altercations
 2. Verbal arguments
 3. Internal struggle with right vs wrong
2. *What are some strategies you know of to resolve conflicts?*
 - a. Possible responses:
 1. Use active listening
 2. Use assertive communication
 3. Address the problem sooner rather than later
 4. Assert feelings without blaming
 5. Listen without interruption to what the other person has to say
 6. Identify triggers and activities to reduce them
 7. Be mindful of your non-verbal cues
3. *If you are comfortable sharing, tell me about the last time you had a conflict and how you dealt with it.*
4. *Can you think of a strategy that you want improvement in?*
 - a. *For example: I hate conflict so when I have a conflict with someone else, I tend to be very passive and let the other person know they're right so that the conflict ends.*

5. *Have you noticed a lack of conflict resolution from the residents?*
 - a. *Which strategies are they lacking?*
 - b. *Which strategies do the residents perform well?*

Thank you everyone for sharing. We are now going to move on to the next session and discuss conflict resolution a little further.

Section II: Didactic Lecture

In this part of the session, we will cover more deeply the different types of conflict, outcomes of conflict resolution, and what triggers are.

1. *Let's define what conflict resolution means. Who can give me a definition of conflict resolution? Afterward I will read you the google definition for what conflict resolution is.*
 - a. *Conflict resolution is a way for two or more parties to find a peaceful solution to a disagreement between them.*
2. *There are different types of conflicts to know about. While there are many different types of conflicts, I only want to focus on three of them: cognitive, emotional and person conflicts.*
 - a. *Can you give me some examples of cognitive conflicts?*
 - i. Possible responses
 1. Conflicts when beliefs are proved wrong
 2. Conflicts in decision making
 3. Conflict in justifying effort and compliance
 4. Conflict when responsible for bad consequences
 5. Conflict when behaviors don't match self-concept
 6. Conflict when outcomes don't measure up
 - b. *Can you give me some examples of emotional conflicts?*
 - i. Possible responses
 1. Conflicts when personalities clash
 2. Conflicts regarding perceived safety
 3. Conflicts regarding how to feel in a certain moment
 - c. *Can you give me some examples of personal conflicts?*
 - i. Possible responses
 1. Conflicts surrounding family issues
 2. Conflicts regarding ethical dilemmas
 3. Conflicts regarding responsibility
3. *Whether outcomes are resolved quickly or slowly, the outcomes associated with that can have a big effect.*
 - a. *The following are examples of outcomes for when the conflict is not resolved.*
 - i. *Poor relationships.*

- ii. *You feel powerless.*
 - iii. *Conflicts become bigger.*
 - iv. *Resentment grows/lingering thoughts*
 - b. *Can you think of any other examples?*
 - c. *The following are examples of outcomes for when the conflict is resolved.*
 - i. *Healthy relationships.*
 - ii. *You feel in control.*
 - d. *Can you think of any other examples?*
- 4. *Now I want to talk about triggers. I will briefly explain what they are and how they affect conflict resolution.*
 - a. *Triggers are any events that cause someone to become upset.*
 - b. *Being able to control triggers can lead to better conflict management.*
 - c. *If someone is worked up due to an event, it can cloud their judgement, and make solving conflicts much harder.*
 - d. *Without controlling triggers, problems might be solved with verbal abuse, physical fights, or emotionally shutting down.*
 - e. *Being in control of what upsets you allows you to think through the conflict and solve it in a harmless and more effective way.*

Thank you for sharing and listening to this section. In the next section, we will have some group activities and hopefully learn some new things about ourselves.

Section III: Group Activity

In this part of the session, we will participate in two different group activities. These activities will require your active participation.

1. *Our first activity will be the Trigger Action Plan.*

Pass out the trigger handout.

- a. As you can see, one side of the paper has the word ‘triggers’ written on it and the other side of the paper has the words ‘trigger action plan’ written on it
- b. On the side that says ‘triggers’, I want you to write out your triggers, and again, they are the things that create unpleasant thoughts or feelings within you.
- c. You will see some examples of triggers written down on the worksheet to give you ideas. You may use these ideas but I encourage you to think of others as well.
- d. Some examples of common triggers that I listed on the worksheet include feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.
- e. It is not necessary to write out catastrophic events such as war or natural disaster
- f. When you’re done, please flip over the page and wait for the next instructions

- g. On this side, I want you to write out strategies you can use to calm yourself and keep your reactions from becoming more serious
- h. You will see some examples of strategies written on the worksheet to give you ideas. Like before, feel free to use these but try to think of others
- i. Some examples of strategies include talking out the situation with a friend, praying (if religious), writing in a journal, going for a walk, or doing a relaxation exercise
- j. When one of your triggers occur, I would like you to try out the different strategies you wrote down and cross out ones that don't work after you try them and continue to add new ones to figure out what works best to calm you down

Now that we have briefly talked about strategies, I want to give you quick pointers on what you can do when the conflict is with someone else and when the conflict is within yourself.

- k. *The following are strategies to keep in mind if the conflict is with someone else*
 - ii. *Taking a 5-minute break before talking again when arguing with someone.*
 - iii. *Talking out the situation with a staff member during an argument break.*
 - iv. *Explaining your thoughts and feelings to the other individual when you come back from the break so they know where you're coming from.*
- l. *The following are strategies to keep in mind if the conflict is within yourself*
 - ii. *Finding a comfortable place to relax, closing your eyes, and taking 20 long, deep breaths.*
 - iii. *Participating in a fun activity such as drawing, writing, or going to the park.*
 - iv. *Identifying why the conflict took place and taking the steps to make sure it doesn't happen again.*

2. *The second activity that I will lead you through is a mindfulness activity called Progressive Muscle Relaxation*

- a. Find yourself a quiet place to relax. Turn off your phone and dim the lights. This is your time...a time for complete and utter relaxation.
- b. For this relaxation, you can either sit or lie down. Just make sure that you are warm enough, and that you are comfortable. Let your hands rest loosely in your lap, or by your side. Now close your eyes.
- c. Become aware of your breathing, and notice how your abdomen rises and falls with each breath...
- d. Now take a long slow deep breath in through your nose, all the way down into your stomach. Hold the breath for just a moment, and then exhale through your mouth. Allow your breath to carry away all stress and tension as the air floods out of your lungs.

- e. Take another slow breath in through your nose. Fill your lungs completely. Hold it for a moment...and release the breath through your mouth. Empty your lungs completely with your out-breath.
- f. Take a third deep breath in. Hold it for a moment, and then let it go.
- g. Feel that your body has already undergone a change. The tension in your body has begun to loosen and subside.
- h. Now let your breathing rhythm return to normal...and relax....
- i. During this relaxation I will ask you to tense various muscles throughout your body. Please do this without straining. You do not need to exert yourself, just contract each muscle firmly but gently as you breathe in. If you feel uncomfortable at any time, you can simply relax and breathe normally.
- j. Bring your awareness to your feet and toes. Breathe in deeply through your nose, and as you do, gradually curl your toes down and tense the muscles in the soles of your feet. Hold your breath for just a few seconds and then release the muscles in your feet as you breathe out. Feel the tension in your feet wash away as you exhale. Notice how different your feet feel when tensed and when they are relaxed.
- k. Take another deep breath in again, tense the muscles in the soles of your feet and hold this position for a few seconds.
- l. Now release. Feel yourself relaxing more and more deeply with each breath. Your whole body is becoming heavier, softer and more relaxed as each moment passes.
- m. Now bring your awareness to your lower legs...to your calf muscles. As you draw in a nice deep breath, point your toes up towards your knees and tighten these muscles. Hold for just a moment, and then let those muscles go limp as you exhale.
- n. Once again, draw in a deep breath...and tighten your calf muscles. Hold for a few seconds, and then let it all go. Feel your muscles relax, and feel the tension washing away with your out-breath.
- o. In a moment you will tense the muscles in the front of your thighs. If you are lying down, you can do this by trying to straighten your legs. You'll feel the muscles pulling your kneecap upwards. If you are seated, you can tense these muscles by pushing your heels down onto the floor.
- p. Take a deep breath in, and tense the muscles in your thighs. Hold for just a moment, and then release everything. As you do this, the blood flow to your muscles increases, and you may notice a warm tingling sensation. Enjoy this feeling of soothing relaxation in your thighs.
- q. Again, breathe in deeply and tighten your thigh muscles. Hold for a moment. Now release. Focus on letting your muscles go limp and loose.
- r. Draw in a nice deep breath and gradually tighten the muscles in your buttocks. Hold this contraction for a few seconds, and then release your breath. Feel the tension leaving your muscles. Feel them relaxing completely.

- s. Once more, breathe in deeply and tighten the muscles in your buttocks. Hold for a moment. Now release them. You are becoming more and more deeply relaxed.
- t. Take another breath, and this time, gradually tighten all the muscles in your legs, from your feet to your buttocks. Do this in whatever way feels natural and comfortable to you. Hold it...and now release all these large strong muscles. Enjoy the sensation of release as you become even more deeply relaxed.
- u. Now bring your awareness to your stomach. Draw in a nice deep breath and then tighten these muscles. Imagine you are trying to touch your belly button to your spine. Now release your breath and let your muscles relax. Notice the sensation of relief that comes from letting go.
- v. Once again, draw in a deep breath and then tighten your stomach muscles. Hold for a few seconds... and then let them relax as you exhale and release all tension.
- w. Bring your awareness to the muscles in your back. As you slowly breathe in, arch your back slightly and tighten these muscles....Now release your breath and let your muscles relax.
- x. Again, draw in a deep breath and then tighten your back muscles. Hold for a few seconds...and then let them relax and release.
- y. Now give your attention to your shoulder muscles and the muscles in your neck. As you slowly draw in a nice deep breath, pull your shoulders up towards your ears and squeeze these muscles firmly. Now breathe out completely, and allow your contracted muscles to go loose and limp.
- z. Again, pull your shoulders up towards your ears and squeeze these muscles firmly.
- aa. Now feel the tension subside as you relax and breathe out.
- bb. Feel the heaviness in your body now. Enjoy the feeling. Feel yourself becoming heavier and heavier. Feel yourself becoming more and more deeply relaxed.
- cc. You are calm, secure, at peace.
- dd. Now it's time to let go of all the tension in your arms and hands. Let's start with your upper arms.
- ee. As you breathe in, raise your wrists towards your shoulders and tighten the muscles in your upper arms. Hold that breath and that contraction for just a moment...and then gently lower your arms and breathe all the way out. You may feel a warm, burning sensation in your muscles when you tighten them. Feel how relaxing it is to release that tightness and to breathe away all tension.
- ff. As you curl your upper arms again, tighten the muscles as you breathe in. Breathe in deeply. Now relax your arms and breathe out.
- gg. Now bring your awareness to your forearms. As you breathe in, curl your hands inwards as though you are trying to touch the inside of your elbows with your fingertips. Now feel the tension subside as you relax and breathe out.

- hh. Again, take a deep breath in, and tighten the muscles in your forearms. Hold it for a moment, and then release them. Feel the tension washing away.
- ii. Now, take another breath in and tightly clench your fists. When you have finished breathing in, hold for just a few seconds, and then release. Notice any feelings of buzzing or throbbing. Your hands are becoming very soft and relaxed.
- jj. Take another deep breath in and clench your fists again. Hold for just a few seconds, and then release. Let your fingers go limp.
- kk. Your arms and hands are feeling heavy and relaxed.
- ll. Take a couple of nice long slow breaths now, and just relax. Feel yourself slipping even deeper into a state of complete rest.
- mm. Now tighten the muscles in your face by squeezing your eyes shut and clenching your lips together. As you do, breathe in fully. Hold it...now breathe out and relax all your facial muscles. Feel your face softening.
- nn. Once more, breathe in deeply while you scrunch the muscles in your eyes and lips....and release.
- oo. Now bring your awareness to the muscles in your jaw. Take a deep breath in, and then open your mouth as wide as you can. Feel your jaw muscles stretching and tightening. Now exhale and allow your mouth to gently close.
- pp. Again, fill your lungs with air and then open your mouth wide. Now let your mouth relax and let your breath flood all the way out.
- qq. You are now completely relaxed from the tips of your toes to the top of your head.
- rr. Please take a few more minutes to rest. Relax. Listen to the sound of your breathing and enjoy the lovely, warm sensation of physical relaxation. If you have the time, feel free to fall asleep. You will wake feeling completely rejuvenated and relaxed.

3. *I hope that felt relaxing and refreshing for you all. To finish off this section, I would like to have a group discussion*

- a. *What did you like or not like about either of the activities?*
 - i. *Tell me about some of the strategies you listed for the trigger activity exercise? Are any of them meaningful to you?*
 - ii. *Tell me how you are feeling after the relaxation exercise.*
- b. *Do you feel more confident that you can resolve conflicts effectively?*

Thank you again for participating in the group activities.

Section IV: Reflection

Before ending the module, state:

- 1. *In this part of the session, we will discuss any remaining questions you may have. Do you have any questions that you would still like answered? Which activity did you enjoy the most and why?*

2. *Now I will hand out some additional resources for you to reference at any time.*
 1. Progressive muscle relaxation handout
 2. Guided imagery handout

Section V: Comprehensive Review

In this part of the session, we will play a quick review game and then discuss why the answers are correct.

T/F Questions:

1. *The best way to handle conflicts is to ignore them.*
F – false
2. *Non-verbal cues can affect the way a conflict is resolved.*
T – true
3. *When a conflict is resolved, it leads to healthier relationships.*
T – true

Trigger Action Plan

Triggers

Examples: Feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.

Trigger Action Plan

Strategies to Overcome Triggers

Examples: Talking out the situation with a friend, praying, writing in a journal, going for a walk, doing a relaxation exercise, etc.

Guided Imagery Script

This guided relaxation script describes how to deal with anger quickly and effectively in the moment. Guides you in controlling anger and managing anger when it arises.

It's time to take a break.... and relax.... to deal with anger in a healthy, productive way.

Anger is a normal and natural emotion, and there is nothing wrong with having feelings - you are human, after all. You have the power to decide how to deal with this emotion you are experiencing.

Anger management does not mean holding anger in. It does not mean that you will never feel angry. Anger management is managing the behavioral responses that can arise when you are feeling angry.

All you really need to do right now is take a few moments just to relax, for you, to help you feel relaxed and calm. It feels good to relax. After this short relaxation session is over, you can proceed with your day, and react in a way that you choose.... relaxing for a moment now will help you to react calmly, rather than acting out of emotion.

It's okay to be angry. Just allow yourself to feel however it is you are feeling right now, noticing this feeling, but not reacting just yet. All you're doing is observing. Emotions are neither right nor wrong... they just are.

Take a deep breath in. Hold for a moment, and now breathe out.

Breathe in... hold that tension.... and now breathe out.... feeling the tension release with your breath.

Breathe in.... and out..... in..... out.....

Keep breathing like this, slowly.... deeply.... and let your body relax a little.

Turn your attention again to how you are feeling. Notice the physical sensation of anger. Where in your body is the anger stored? Some people notice that they tighten their shoulders when they are feeling angry. Others who deal with anger notice clenched fists or tight jaws. Anger may be experienced as a feeling in the stomach.... the neck.... any one or a number of places in the body demonstrate physical symptoms of anger.

Many of these physical symptoms are uncomfortable. Some of these symptoms can be relieved right now, if you like, by relaxing your muscles. Let's relax a few areas to begin this process to deal with anger by relaxing your muscles.

Guided Imagery Script Page 2

Starting with your hands and arms, first tighten your hands into fists. Feel the tension in your hands and arms. Hold.... tighter.... tighter.... and relax. Let go, allowing your hands and arms to be relaxed, loose, and limp. Notice the difference between tension and relaxation.

Now see if you can create a feeling of relaxation in your shoulders. Take a moment to relax your shoulders now. You may choose to tighten the muscles, and then relax, or you can simply relax your shoulders without tensing them first. Do whatever seems to work the best.

Focus now on your face and jaws. Relax your face and jaws, tensing first if you want to. Let all the tension leave your face..... let the tension leave your jaws.... leaving your face and jaws limp, smooth, and relaxed.

Scan your body now, for remaining areas of tension. Relax each area that feels tense.... scan your body from head to toe.... relaxing each part of your body. (pause)

Take note of how you are feeling now. Physically. Emotionally.

You are controlling anger right now, just by the fact that you have not yet reacted with angry behaviors. You have chosen to relax, to deal with anger in a healthy way.

To increase the control you have over anger, you may want to repeat some affirmations to help create realistic, rational thinking.... also called self-control thoughts.

Here are 5 affirmations for anger management to help deal with anger:

I acknowledge that I am feeling angry right now, and accept the way I feel.

I have the power to control my reactions.

I can fully experience this anger, yet wait before I take action.

I can feel angry, but calm and in control at the same time.

It's okay to feel angry.

Notice again how you are feeling. Physically, how are you feeling? Let your body relax a little more... relaxing any tense areas.

Emotionally, how are you feeling? See how emotions come and go.... anger can come and go.... it will not last forever. There is a limited time where you exercise self-control, before the anger is no longer an issue.

Guided Imagery Script Page 3

You may feel less angry... just as angry... or more angry now than you were at the beginning of this relaxation session.

To deal with anger that may remain, you may need a way to express the anger and get it out. You do not have to keep your emotions inside... you can choose how to express them.

You can let anger out by breathing deeply.... breathing in relaxation, and breathing out anger.... letting anger go with each breath.

There are other ways to express anger, too. You can do any of these activities after this script to allow yourself freedom to express the anger you experienced. Physical exercise, journaling, talking to someone you trust.... there are many ways to express yourself.

After the anger has decreased and you are feeling calm, you might want to address the situation that was upsetting by taking action to change the situation, or speaking to the person you were upset with. Or you may just choose to let the situation go.

Once your anger has decreased you can choose whatever option seems best. You have the right to feel a range of emotions, including anger, and to express these emotions in healthy ways that you choose.

I'll conclude this script with some breathing.

Take a deep breath in.... and out.....

in..... out.... relaxing with each breath

in..... out.... in..... out....

Keep breathing deeply to deal with anger and feel relaxed and calm.

Congratulate yourself for dealing with anger with relaxation.

I'll count now from 5 to 1. Imagine that right now, you are at a 5, and that when I reach 1 you will be feeling awake and alert, yet calm, peaceful, and relaxed.

5

4

3

2

1

Module 4:

Conflict Resolution for RESIDENTS

The purpose of the conflict resolution module is to teach the residents different conflict resolution strategies that can be used in everyday life. In order to properly manage conflicts, certain factors must be taken into account, such as the type of conflict, the resolution strategy to use, and the overall approach to take (McKibben, 2017).

The group facilitator begins by assessing the current knowledge level of the topic followed by a more elaborate explanation of the topic and different strategies. The module provides opportunities to participate in group activities by practicing conflict resolution strategies and discussing beneficial and maladaptive strategies as a group.

Included:

- Trigger Action Plan Worksheet
- Progressive Muscle Relaxation Script
- Guided Imagery Script

Conflict Resolution Module Outline (Residents)

Purpose of the group:

2. To teach individuals conflict resolution strategies to use in everyday life and provide opportunities to practice the skills.

Supplies:

3. Trigger activity worksheet
4. True/false cards

Section I: Baseline Assessment

Hi everyone. I want to thank you for joining in on this session and I hope that you will find it rewarding. My name is (insert your name) and I am an occupational therapy student at Stanbridge University. In this part of the session, we will briefly discuss how conflicts start and strategies to resolve conflicts.

Next, ask the group the introductory questions to get a baseline of what they already know about conflict resolution.

First, I want to ask you some introductory questions

6. *How do conflicts start? There are no wrong answers.*
 - a. Possible responses:
 1. Physical altercations
 2. Verbal arguments
 3. Internal struggle with right vs wrong
7. *What are some strategies you know of to resolve conflicts?*
 - a. Possible responses:
 1. Use active listening
 2. Use assertive communication
 3. Address the problem sooner rather than later
 4. Assert feelings without blaming
 5. Listen without interruption to what the other person has to say
 6. Identify triggers and activities to reduce them
 7. Be mindful of your non-verbal cues
8. *If you are comfortable sharing, tell me about the last time you had a conflict and how you dealt with it.*
9. *Can you think of a strategy that you want improvement in?*
 - a. *For example: I hate conflict so when I have a conflict with someone else, I tend to be very passive and let the other person know they're right so that the conflict ends.*

Thank you everyone for sharing. We are now going to move on to the next session and discuss conflict resolution a little further.

Section II: Didactic Lecture

In this part of the session, we will cover more deeply the different types of conflict, outcomes of conflict resolution, and what triggers are.

5. *Let's define what conflict resolution means. Who can give me a definition of conflict resolution? Afterward I will read you the google definition for what conflict resolution is.*
 - a. *Conflict resolution is a way for two or more parties to find a peaceful solution to a disagreement between them.*

6. *There are different types of conflicts to know about. While there are many different types of conflicts, I only want to focus on three of them: cognitive, emotional and person conflicts.*
 - a. *Can you give me some examples of cognitive conflicts?*
 - i. *Possible responses*
 1. *Conflicts when beliefs are proved wrong*
 2. *Conflicts in decision making*
 3. *Conflict in justifying effort and compliance*
 4. *Conflict when responsible for bad consequences*
 5. *Conflict when behaviors don't match self-concept*
 6. *Conflict when outcomes don't measure up*
 - b. *Can you give me some examples of emotional conflicts?*
 - i. *Possible responses*
 1. *Conflicts when personalities clash*
 2. *Conflicts regarding perceived safety*
 3. *Conflicts regarding how to feel in a certain moment*
 - c. *Can you give me some examples of personal conflicts?*
 - i. *Possible responses*
 1. *Conflicts surrounding family issues*
 2. *Conflicts regarding ethical dilemmas*
 3. *Conflicts regarding responsibility*

7. *Whether outcomes are resolved quickly or slowly, the outcomes associated with that can have a big effect.*
 - a. *The following are examples of outcomes for when the conflict is not resolved.*
 - i. *Poor relationships.*
 - ii. *You feel powerless.*
 - iii. *Conflicts become bigger.*
 - iv. *Resentment grows/lingering thoughts*
 - b. *Can you think of any other examples?*
 - c. *The following are examples of outcomes for when the conflict is resolved.*
 - i. *Healthy relationships.*
 - ii. *You feel in control.*
 - d. *Can you think of any other examples?*

8. *Now I want to talk about triggers. I will briefly explain what they are and how they affect conflict resolution.*
 - a. *Triggers are any events that cause someone to become upset.*
 - b. *Being able to control triggers can lead to better conflict management.*
 - c. *If someone is worked up due to an event, it can cloud their judgement, and make solving conflicts much harder.*
 - d. *Without controlling triggers, problems might be solved with verbal abuse, physical fights, or emotionally shutting down.*
 - e. *Being in control of what upsets you allows you to think through the conflict and solve it in a harmless and more effective way.*

Thank you for sharing and listening to this section. In the next section, we will have some group activities and hopefully learn some new things about ourselves.

Section III: Group Activity

In this part of the session, we will participate in two different group activities. These activities will require your active participation.

4. *Our first activity will be the Trigger Action Plan.*

Pass out the trigger handout.

- a. As you can see, one side of the paper has the word ‘triggers’ written on it and the other side of the paper has the words ‘trigger action plan’ written on it
- b. On the side that says ‘triggers’, I want you to write out your triggers, and again, they are the things that create unpleasant thoughts or feelings within you.
- c. You will see some examples of triggers written down on the worksheet to give you ideas. You may use these ideas but I encourage you to think of others as well.
- d. Some examples of common triggers that I listed on the worksheet include feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.
- e. It is not necessary to write out catastrophic events such as war or natural disaster
- f. When you’re done, please flip over the page and wait for the next instructions
- g. On this side, I want you to write out strategies you can use to calm yourself and keep your reactions from becoming more serious
- h. You will see some examples of strategies written on the worksheet to give you ideas. Like before, feel free to use these but try to think of others
- i. Some examples of strategies include talking out the situation with a friend, praying (if religious), writing in a journal, going for a walk, or doing a relaxation exercise
- j. When one of your triggers occur, I would like you to try out the different strategies you wrote down and cross out ones that don’t work after you try

them and continue to add new ones to figure out what works best to calm you down

Now that we have briefly talked about strategies, I want to give you quick pointers on what you can do when the conflict is with someone else and when the conflict is within yourself.

- k. *The following are strategies to keep in mind if the conflict is with someone else*
 - ii. *Taking a 5-minute break before talking again when arguing with someone.*
 - iii. *Talking out the situation with a staff member during an argument break.*
 - iv. *Explaining your thoughts and feelings to the other individual when you come back from the break so they know where you're coming from.*
- l. *The following are strategies to keep in mind if the conflict is within yourself*
 - ii. *Finding a comfortable place to relax, closing your eyes, and taking 20 long, deep breaths.*
 - iii. *Participating in a fun activity such as drawing, writing, or going to the park.*
 - iv. *Identifying why the conflict took place and taking the steps to make sure it doesn't happen again.*

5. *The second activity that I will lead you through is a mindfulness activity called **Progressive Muscle Relaxation***

- a. Find yourself a quiet place to relax. Turn off your phone and dim the lights. This is your time...a time for complete and utter relaxation.
- b. For this relaxation, you can either sit or lie down. Just make sure that you are warm enough, and that you are comfortable. Let your hands rest loosely in your lap, or by your side. Now close your eyes.
- c. Become aware of your breathing, and notice how your abdomen rises and falls with each breath...
- d. Now take a long slow deep breath in through your nose, all the way down into your stomach. Hold the breath for just a moment, and then exhale through your mouth. Allow your breath to carry away all stress and tension as the air floods out of your lungs.
- e. Take another slow breath in through your nose. Fill your lungs completely. Hold it for a moment...and release the breath through your mouth. Empty your lungs completely with your out-breath.
- f. Take a third deep breath in. Hold it for a moment, and then let it go.
- g. Feel that your body has already undergone a change. The tension in your body has begun to loosen and subside.
- h. Now let your breathing rhythm return to normal...and relax....

- i. During this relaxation I will ask you to tense various muscles throughout your body. Please do this without straining. You do not need to exert yourself, just contract each muscle firmly but gently as you breathe in. If you feel uncomfortable at any time, you can simply relax and breathe normally.
- j. Bring your awareness to your feet and toes. Breathe in deeply through your nose, and as you do, gradually curl your toes down and tense the muscles in the soles of your feet. Hold your breath for just a few seconds and then release the muscles in your feet as you breathe out. Feel the tension in your feet wash away as you exhale. Notice how different your feet feel when tensed and when they are relaxed.
- k. Take another deep breath in again, tense the muscles in the soles of your feet and hold this position for a few seconds.
- l. Now release. Feel yourself relaxing more and more deeply with each breath. Your whole body is becoming heavier, softer and more relaxed as each moment passes.
- m. Now bring your awareness to your lower legs...to your calf muscles. As you draw in a nice deep breath, point your toes up towards your knees and tighten these muscles. Hold for just a moment, and then let those muscles go limp as you exhale.
- n. Once again, draw in a deep breath...and tighten your calf muscles. Hold for a few seconds, and then let it all go. Feel your muscles relax, and feel the tension washing away with your out-breath.
- o. In a moment you will tense the muscles in the front of your thighs. If you are lying down, you can do this by trying to straighten your legs. You'll feel the muscles pulling your kneecap upwards. If you are seated, you can tense these muscles by pushing your heels down onto the floor.
- p. Take a deep breath in, and tense the muscles in your thighs. Hold for just a moment, and then release everything. As you do this, the blood flow to your muscles increases, and you may notice a warm tingling sensation. Enjoy this feeling of soothing relaxation in your thighs.
- q. Again, breathe in deeply and tighten your thigh muscles. Hold for a moment. Now release. Focus on letting your muscles go limp and loose.
- r. Draw in a nice deep breath and gradually tighten the muscles in your buttocks. Hold this contraction for a few seconds, and then release your breath. Feel the tension leaving your muscles. Feel them relaxing completely.
- s. Once more, breathe in deeply and tighten the muscles in your buttocks. Hold for a moment. Now release them. You are becoming more and more deeply relaxed.
- t. Take another breath, and this time, gradually tighten all the muscles in your legs, from your feet to your buttocks. Do this in whatever way feels natural and comfortable to you. Hold it...and now release all these large strong muscles. Enjoy the sensation of release as you become even more deeply relaxed.

- u. Now bring your awareness to your stomach. Draw in a nice deep breath and then tighten these muscles. Imagine you are trying to touch your belly button to your spine. Now release your breath and let your muscles relax. Notice the sensation of relief that comes from letting go.
- v. Once again, draw in a deep breath and then tighten your stomach muscles. Hold for a few seconds... and then let them relax as you exhale and release all tension.
- w. Bring your awareness to the muscles in your back. As you slowly breathe in, arch your back slightly and tighten these muscles....Now release your breath and let your muscles relax.
- x. Again, draw in a deep breath and then tighten your back muscles. Hold for a few seconds...and then let them relax and release.
- y. Now give your attention to your shoulder muscles and the muscles in your neck. As you slowly draw in a nice deep breath, pull your shoulders up towards your ears and squeeze these muscles firmly. Now breathe out completely, and allow your contracted muscles to go loose and limp.
- z. Again, pull your shoulders up towards your ears and squeeze these muscles firmly.
 - aa. Now feel the tension subside as you relax and breathe out.
 - bb. Feel the heaviness in your body now. Enjoy the feeling. Feel yourself becoming heavier and heavier. Feel yourself becoming more and more deeply relaxed.
 - cc. You are calm, secure, at peace.
 - dd. Now it's time to let go of all the tension in your arms and hands. Let's start with your upper arms.
 - ee. As you breathe in, raise your wrists towards your shoulders and tighten the muscles in your upper arms. Hold that breath and that contraction for just a moment...and then gently lower your arms and breathe all the way out. You may feel a warm, burning sensation in your muscles when you tighten them. Feel how relaxing it is to release that tightness and to breathe away all tension.
 - ff. As you curl your upper arms again, tighten the muscles as you breathe in. Breathe in deeply. Now relax your arms and breathe out.
 - gg. Now bring your awareness to your forearms. As you breathe in, curl your hands inwards as though you are trying to touch the inside of your elbows with your fingertips. Now feel the tension subside as you relax and breathe out.
 - hh. Again, take a deep breath in, and tighten the muscles in your forearms. Hold it for a moment, and then release them. Feel the tension washing away.
 - ii. Now, take another breath in and tightly clench your fists. When you have finished breathing in, hold for just a few seconds, and then release. Notice any feelings of buzzing or throbbing. Your hands are becoming very soft and relaxed.
 - jj. Take another deep breath in and clench your fists again. Hold for just a few seconds, and then release. Let your fingers go limp.

- kk. Your arms and hands are feeling heavy and relaxed.
- ll. Take a couple of nice long slow breaths now, and just relax. Feel yourself slipping even deeper into a state of complete rest.
- mm. Now tighten the muscles in your face by squeezing your eyes shut and clenching your lips together. As you do, breathe in fully. Hold it...now breathe out and relax all your facial muscles. Feel your face softening.
- nn. Once more, breathe in deeply while you scrunch the muscles in your eyes and lips....and release.
- oo. Now bring your awareness to the muscles in your jaw. Take a deep breath in, and then open your mouth as wide as you can. Feel your jaw muscles stretching and tightening. Now exhale and allow your mouth to gently close.
- pp. Again, fill your lungs with air and then open your mouth wide. Now let your mouth relax and let your breath flood all the way out.
- qq. You are now completely relaxed from the tips of your toes to the top of your head.
- rr. Please take a few more minutes to rest. Relax. Listen to the sound of your breathing and enjoy the lovely, warm sensation of physical relaxation. If you have the time, feel free to fall asleep. You will wake feeling completely rejuvenated and relaxed.

6. *I hope that felt relaxing and refreshing for you all. To finish off this section, I would like to have a group discussion*
 - a. *What did you like or not like about either of the activities?*
 - i. *Tell me about some of the strategies you listed for the trigger activity exercise? Are any of them meaningful to you?*
 - ii. *Tell me how you are feeling after the relaxation exercise.*
 - b. *Do you feel more confident that you can resolve conflicts effectively?*

Thank you again for participating in the group activities.

Section IV: Reflection

Before ending the module, state:

3. *In this part of the session, we will discuss any remaining questions you may have. Do you have any questions that you would still like answered? Which activity did you enjoy the most and why?*
4. *Now I will hand out some additional resources for you to reference at any time.*
 1. Progressive muscle relaxation handout
 2. Guided imagery handout

Section V: Didactic Learning Review

In this part of the session, we will play a quick review game and then discuss why the answers are correct.

T/F Questions:

4. *The best way to handle conflicts is to ignore them.*

F - false

5. *Non-verbal cues can affect the way a conflict is resolved.*

T - True

6. *When a conflict is resolved, it leads to healthier relationships.*

T - True

Trigger Action Plan

Triggers

Examples: Feeling overwhelmed, family friction, being criticized, being yelled at, financial problems, bad relationships, etc.

Trigger Action Plan

Strategies to Overcome Triggers

Examples: Talking out the situation with a friend, praying, writing in a journal, going for a walk, doing a relaxation exercise, etc.

Guided Imagery Script

This guided relaxation script describes how to deal with anger quickly and effectively in the moment. Guides you in controlling anger and managing anger when it arises.

It's time to take a break.... and relax.... to deal with anger in a healthy, productive way.

Anger is a normal and natural emotion, and there is nothing wrong with having feelings - you are human, after all. You have the power to decide how to deal with this emotion you are experiencing.

Anger management does not mean holding anger in. It does not mean that you will never feel angry. Anger management is managing the behavioral responses that can arise when you are feeling angry.

All you really need to do right now is take a few moments just to relax, for you, to help you feel relaxed and calm. It feels good to relax. After this short relaxation session is over, you can proceed with your day, and react in a way that you choose.... relaxing for a moment now will help you to react calmly, rather than acting out of emotion.

It's okay to be angry. Just allow yourself to feel however it is you are feeling right now, noticing this feeling, but not reacting just yet. All you're doing is observing. Emotions are neither right nor wrong... they just are.

Take a deep breath in. Hold for a moment, and now breathe out.

Breathe in... hold that tension.... and now breathe out.... feeling the tension release with your breath.

Breathe in.... and out..... in..... out.....

Keep breathing like this, slowly.... deeply.... and let your body relax a little.

Turn your attention again to how you are feeling. Notice the physical sensation of anger. Where in your body is the anger stored? Some people notice that they tighten their shoulders when they are feeling angry. Others who deal with anger notice clenched fists or tight jaws. Anger may be experienced as a feeling in the stomach.... the neck.... any one or a number of places in the body demonstrate physical symptoms of anger.

Many of these physical symptoms are uncomfortable. Some of these symptoms can be relieved right now, if you like, by relaxing your muscles. Let's relax a few areas to begin this process to deal with anger by relaxing your muscles.

Guided Imagery Script Page 2

Starting with your hands and arms, first tighten your hands into fists. Feel the tension in your hands and arms. Hold.... tighter.... tighter.... and relax. Let go, allowing your hands and arms to be relaxed, loose, and limp. Notice the difference between tension and relaxation.

Now see if you can create a feeling of relaxation in your shoulders. Take a moment to relax your shoulders now. You may choose to tighten the muscles, and then relax, or you can simply relax your shoulders without tensing them first. Do whatever seems to work the best.

Focus now on your face and jaws. Relax your face and jaws, tensing first if you want to. Let all the tension leave your face..... let the tension leave your jaws.... leaving your face and jaws limp, smooth, and relaxed.

Scan your body now, for remaining areas of tension. Relax each area that feels tense.... scan your body from head to toe.... relaxing each part of your body. (pause)

Take note of how you are feeling now. Physically. Emotionally.

You are controlling anger right now, just by the fact that you have not yet reacted with angry behaviors. You have chosen to relax, to deal with anger in a healthy way.

To increase the control you have over anger, you may want to repeat some affirmations to help create realistic, rational thinking.... also called self-control thoughts.

Here are 5 affirmations for anger management to help deal with anger:

I acknowledge that I am feeling angry right now, and accept the way I feel.

I have the power to control my reactions.

I can fully experience this anger, yet wait before I take action.

I can feel angry, but calm and in control at the same time.

It's okay to feel angry.

Notice again how you are feeling. Physically, how are you feeling? Let your body relax a little more... relaxing any tense areas.

Emotionally, how are you feeling? See how emotions come and go.... anger can come and go.... it will not last forever. There is a limited time where you exercise self-control, before the anger is no longer an issue.

Guided Imagery Script Page 3

You may feel less angry... just as angry... or more angry now than you were at the beginning of this relaxation session.

To deal with anger that may remain, you may need a way to express the anger and get it out. You do not have to keep your emotions inside... you can choose how to express them.

You can let anger out by breathing deeply.... breathing in relaxation, and breathing out anger.... letting anger go with each breath.

There are other ways to express anger, too. You can do any of these activities after this script to allow yourself freedom to express the anger you experienced. Physical exercise, journaling, talking to someone you trust.... there are many ways to express yourself.

After the anger has decreased and you are feeling calm, you might want to address the situation that was upsetting by taking action to change the situation, or speaking to the person you were upset with. Or you may just choose to let the situation go.

Once your anger has decreased you can choose whatever option seems best. You have the right to feel a range of emotions, including anger, and to express these emotions in healthy ways that you choose.

I'll conclude this script with some breathing.

Take a deep breath in.... and out.....

in..... out.... relaxing with each breath

in..... out.... in..... out....

Keep breathing deeply to deal with anger and feel relaxed and calm.

Congratulate yourself for dealing with anger with relaxation.

I'll count now from 5 to 1. Imagine that right now, you are at a 5, and that when I reach 1 you will be feeling awake and alert, yet calm, peaceful, and relaxed.

5

4

3

2

1

Post-Module Survey

This 7-point Likert scale can be used to gauge how well the participants understand the topic, how interesting the topic was to them, how helpful the material taught was, the likeliness of the utilizing the skills taught, and the overall satisfaction of the survey.

Participants also have the option to give written feedback to the module trainers.

Post Module Survey

1. How much did you understand what was taught?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

2. How interesting was the topic?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

3. How helpful was this module

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

4. How likely are you to use the skills taught in this module?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

5. Overall how satisfied are you training you received?

						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7

6. What parts of today's training were the most helpful for you?

- Baseline – Introduction to Topic
- Didactic lecture
- Group Activity
- Questions/Review
- Debrief – True/False Game

Why?