

# Basic Communication Skills

## Learner's Guide



### Goal:

You will learn about the importance of effective communication skills and how you can improve your skills when communicating with others.

### Objectives:

At the end of this session, you will be able to:

1. Identify five important elements of an effective helping relationship.
2. Identify five factors that impact the quality of caregiver-resident and caregiver-caregiver relationships.
3. State three group roles and their functions.
4. Discuss elements and strategies to use in group communication.
5. Describe the importance of nonverbal communication in health care.
6. List nine barriers to effective communication.
7. Describe the importance of perception on communication.

**Take Note:** *You should review communication systems, policies, procedures, and protocols within your organization.*

### Learning Strategies:

To complete this lesson, follow these steps:

1. Read the materials provided in each unit of this lesson.
2. Complete the practice exercise or question for each unit.
3. Complete each activity unless instructed otherwise.
4. Read the lesson review.
5. Complete the final content assessment.

*After completing all of these steps, print 2 copies of the completed activity forms, one to give to your education coordinator and the second for yourself.*

**Related Topics:** *Sensitizing Staff to Growing Old  
Elder Abuse, Neglect, and Exploitation  
Confidentiality of Resident Information  
Lowering Your Stress Level  
Disaster Preparedness*

## **Introduction:**

There are a variety of things that affect how people receive and send information about themselves. Some of these include their physical state, emotional feelings, and desire for information. We use terms such as “failure to communicate,” “keeping the lines of communication open,” or “effectiveness of communication.” Poor communication is often blamed for conflicts between people or for poor behavior, while good communication usually promotes agreement, harmony, and satisfaction. This learning session can help improve communication skills with residents and co-workers.

## **Unit 1:**

### **Goal:**

In this unit you will learn five important elements of an effective helping relationship and some factors that influence relationships.

## **Five important elements of an effective helping relationship**

1. *Empathy* is the ability to see the world from another person’s view. This helps individuals feel that they are understood and accepted, and have a sense of control over their lives. It is not the same as *sympathy*, which is about concern, sorrow, or pity.
2. *Control* has to do with how people feel connected to others. Loss of control often leads to feelings of fear, anger, helplessness, and incompetence.
3. *Trust* calls for accepting others without judging them. It helps individuals face fears and uncertainties.
4. *Self-disclosure* allows people to communicate personal information, thoughts, and feelings to others.
5. *Confirmation* can be a means of directly acknowledging information, agreeing about content, being supportive, clarifying, and expressing positive feelings.

## **The factors that influence the quality of caregiver-resident and caregiver-caregiver relationships.**

### **Potential Problems with Caregiver-Resident Relationships:**

- *Role uncertainty* means that sometimes residents are not sure about their own roles or the roles of the health care providers. For example, a resident may think he or she is asking for too much time from staff or not doing enough for him/himself.
- *Responsibility conflicts* may arise when caregivers and residents do not agree on who is responsible for what.
- *Power differences* can cause problems since caregivers have usually held more power than residents. Often caregivers expect to be able to tell the residents what they should or should not do to promote health. However, the resident does have the right to make choices after understanding the consequences of those choices.

- *Unshared differences* are caused by not understanding the meaning of words, phrases, and gestures. An example would be the use of medical terms with persons who do not understand the meaning.

We need to:

- Be aware that words can mean different things to different people.
- Be person-minded, not word-minded.
- Avoid using medical terms that the resident might not understand.
- Use a variety of ways to communicate.

### Caregiver-Family Relationships

- *Exclusion of family members* occurs because the caregiver does not want to take time to talk with family members or may not value their input. However, it is often true that these are the very people who can help most in understanding the resident's needs and behavior.
- *Information management* is often a real issue. Different caregivers come in to collect their own information without finding out what has already been asked. This means the resident or family must repeat information. This is tiring and annoying to the resident and family and could cause the family to worry about whether important information regarding the care of their loved one will be communicated with those responsible for care giving.
- *Disruption of family* occurs when a resident is admitted to any health care organization. Family life is changed. Often this leads to anger, depression, and loss. Family members may feel they have failed or they may feel guilty and believe they have lost control over their loved one's care.
- *Closed communication* is the lack of willingness to communicate important information. This can be a problem in all types of relationships.

### Caregiver-Caregiver Communication:

- *Role stress*. Our work constantly puts us in contact with residents who are struggling with crisis, emotional problems, or physical illness. This can lead to tension, conflict and burnout. And don't forget how your own personal stress and those of your co-workers factor into the way we communicate.
- *Lack of understanding* among caregivers can cause "turf battles" and poor care for the resident.
- *Struggles for independence and recognition* can lead to competition and not working together. Every caregiver has an important job to do. Different members of the team have different jobs based on assigned responsibilities, regulations and job descriptions. Sometimes this can cause conflicts.

<b>Unit 1: Practice Activity</b>		
Communication Tic Tac Toe: Circle to select three of the elements of effective relationships that are listed in either a vertical, horizontal, or diagonal row.		
Empathy	Roll stress	Power differences
Unshared meanings	Control	Role uncertainty
Lack of understanding	Responsibility conflicts	Trust

## Unit 2:

### Goal:

In this unit you will learn about specific issues related to group communication and strategies to use that can improve your communication skills as a member of a group or team.

### Group Roles and their Function:

When we work in groups, we have certain ways we communicate. We may not always have the same roles. We will discuss three kinds of roles in group communication.

- **Task Roles** “get the job done.” The types of task roles include:
  - Initiator: person who begins the group/sets up the meetings
  - Information-giver: someone who gathers or has knowledge and shares it
  - Summarizer: can summarize discussion
  - Idea-giver: someone who generates new ideas or ways to make old ideas work
  - Information-seeker: someone asking for more information
  - Clarifier: one who states, “what I hear you saying is...” “Do you mean...”
  - Synthesizer: puts all the information together so it makes sense
  - Evaluator: analyzes information to figure out if it will work, its value, or its correctness.
  
- **Maintenance roles** keep the group going no matter what the task. These roles may be:
  - Harmonizer: always agrees with everyone. Tries to make everyone happy
  - Gatekeeper: decides who’s in and whose not/what issues are appropriate to discuss
  - Rule-giver: sets up guidelines/rules
  - Climate-sensor: senses the emotions of others
  
- **Individual roles** refer to how we function ourselves. A few include:
  - Cynic: comments in a put down way. “Just what we need is this kind of change.”
  - Clown: provides humor for the group
  - Marches to different drum: always a unique or different perspective?
  - Silent loner: rarely talks
  - Parent: tries to take care of everyone’s needs

- Blocker: stops ideas that she/he determines are not appropriate before they can be fully developed

### **Positive/Helpful Strategies**

Work teams need to periodically take the time to evaluate their goals, job satisfaction, and quality of care and how these things relate to their ability to communicate with each other. It works best when everyone is honest, constructive, and respects others' feelings or emotions. Suggestions and criticisms need to be given with caution. Some examples of things to discuss with fellow workers will be looked at later in the activities.

### Elements and Strategies to Use in Group Situations

Caregivers in a long term care community hope to be part of a successful team. Successful teams contain these elements:

- Are small in size-often fewer than 20 people
- Are task oriented
  - Work toward common goal
  - Have specific job responsibilities assigned
- Have regular interaction at specific place
- Different from other teams
- Communicate regularly
- Have shared decision making
- Are interdependent on one another
- Receive recognition as a team- all members are needed to accomplish goals

We usually form communication networks made up of people who interact with one another on a daily basis. Working together as a team allows more communication. The feedback given and received means people know what is expected of them. They feel respected and secure.

To work together as a team, we:

- Identify with the group: use “we, us, our.”
- Create tradition.
- Think teamwork: don't worry about who gets credit for something, but that the entire group benefits and succeeds.
- Notice the good things that other team members do; give verbal praise and compliments.
- Set clear goals for the team.
- Provide “rewards.”
- Live by the Golden Rule.

### Unit 2: Practice Activity

Is the following question true or false? Circle your choice.

Effective teams worry about who gets the recognition for a job well done.

True

False

### Unit 3:

#### Goal:

In this unit you will learn about some important elements of nonverbal communication and barriers that may negatively affect the ability to communicate effectively.

#### The importance of nonverbal communication in long-term care

Nonverbal communication is part of every person-to-person encounter. It involves everything we see and do as we communicate. Some experts say 70% to 90% of a message is communicated through nonverbal means. Nonverbal communication includes:

- *Facial expressions* are the most important source of information about a person's emotions. They "say" what really matters to a person.
- *Vocal clues* include the pitch and rate of speech and help us interpret a message.
- *Body movements* tell a lot about a person's feelings, self-image, and energy level.
- *Odor* tells something about a person's hygiene.
- *Clothing and grooming* also tell about a person's self-image and self-esteem.
- *The physical environment* lets you know how organized or unorganized a person is.
- *Use of touch* is very important in health care. Research has been done on its healing powers. Unfortunately, some people misinterpret touch at times.

#### Summary of guidelines that help us "read" nonverbal language

- Focus attention on the most helpful clues-facial expressions, vocal clues, and body movements.
- Keep the situation in mind.
- Note differences between what is said and the person's body language.
- Be aware of your own feelings and physical reactions.

If residents can't understand the words we are using, they might focus on our nonverbal behavior in order to understand. Residents may really look hard at our faces for "clues" about how we feel about the situation. Residents may think that our expressions might be a fast way of getting good or bad news. If residents think we are

too busy or not interested in helping, they might use our nonverbal clues to “add to” what they hear us say.

## Barriers to effective communication

Long-term care work is very intense and requires that we all communicate quickly and effectively. Some barriers to effective communication are:

- **Selective listening.** Often we hear what we expect to hear, fail to listen at all, and instead plan how we are going to answer. We often “tune out” while we wait for the other person to finish speaking.
- **Wording problems.** The same statements can mean different things to different people. The sender must “speak the language” of the person listening and use words that he or she understands.
- **Value judgment.** Sometimes the listener decides what is being said before the speaker is finished. We tend to ignore information that conflicts with what we already know.
- **Source credibility.** We tend to decide how true or important the message is depending on the trust, confidence, and faith we have in the sender.
- **Frame of reference.** We can be overly influenced by emotion and nonverbal behavior. Different people can interpret the same communication differently depending on previous experiences.
- **Filtering.** The person delivering the message explains it with their interpretation. This can be an area of genuine concern in the face of cultural and language differences.
- **In-group language.** This is the medical language used in a work group. For group members, this can create a sense of belonging. But for residents and family members, it can cause confusion, anger, and lack of trust.
- **Status difference.** This can be seen as a threat by a person “lower on the totem pole” and can prevent good communication. When someone does not want to look incompetent, he or she may remain quiet instead of expressing an opinion or asking a question.
- **Time pressures.** This is an obvious problem. Managers do not have the time to communicate frequently with everyone. Sometimes people are “left out of the loop.”

## **The importance of perception on communication**

How residents see you affects how you are able to communicate with each other. Our acceptance of our “self” has an influence on how we do our job, how we work with others, and how we think people feel about us. It is also related to the value that we hold about life.

### Active listening strategies

In order to know if you are understanding messages sent by someone else, the practice of active listening is helpful. As you listen, begin to organize your thoughts. Taking notes can improve your organization of important points. Then asking questions, or restating what you are hearing, can help you understand the message. Restatement can come in such forms as, “It sounds like \_\_\_\_\_,” or “What I’m understanding is \_\_\_\_\_. Is this correct?”

### Unit 3: Practice Activity

Assign the list of terms below to the correct category.

Categories:

A. Nonverbal Communication

B. Verbal Communication

Barrier Terms:

- \_\_\_\_\_ Stature difference
- \_\_\_\_\_ Facial expressions
- \_\_\_\_\_ Body Movements
- \_\_\_\_\_ Use of touch
- \_\_\_\_\_ Wording problems
- \_\_\_\_\_ Filtering

### Lesson Summary

Good communication skills among long term care workers are vital in forming positive relationships with residents, family members and co-workers. There are many barriers to effective communication. We communicate both with words and non-verbal gestures. The work in long-term care can best be accomplished by working in teams. While there are many group roles, it takes each person respecting all others to make a true team.

To continue with this lesson, please complete the following individual or group activities.



**Basic Communication Skills**  
Individual/Group Activities



**Activity 1:**  
Team Goals and Communications

**Directions:** Complete the following exercise on this sheet of paper and, if possible, discuss your answers with a teammate or education coordinator. If working in groups, get into a group typical of a work team in your organization (i.e. nurse, medication aide, nurse aides) and discuss the following questions related to goals, work productivity, and so forth. The complete the other activities listed.

- a. What are our goals as a team this year?
- b. What do we want to do in the next six months as a team?
- c. Are we getting things done in the organization? Why or why not?
- d. Could we get them done in a more efficient manner? If so, how?
- e. What are our perceptions of ourselves as a team?
- f. Do the residents like us?
- g. How could we be a better team?
- h. Are job roles clearly defined?
- i. Is everyone comfortable with his or her place on the team?
- j. Are we knowledgeable about required skills and resident care?
- k. Are we giving the residents the best possible care?
- l. Do we have conflicts? If so, what is the cause?
- m. What positive steps can we take as a team to relieve stress and tension?
- n. Do we have a good feeling about ourselves? Are we cohesive?

**Activity 2:**

Communication with a Resident

**Directions:**

Think of a resident that you have difficulty communicating with. Describe the difficulty and potential ways to solve the problem.

OR

Have one person in the group be the staff, and another portray the resident. Role-play a conversation, and then have the other members of the group give you feedback the communication.

**Activity 3:**

Email Communication

**Directions:** Print a copy of this page. This is a copy of an email you received from your supervisor. Describe either onpaper or discuss with your group how it made you feel and how the elements of communication such as facial expression, tone inflection, and body posture would make a difference in the delivery of the message.

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(Your Name)

The minutes that you took at our last team meeting are not really accurate, especially regarding the decision that was made regarding the call lights. Also, there are several typos that need to be corrected. Since you agreed to take the minutes for the next quarter, can you think of a way to prevent these things from happening again.

Thanks, Your supervisor.

## Lesson Assessment

Directions: Circle the best answer.

1. Empathy is: (Unit 1)
  - a. concern, sorrow, pity
  - b. connectedness to others
  - c. acknowledging information
  - d. ability to see the world from another person's point of view
  
2. Barriers to effective communication is: (Unit 3)
  - a. frame of reference and filtering
  - b. selective listening and value judgments
  - c. wording problems and source of credibility
  - d. all of the above
  
3. The most important nonverbal communication is: (Unit 3)
  - a. vocal clues
  - b. use of touch
  - c. body movements
  - d. facial expressions
  
4. When groups meet, the person who shares a lot of information is: (Unit 2)
  - a. Initiator
  - b. Summarizer
  - c. Information-giver
  - d. Information-seeker
  
5. When the resident thinks he is asking for too much time from staff or not doing enough for himself, it is called (Unit 1)
  - a. role uncertainty
  - b. power differences
  - c. unshared meaning
  - d. responsibility conflicts
  
6. \_\_\_\_\_ can be a means of directly acknowledging information, agreeing about content, being supportive, and expressing positive feelings. (Unit 1)
  - a. Trust
  - b. Control
  - c. Confirmation
  - d. Self-disclosure

7. Factors that influence caregiver-caregiver communication include all options EXCEPT (Unit 1)
  - a. role stress
  - b. unshared meanings
  - c. lack of understanding
  - d. struggles for recognition
  
8. Maintenance roles keep a group going no matter what the task. The harmonizer: (Unit 2)
  - a. sets up guidelines/rules.
  - b. Always agrees with everyone
  - c. Senses the emotions of others
  - d. Decides who is in and who is not
  
9. Characteristics of a successful group include all but: (Unit 2)
  - a. communicate regularly
  - b. the more people, the better
  - c. work toward a common goal
  - d. receive recognition as a team
  
10. Non-verbal communication includes (Unit 3)
  - a. An organized desk
  - b. Having rigid posture
  - c. Wearing poorly fitted clothes
  - d. All of the above
  - e. None of the above

# Basic Communication Skills

## Presenter's Guide



### Purpose:

There are a variety of things that affect people receive and send information about themselves. Some of these include their physical state, emotional feelings, and desire for information. We use terms such as “failure to communicate,” “keeping the lines of communication open,” or “effectiveness of communication.” Poor communication is often blamed for conflicts between people or for poor behavior, while good communication usually promotes agreement, harmony, and satisfaction. This learning session can help employees improve communication skills with residents and co-workers to promote high quality.

### Objectives:

At the end of the session, the participant should be able to:

1. Identify five important elements of an effective helping relationship.
2. Identify five factors that impact the quality of caregiver-resident and caregiver-caregiver relationships.
3. State three group roles and their functions.
4. Discuss elements and strategies to use in group communication.
5. Describe the importance of nonverbal communication in health care.
6. List nine barriers to effective communication.
7. Describe the importance of perception on communication.

**Related Topics:** *Sensitizing Staff to Growing Old*  
*Elder Abuse and Neglect*  
*Confidentiality of Resident Information*  
*Lowering Your Stress Level*

### Learning Activities:

To complete this session, participants should:

1. Attend a Lecture and Discussion about communication in long-term care (given by the designated staff member or a guest speaker).
2. Read the Basic Communication Learner's Guide.
3. Complete the Quiz.
4. Answer the questions in the exercise titles Individual/Group Activity – Communication.
5. Review communication systems, policy, procedures, and protocols within your organization.

*After completing all of these steps, the participant should print 2 copies of the completed activity forms, one copy should be given to the education coordinator, the participant will keep the second copy.*

### Overheads:

1. Elements of Effective Helping Relationships
2. Group Roles
  - a. Task Roles
  - b. Maintenance Roles
  - c. Individual Roles
3. Nonverbal Communication
4. Barriers to Effective Communication
5. Characteristics of Successful Work Teams
6. To Work Together as a Team...

### Answers to Quiz

1. Answer: **d**

*Rationale:* **a.** is a sympathetic response; **b.** is closeness developed through communication with another person; **d.** is a communication technique used in active listening

2. Answer: **d**

*Rationale:* All options are correct

3. Answer: **d**

*Rationale:* Others are forms on non-verbal communication but are not as important.

4. Answer: **c**

*Rationale:* The initiator is the person who begins the group and sets up the meetings; the information-seeker is someone who asks for more information, and the summarizer summarizes the discussion.

5. Answer: **a**

*Rationale:* Option a is the correct choice for this factor that influences the quality of caregiver-resident relationship

6. Answer: **c**

*Rationale:* This is the definition given in Unit 1.

7. Answer: **b**

*Rationale:* **b** is the factor between caregiver and resident, the other options are all factors between caregiver and caregiver.

8. Answer: **b**

*Rationale:* **b** is the definition given in Unit 2 for the harmonizer.

9. Answer: **b**

*Rationale:* Twenty (20) or fewer numbers of people are one of the characteristics of a successful group. Too many people can hinder the group's effectiveness.

10. Answer: **d**

*Rationale:* Options a, b, and c all say something about the person.

### **More Information:**

The following are resources you and your staff can access for more information about basic communication skills, or they can be used as resources for presenting an inservice.

### **Books**

Dreher, B (2001) 2<sup>nd</sup> ed. *Communication Skills for working with elders*. Springer Publishing Co: New Your, New York

Giger, J. (1999). 3<sup>rd</sup> ed. *Transcultural nursing*. Mosby: St. Louis.

Leininger, M. (2002). 3<sup>rd</sup> ed. *Transcultural nursing*. McGraw-Hill: New York.

Solie, D. (2004). *How to say it to seniors*. Prentice Hall Press: New Your.

### **Articles**

Aduhato, S. (2004). Making the communication connection. *Nursing Management*. September. Pp. 33-35.

Barthel, V. (2004). We stop aggression as soon as it starts. *RN*. October. Pp. 33-36

Brewer, T. (2003). Are you paying attention? *American Journal of Nursing*. July. Pp. 58-63

Collins, A. (2004) Break through language barriers. *Nursing management*. August. Pp. 34-38.

Demoratz, M. (2003). Communication: The key to a successful pain team. *Care-management*. April. 9+2

Porter, B. (2005). 6 things I learned when Mom was ill. *RN*. July. Pp. 43-45.

Smith, M. (2005). Behaviors associated with dementia. *American Journal of Nursing*. July Pp. 40-53.

### **Videotapes**

*Basic components, helper qualities, and attending skills.* (19 minutes) \$ 295 VHS, \$325 CD. Available from Concept Media at 800-233-7078 or [info@aconceptmedia.com](mailto:info@aconceptmedia.com).

Illustrates effective attending skills including body position, eye contact, observation, and active listening, Discusses warmth, genuineness, openness and empathy as necessary interviewing qualities. Presents the need for client respect and autonomy.

*Cross-Cultural communication: How culture affects communication.* (20 minutes) 2005. \$179 VHS and DVD. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

This program discusses a variety of subjects in cross-cultural communication. It looks at dress, public behavior, logic, negotiation style, power issues, and stereotyping and prejudice. The program covers getting to the point and saving face and teaches how to learn and accommodate cultural differences in everyday life.

*Cultural diversity in healthcare.* (50 minutes) 2004 \$ 249 VHS, \$269 DVD. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

This program provides practical methods for effectively recognizing and dealing with the special needs of residents with different cultural backgrounds. It covers how to be a resident advocate and promotes effective cross-cultural communication.

*Developing effective communication skills.* (28 min, part1 ; 30 minutes, part 2). 1998. \$259 each. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

The ability to communicate well requires both listening and speaking skills. Part 1 of this set discusses barriers that impede communication and conflict resolution. Part 2 focuses on strategies for listening to residents and families and responding to their needs.

*I'm normal, you're weird: Understanding other cultures.* (23 minutes) 1997 \$139. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

In this entertaining video, aliens prepare to take on human form. As they rehearse their new roles, they learn the complexities of diverse human cultures and discover that much of behavior, from how people define honesty to how they use ice in drinks, is culturally based. This video gives viewers a fresh understanding of themselves and of cultural differences.

*How to get along with others.* (30 minutes) \$189 VHS, \$199 DVD. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).



The challenge of self-expression drives many people- and many residents- into introversion, particularly during confrontation. This program teaches viewers how to communicate more effectively, identify communication problems with reluctant or elderly interlocutors, recognize nonverbal cues, and develop the ability to improve communication in a variety of situations.

*Making decisions and plans.* (20 minutes) \$159 purchase, \$75 rental. Available from Terra Nova Films at 800-799-8491 or [tnf@terranova.org](mailto:tnf@terranova.org).

This video will help caregivers to communicate openly with residents and their families about the terminal illness that the resident is facing, so the resident and family members can have the information they need to make appropriate decisions. The video documents the importance of being honest with the terminally ill person and their family members so they can:

- Understand, ask questions, and make critical choices together
- Experience acceptance and a sense of closure.

The video reinforces the role of the caregiver as a supporter of the decisions that are made in regards to treatment or non-treatment options, and encourages caregiver to openly express their own emotions about losing residents that they have come to know and care for over an extended period of time.

*Nonverbal communication and culture.* (20 minutes) 2005. \$179 VHS or DVD. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

This program examines a variety of topic in nonverbal communication in different cultures. It looks at person space, body language, including gestures; inflection; eye contact; smiling and other facial expressions; and posture. It demonstrates how the same gesture can be interpreted in different ways.

*Reading People: The Underwritten Language of the Body.* (23 minutes). 1997 \$139. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

This program shows how paralanguage, eye movement, cultural differences, touch, space, and time affect communication and self-understanding. It shows the difficulty of reading facial expressions, explains how touching varies by culture, and discusses what the volume, speed, and inflection of one's voice can be reveal.

*The art of effective communication.* (25 minutes) 2000. \$169 VHS and DVD. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com). Demonstrating how a situation can be interpreted in more than one way, this video teaches methods for improving communication. It differentiates between hearing and listening and presents tips for improving nonverbal, listening, and written communication skills.

*Therapeutic communication.* (20 minutes) 2003. \$259. Available from Insight Media at 800-233-9910 or [www.omsight-media.com](http://www.omsight-media.com).

This video introduces the key principles of therapeutic communication, including verbal and nonverbal issues. It addresses questioning techniques, listening and silence, the value of touch, and barriers to communicat

**ELEMENTS OF EFFECTIVE**  
**HELPING RELATIONSHIPS**

EMPATHY

CONTROL

TRUST

SELF-DISCLOSURE

CONFIRMATION

# *GROUP ROLES*

## A. TASK

Initiator

Information-Seeker

Giver

Clarifier

Summarizer

Idea-Giver

Evaluator

# **GROUP ROLES**

## **B. MAINTENANCE**

**Harmonizer**

**Gatekeeper**

**Rule-Giver**

## **GROUP ROLES**

### **C. INDIVIDUAL**

**Cynic**

**Clown**

**Marcher To Different Drum**

**Silent-Loner**

**Parent**

**Blocker**

# *NONVERBAL COMMUNICATION*

- Facial expressions
- Vocal Clues
- Body Movement
- Odor
- Clothing and grooming
- Physical environment
- Use of touch

## **BARRIERS TO EFFECTIVE COMMUNICATION**

- Selective listening
- Wording problems
  - Value judgment
  - Source credibility
- Frame of reference
  - Filtering
- In-group Language
  - Status language
  - Time pressures

## *CHARACTERISTICS OF SUCCESSFUL WORK TEAMS*

- Are small in size
- Are task-orientation
  - Work toward common goals
  - Specific job responsibilities
- Have regular interaction
- Different from other teams
- Regularly communicate
- Have shared decision-making
- Are interdependent
- Receive recognition as a team



## *TO WORK TOGETHER AS A TEAM*

- Group identity (we, us, our)
- Create tradition
- Think teamwork
- Recognize potential
- Clear goals
- Rewards
- Golden Rule