

Chapter Thirteen

Communication Enhancement Training (CET)

Source of Intervention

These skills have been adapted from the Family Focused Therapy (FFT) model from communication skills training.

Goals

Research has demonstrated that improved communication is associated with reduced hospitalization for people with schizophrenia and Bipolar disorder. Engaging family members in building communication skills can 1) alter problematic relational patterns and build family alliance, 2) normalize talking about difficult topics such as the presence of mental illness in the family, marital problems or other sensitive issues, 3) be protective against stress and reduce incidences of relapse, 4) encourage collaboration and hope, 5) be likely to improve other important relationships and 6) improve the quality of life for each family member.

Methods

Four basic communication skills are taught:

- Expressing positive feelings
- Active listening
- Making positive requests for change
- Expressing negative feelings about specific behaviors

Ongoing assessment and periodic review of skills can help identify those skills most beneficial for the family. Besides using these skills within the family to change family structure, a further goal is to generalize new skills into other areas of life.

The primary method involves role-playing with the therapist modeling skills, facilitating the rehearsing of skills, coaching the family members and giving and eliciting feedback. The four skills are previewed with the client family, and then each is introduced and worked on separately.

Expressing positive feelings

This skill is directed at specific behaviors of other family members rather than toward making general statements. Learning the skill includes rehearsal with coaching and feedback. The person rehearsing expression of positive feelings is taught to make eye contact, to tell the family member what he did that pleased him, and then to tell the family member how the specific behavior made him feel good.

Learning to identify and comment on positive behaviors can be protective by focusing attention on what is working in the family. It can also build a reservoir of positive experiences and positive feelings to draw upon in stressful times.

Active Listening

Active listening is a structured form of listening and responding that focuses the attention on the speaker. The listener must take care to attend to the speaker fully, and then repeats, in the listener's own words, what he or she thinks the speaker has said. The listener does not have to agree with the speaker—he or she must simply state what they think the speaker said. This enables the speaker to find out whether

the listener really understood. If the listener did not, the speaker can explain some more.

Active listening can be broken down into simple skills of making eye contact, paying attention to what is said, responding to content by body language or verbal acknowledgment, asking questions that clarify or restating in one's own words to make sure there is an accurate understanding.

Making positive requests for change in another family member

Positive requests for change are focused on action. That is, the requests need to be directed toward something the family member can do rather than asking them not to do. It must also be understood that the person being asked will not always implement the action requested. In some cases, the request will be impossible to comply with or the person being asked will not want to take the action requested. Disagreements may arise that will need to be problem-solved in a different context than that of learning the skills of making positive requests for change.

In making positive requests for change, the speaker must 1) make eye contact, 2) say exactly what he or she wishes the other family member to do, and 3) tell him how his doing the action would feel to the client. The clinician may have to guide the role-play by asking questions to clarify the content of the positive request and the basis of the feeling statement. The role-play has two goals, that of practicing the skills and that of experiencing an interchange that is on a higher functional level than usual as a result of using the skills. During role-play of the skills the clinician can help reinforce active listening skills to the family member who is being asked to make changes.

Expressing negative feelings about specific behaviors

This can be the most difficult of the four skills because the message is unpleasant and the delivery has the potential to escalate underlying family conflict. Expressing negative feelings is only done if requests for change have not been appropriately resolved. Ultimately the family may find it more helpful to spend less time learning how to express negative feelings than on mastering positive requests for change.

The person expressing the negative feelings must practice making eye contact, speaking firmly, stating the exact behavior that was upsetting and then telling the family member how it made him feel. He then suggests how the family member might keep the action from happening again. The clinician should be the first recipient of expression of negative feelings through role-play, followed by the client role-playing with family members. This gives the family a chance to practice the skill on a neutral party prior to attempting it with each other. If there are co-therapists present, one would be the recipient of the negative feeling and the other would coach the person doing the role-play.

Children and Adolescents

In working with children and teenagers, communication skills are taught and practiced in non-explosive settings when the child's mood is stable. The worst time to try to teach a youth is just after an explosive episode when the child is likely too cognitively impaired to assimilate new information and may be so emotionally labile as to be easily triggered into another emotional storm.

Frequent practice can help families to ward off meltdowns, but once the meltdown has

occurred, the child may be unable to recall the skills learned during stable times. Parents will have to function as the “surrogate frontal lobe” and carry the burden of implementing the communication skills alone as discussed in the chapter on Collaborative Problem solving.

Families with children also benefit from additional training in building a “feeling vocabulary” to expand the number of ways to describe their feelings to each other. Children may not be able to describe all the shades of feeling in between “being in control” and “being out of control.” Visual aids such as a “Feel Wheel” or a feelings chart may be helpful for children who are not able to use language to describe their feelings.

By learning more words to describe their feelings, children are better able to communicate their needs more effectively.

The situational assessment discussed in Chapter 15 will also identify opportunities to practice communicating about issues that have a known propensity to stimulate a melt down.

Expressing Positive Feelings

- Identify specific concrete actions by the child to compliment
- Avoid qualifiers
- Good for all ages

Expressing Negative Feelings and Positive Requests for Change

Helping children and their families learn and practice the use of “I” statements will help families decrease the incidence of blaming and help children and parents learn to own their own feelings. The structure of the “I” statement is as follows: “When you (identify the specific behavior), I felt _____. I need you to (request a specific alternate behavior).”

Additional positive requests for change that are useful with younger children can be expressed using code words or actions to help parents prompt the child to change behavior. A common code phrase is “stop and listen.” Common hand signals include the “L” sign, for “Listen”, and the “T” sign for “Time Out.”

Asking each member to answer the “Miracle Question” i.e., “If a miracle happened and tomorrow morning when you woke up and everything was better, what would people in the family be doing differently?” is another tool for helping families practice talking about what they want to happen rather than what they don’t want.

Active Listening

Active listening is just as effective and important with teenagers and younger children as it is with adults, if not more so. Parents will need reassurance that this does not imply permissiveness, but does require love, a real desire to hear what the child has to say, a determination to be helpful, and a genuine ability to accept his or her feelings. If these are present, and a parent can listen with appropriate verbal and nonverbal responses, proper feedback, and acceptance, while at the same time being non-judgmental, the results can be the same as in adult relationships. The child can be freed of troublesome feelings, and is less afraid of negative feelings in the future. A warmer, stronger relationship develops between parent and child. Active listening also facilitates problem solving by the child. And, much to the amazement of the parents, the child is more willing to listen to parental thoughts and ideas. Shouldn’t every parent want a child who is more self-directing, responsible, and independent?

Implications for Parents

Before the clinician can realistically begin to teach communication skills, she must assess the verbal skills, and the family communication style. A discussion of the each of the family member's perception of the "problem" or stress at home can yield useful information regarding the family's basic communication and problem solving styles. See the "Family Assessment" tool in the Toolbox at the end of this manual.

The clinician will need to assess parent's readiness to learn, and current place in grief cycle using the "Assessing Parents Empowerment/Vestment in Treatment" tool provided and as discussed in Chapter Five on empowering parents in treatment. Finally, parents will also need more information on why the family will benefit from communication skills training. Learning and practicing these skills require a huge commitment on the part of parents. Enumerating the points listed at the beginning of this chapter may encourage parents that the effort has a valuable pay off.

Parents may also benefit from learning and practicing non-verbal positive communications—12 hugs/day, three nurturing, cuddling periods/week, even if there has been episodes of bad behavior.

Tools

Several information handouts have been included in the Toolbox including: "Communication Tips for Parents", "Tips for Improving Family Communication Skills", and "How can parents model good listening skills."