THE EFFECTS OF A COMMUNICATION TRAINING WORKSHOP
ON THE VERBAL BEHAVIOR OF CAREGIVERS

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This study evaluated the effectiveness of a workshop designed to train adults to use supportive verbal behavior during distressful situations. Participants were trained to provide descriptive, empathetic and hopeful statements using instructions, rationales, modeling, role-play, feedback, and rehearsal. A pre-post design was used to analyze the effects of the training on verbal and non-verbal behaviors of four females during simulation scenarios. Results indicate all four participants provided maximum support statements above pre-training levels during post-training simulation and written assessments.
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INTRODUCTION

Behavior analysts frequently work with populations that experience aversive stimulation, such as parents of children with autism, parents involved in the court system, and parents of children with behavior problems. These populations seek the services of behavior analysts to provide alleviation from aversive situations and access to positive stimulation. In general, supportive communication refers to verbal behaviors such as describing the discomfort an individual is experiencing (e.g., “It must be heartbreaking to hear your child has been diagnosed with autism”), or empathizing with the individual (e.g., “I know what you’re going through, I still remember how I felt when my sister was born with down syndrome”), and non-verbal behaviors such as maintaining eye contact with the distressed individual and maintaining a close proximity to the distressed individual. The goal of supportive verbal behavior is to alleviate or lessen the emotional upset of a distressed individual (Burleson & MacGeorge, 2002; International Federation of Red Cross and Red Crescent Societies, 2009). Supportive communication skills could presumably help the behavior analyst reduce client behaviors associated with emotional distress, such as crying, trembling, screaming, wailing, etc., so that they may fully participate in the process of developing the treatment goals and implementing the intervention as studies have shown that receiving effective support can enhance task performance under stressful conditions (Tardy, 1994; Pierce, Sarason, & Sarason, 1996; Burleson & MacGeorge, 2002).

In most cases, the sources of distress are outside of the direct influence of the behavior analyst and there is no immediate solution, such as when one learns of the loss of a loved one, the diagnosis of a child with a developmental disability, the diagnosis of a loved one with a terminal illness, the infidelity of a marital partner, the loss of a significant other, the loss of one’s
employment, or when one is going through a divorce, a change of employment, or a break-up with a significant other. In situations like these clients may exhibit behaviors associated with emotional distress that could hinder their involvement in the intervention process. The behavior analyst’s ability to provide support to the client and presumably lessen these behaviors would be beneficial for both parties as it may facilitate the process of cliental participation as well as strengthen the relationship between the client and the behavior analyst (Burleson, 1994c; Burleson & Samter, 1996; Burleson & MacGeorge, 2002; Burleson, Samter, Jones, Kunkel, Holmstrom, Mortenson, & MacGeorge, 2005).

The positive effects of supportive interactions and supportive relationships on the health and well being of humans has been documented in case studies showing positive correlations between high levels of support and improved coping with unpleasant events (Cunningham & Barbee, 2000; Jones & Guerrero, 2001; Burleson, 2003; Burleson & MacGeorge, 2002; Burleson et al., 2005), improved resistance to and recovery from diseases (Cohen, 2001; Seeman, 2001; Burleson & MacGeorge, 2002; Burleson et al., 2005), reduced mortality rates (Berkman, 1995; Burleson & MacGeorge, 2002; Burleson et al., 2005), enhanced alleviation from emotional stress (Burleson, 2003; Jones & Guerrero, 2001; Burleson & MacGeorge, 2002), increased psychological adjustment (Krause, Liang & Yatomi, 1989; Burleson & MacGeorge, 2002; Burleson et al., 2005), and enhanced task performance under stressful conditions (Tardy, 1994; Pierce, Sarason, & Sarason, 1996; Burleson & MacGeorge, 2002). In contrast, low levels of support are correlated with an increased risk of depression, suicide, and other mental health problems (Thomas & Znaniecki, 1920; Park & Burgess, 1926; Biegel, Cardle, & Mendelson, 1985; Schwarzer & Leppin, 1992; Burleson & MacGeorge, 2002), as well as decreased resistance to and recovery from infectious diseases, heart attacks, strokes, and cancers (Berkman

Previous researchers have categorized supportive messages into a hierarchy of three types of strategies: maximum support strategies, minimum support strategies and no support strategies (Applegate, 1978, 1980a, 1980b; Applegate & Delia, 1980; Burleson, 1982, 1994a). Maximum support strategies include descriptive statements, empathetic statements, and hopeful statements. Minimal supportive statements include diversion statements, absolving statements, and sympathetic statements. Non-supportive statements include blaming statements, skeptical statements, and commanding statements.

The validity of this hierarchal approach to the analysis of comforting strategies has been established in numerous investigations designed to assess recipient preferences for emotional support messages (Burleson & Samter, 1985a, Study 1; Samter, Burleson, & Murphy, 1987; Winstead, Derlega, Lewis, Sanchez-Hucles, & Clark, 1992; Cutrona, & Suhr, 1994; Tardy, 1994; Hill, 1996; Caplan & Samter, 1999; Kunkel & Burleson, 1999; Jones & Guerrero, 2001; Burleson & MacGeorge, 2002; Burleson et al., 2005). In these investigations a variety of methods have been used to present comforting messages to participants for their evaluation, including: (a) actual comforting episodes in which participants discussed a recent emotional upset with a confederate trained to provide specific types of supportive messages, after which participants completed assessments of relevant message outcomes including their perceptions of the confederates’ sensitivity, effectiveness, appropriateness, and helpfulness (Tardy, 1994; Jones & Guerrero, 2001; Burleson & MacGeorge, 2002; Burleson et al., 2005); (b) videotapes of semi-natural comforting interactions between pairs of participants in which one discussed a current stressor while the other attempted to comfort them. Participants then completed measures of
interaction satisfaction, relationship satisfaction, subsequent task performance, perceived social support, affect, and depressive mood. These interactions were transcribed so that every message was coded and correlated with the corresponding participant ratings (Burleson & Samter, 1985a, Study 1; Winstead et al., 1992; Cutrona, & Suhr, 1994; Hill, 1996; Burleson & MacGeorge, 2002; Burleson et al., 2005); (c) constructed conversations in which participants read multiple hypothetical scenarios, involving an emotionally distressed friend, and its accompanied list of 9 supportive messages (one message for each subtype delineated in Applegate’s hierarchy) as examples of things they could say to comfort their friend depicted in the scenario. Participants read and rated each message for perceived sensitivity, helpfulness, appropriateness, and effectiveness (Samter et al., 1987; Caplan & Samter, 1999; Kunkel & Burleson, 1999; Burleson & MacGeorge, 2002; Burleson et al., 2005); and (d) interviews, as well as questionnaires, with participants currently coping with chronic and/or acute stressors, who provided retrospective self-reports regarding “helpful” and “unhelpful” messages they’d received from others who had attempted to comfort them in the past. Participants’ perceptions of these messages were then used to predict measures of psychosocial well-being (Dakof & Taylor, 1990; Metts, Geist, & Gray, 1994; Burleson & MacGeorge, 2002; Burleson et al., 2005).

Across these studies participants consistently reported that maximum support messages provided the most alleviation from their emotional distress (Burleson & Samter, 1985; Jones & Guerrero, 2001; Jones & Burleson, 2003; Burleson et al., 2005), provided the most assistance with their management of acute grief (Angell, 1998; Burleson et al., 2005), provided the most assistance to their adjustment of the loss of loved ones (Kunkel & Dennis, 2003; Burleson et al., 2005), enhanced their interpersonal liking of and attraction to their support providers (Holstrom & Burleson, 2004; Burleson et al., 2005), promoted positive relationships with their support
providers (Jones, 2004; Xu & Burleson, 2001; Burleson et al., 2005), and enhanced their relationship satisfaction with their support providers (Burleson, 1994c; Burleson & Samter, 1996; Burleson et al., 2005). These findings have been extended to diverse samples, including men and women (Jones & Burleson, 1997; Kunkel & Burleson, 1999; Burleson et al., 2005) and, individuals from multiple ethnic groups in the United States (Samter, Whaley, Mortenson & Burleson, 1997, Burleson & Mortenson, 2003; Burleson et al., 2005), and other countries, such as China (Burleson & Mortenson, 2003; Burleson et al., 2005).

Research has addressed various methods to increase communication between adults, these training methods have included: providing instructions (e.g., Eskedal, 1975; Perry, 1975); modeling (e.g., Frankel, 1971; Goldberg, 1971; Hart, 1973; Saltmarsh, 1973); role-playing (e.g., Jones & Miller, 1971, 1974; Gardner, 1972); providing feedback (e.g., Carlson, 1974; Fyffe & Oei, 1979; Rickert & Turner, 1978; Bouchard, Wright, Mathieu, Lalonde, Bergeron, & Toupin, 1980); and behavior rehearsal (e.g., Levine & Tilker, 1974; Gladstone & Sherman, 1975; Bailey, Deardorff, & Nay, 1977). Further studies have shown the superiority of multi-component treatment packages, packages that combine multiple training methods, in producing reliable improvements in trainee skills (e.g., Eisenberg & Delaney, 1970; Jones & Eimers, 1975; Rich & Schroeder, 1976; Bailey et al., 1977; Fabry & Reid, 1978; Hall, Sheldon-Wildgen, & Sherman, 1980; Bouchard et al., 1980; Bates, 1980; Isaacs, Embry, & Baer, 1982; Iwata, Wong, Riordan, Dorsey, & Lau, 1982; Kohr, Parrish, Neef, Driessen, & Hallinan, 1988).

Typical multi-component training packages have included verbal instruction, providing rationale, modeling, role-play, feedback, and rehearsal (e.g., Jones & Eimers, 1975; Hall et al., 1980; Bates, 1980; Isaacs et al., 1982; Iwata et al., 1982; Kohr et al., 1988). For example, Isaacs, Embry and Baer (1982) evaluated a training program utilizing a written manual, videotaped
models, rehearsals, role-plays, and performance feedback to teach five subjects training skills for effective family therapy. This study demonstrated increases in all target skills for all therapists, parents and children involved. Iwata, Wong, Riordan, Dorsey and Lau (1982) implemented and assessed a training program utilizing instruction, modeling, role-play, feedback and rehearsal to train clinical interviewing skills to university students. The results of this study showed improvements in the number of interviews completed and a high level of maintenance at a four month follow-up check. Kohr, Parrish, Neef, Driessen, & Hallinan (1988) evaluated a similar training program employing instructions, rationales, modeling, role-play, feedback, and rehearsal to train communication skills to parents. This study targeted specific communication skills required for communicating with medical professionals. The results of this study showed that each parent acquired the targeted skills during simulated conferences and that the skills generalized to actual conferences. The results of these studies suggest that these training procedures are effective to promote acquisition and generalization of targeted communication skills.

The present study was designed to assess the effectiveness of a workshop utilizing verbal instruction, rationale, modeling, role-play, feedback, and rehearsal to train caregivers to provide maximum support statements in situations where an individual is experiencing emotional distress that is neither under the control of, nor caused by, the caregiver. This study attempted to extend the literature by modifying previous observation codes to employ more generally observable behaviors and by extending procedures described by previous researchers (e.g., Isaacs Embry and Baer, 1982; Iwata et al., 1982; Kohr et al., 1988) to distressing situations with autism intervention professionals in training. The role plays utilized in this study were designed in keeping with the literature recommending the use of highly emotional role-plays for the
assessment of communication skills training workshops’ effectiveness (Razavi, Delvaux, Marchal, De Cock, Farvaches, & Slachmuylder, 1999).
METHOD

Participants

Paper fliers were used to recruit volunteers to participate in the study. Four female graduate students between the ages of 20 and 33 volunteered to participate. All participants were employed working with parents of children with special needs, and all were currently enrolled in the same behavior analysis master’s degree program.

Participant 1 had received her bachelor’s degree in psychology, and was currently working on her master’s degree in behavior analysis. Her previous work experience included working in a mental health insurance company, a day care and a grocery store. During her employment with the mental health company she was in contact with and involved in referrals for people in distress. At the time of the study she was working with children with autism and their parents.

Participant 2 was currently working on her master’s degree in behavior analysis, and her previous work experience included information design and service positions. She had some professional experience comforting others through her work with families of children with special needs; however she had no specific experience with being comforted. She received role-playing and simulation training during her undergraduate classes, graduate classes, and her thesis project, which was composed of multiple role-plays related to communication skills between parents of children with special needs and school professionals.

Participant 3 had received her bachelor’s degree in psychology, and was currently working on her master’s degree in behavior analysis. Her previous work experience included working in a university visitor’s center where she dealt with various students and their families.
At the time of the study she was working with children with autism and their parents where gained experience comforting others, as well as conducting simulation training and role-plays.

Participant 4 had received her bachelor’s degree in psychology with a minor in family studies human development and sociology. She was currently working on her master’s degree in behavior analysis. Her previous work experience included working with children with autism and their families, as well as training parents who had been referred by the court system. Through her work with parent training she received specific experience comforting others as well as extensive experience conducting simulation training in the form of role-plays. She received specific experience being comforted through her participation in family and individual therapy sessions.

A questionnaire was given to each participant in order to obtain information about any previous comforting experience, educational level, and simulation training. Respondent answers are included in Table 1.

Setting

The training workshops were conducted in a conference room located on the university campus. The room included a large conference table, multiple chairs and three large windows. The workshops were conducted in a one-on-one manner involving only the trainer and trainee. Assessments were conducted in the same conference room with two extra observers present, each located in front of the participant, one to the left and the other to the right.

Materials

Workshop materials included a paper training guide as well as picture and video
examples displayed on a laptop computer. Paper questionnaires were completed by each participant before and after the workshop to collect data for further analysis.

Measures

Verbal Behaviors

The measurement system used to assess the type of supportive communication strategy verbalized by the participants was a modified version of Applegate’s nine-point coding system (Applegate, 1978). The verbal coding system used in this study is included in Appendix A. Three major types of statements; non-supportive statements, minimal supportive statements and maximum supportive statements were scored. Maximum supportive statements include descriptive statements, empathetic statements, and hopeful statements. Minimal supportive statements include diversion statements, absolving statements, and sympathetic statements. Non-supportive statements include blaming statements, skeptical statements, and commanding statements. The present study coded only the three major types of statements; no support, minimum support, and maximum support.

Non-Verbal Behaviors

Non-verbal behaviors were limited to eye contact, touch, close proximity, body orientation and forward lean. These behaviors were chosen from those specified as enhancing the support process in the literature (Anderson, 1995; Angell, 1998; Anderson, 1998; International Federation of Red Cross and Red Crescent Societies, 2009). The overview of this code is included in Appendix A.

Observers were trained individually using mock video role-plays to practice scoring.
Training was conducted over two consecutive hours and ended after the observer correctly coded three consecutive role-plays without rewinding, stopping, or pausing, the videos. A sample data sheet used to record verbal and non-verbal behaviors is included in Appendix A. Measurements of verbal and non-verbal behaviors were conducted in-vivo by two independent observers. For each role-play observers used a 10-s whole interval recording procedure to record the occurrence of verbal and non-verbal behaviors made by the participant. These data were used to calculate the frequency of intervals in which each non-verbal and verbal behavior occurred.

*Written Verbal Behaviors*

Using the same modified version of Applegate’s coding system a single observer coded each statement written by participants as either no support, minimal support, or maximum support.

Written questionnaires were scored by a single observer for frequency of each written verbal behavior. Every statement written by the participant was coded. Each statement was counted regardless of similarity to others, given that it did not exactly duplicate the content of another statement. Every simple sentence (i.e., independent clause) written by the participant was counted as one statement. A statement ended when it was followed by a period or another simple sentence. Compound sentences were broken into their independent clauses and scored as separate statements. Complex sentences (independent clause joined to a subordinate clause) were scored as single statements. A single statement could not be coded as more than one type. Every statement written by the participant was coded; if a statement did not fit into any category it was coded as “other.” A sample data sheet used to record written verbal behaviors is included in Appendix A.
**Interobserver Agreement**

For each participant and role-play the interval agreement method was used to calculate interobserver agreement for each individual verbal and non-verbal behavior; each interval was scored as an agreement or a disagreement, and the number of disagreements was subtracted from the number of agreements and divided by the total number of intervals scored. Percentage of agreements was calculated for each behavior individually, and all interobserver agreement percentages are displayed in Table 2. Total IOA ranged from 95%-100% for each behavior, scenario, and participant. The majority of the disagreements (80%-88%) were scored within the minimum support statements.

**Procedures**

*Pre-Training Assessments*

As a pre-training measure of the subjects written verbal comforting skills each participant was asked to fill out a questionnaire including three hypothetical situations in which one of their close friends, siblings or significant other was experiencing some kind of emotional distress. The participants were asked to read each scenario and write down all of the things they would normally say to comfort the distressed individual. No feedback was provided for the answers. A sample version of this questionnaire has been included in Appendix B.

As a pre-training measure of the participants’ spoken verbal comforting skills each participant was asked to participate in three role-plays with the trainer involving hypothetical situations in which one of their close friends, siblings or significant other was experiencing some kind of emotional distress. The participants were given a role-play instruction sheet to look over for five minutes which included brief instructions for the role-plays as well as a description of
Participants then role-played each scenario in which the trainer acted as the distressed individual and the participant was instructed to comfort her as she normally would, no feedback was given. Each scenario began with the participant asking the trainer what was wrong and ended once five seconds elapsed without a verbal response from the participant.

**Training Workshop**

Subjects were trained individually during a three hour period within a single day. Participants were given a training guide identical to one used by the trainer and instructed to read along silently while the trainer read aloud. The training guide has been included in Appendix C. The trainer then provided an overview of training objectives and the hierarchy of supportive communication statements were then delineated one level at a time. A description of each component level and strategies was presented along with a rationale for the importance of the skill. Training then focused on identifying when to use supportive communication strategies and an overview of the steps involved in providing maximum support strategies to a distressed individual.

Training addressed several comforting skills in sequential order. Step 1 involved training the pre-requisite behaviors for providing maximum support: identifying common emotional distress cues. An overview of common emotional distress cues was described and illustrated. Picture examples were presented and the participants were asked to identify whether the person in the picture appeared to be emotionally distressed, verbalize which emotion they’d consider the person the person in the picture experiencing, and describe the cues that lead them to their conclusions. Participants received descriptive praise for pairing certain cues with their generally
correlated emotion. For example, participants received descriptive praise if they paired cues such as crying, frowning, and fetal position, with emotions such as distressed, sad, angry, depressed, and upset. Incorrect answers were discussed and the correct pairing was described to the participant. Step 2 involved a brief lecture on the guidelines for assessing distressful situations through the use of clarifying questions. Participants were given examples of how to proceed once the individual verbalized whether they wanted to talk about the incident or not. Examples of clarifying questions were given, and the rationale for this skill was described.

In Step 3 participants were introduced to the first verbal target behavior, description statements, and were given a brief lecture on its definition, guidelines, rationale, and examples. This skill involved verbalizing what the distressing incident is/was and the emotions the distressed individual is/was feeling. Participants completed seven exercises with the trainer in which they viewed video clips of distressed individuals and practiced providing description statements modeled by the trainer. Descriptive praise was given for correct answers and incorrect answers were corrected.

During the 4th step, participants were introduced to the second verbal target behavior, empathy statements, and were given a brief lecture on its definition, guidelines, rationale, and examples. Participants completed exercises with the trainer involving seven brief scenarios in which a friend or relative was experiencing emotional distress and a description of the distressing incident. For each scenario participants were verbally prompted to think if they had been in a similar situation before and describe what it was and how it made them feel. Participants then practiced generating empathy statements with the trainer. Descriptive praise was given for correct answers and incorrect answers were corrected.

During the 5th step participants were introduced to the third verbal target behavior,
hopeful statements, and were given a brief lecture on its definition, guidelines, rationale, and examples. Participants then completed exercises with the trainer in which they were presented with seven common emotionally distressing situations. Subjects were verbally prompted to think if they had been in a similar situation before and describe what it was and what benefits came from experiencing it. If a participant could not think of a benefit of the incident they were verbally prompted to think of anything they may have learned from their experience, if it had prepared them for future experiences, if it had taught them how to cope with future experiences, and/or how it may have made them a better, stronger, or wiser person. Participants then practiced generating hopeful statements with the trainer. Descriptive praise was given for correct answers and incorrect answers were corrected.

Finally, participants were introduced to the five non-verbal target behaviors, eye contact, close proximity, body orientation, forward lean and touching. Definitions, guidelines, rationale and examples were given for each non-verbal target behavior. The rationales for each behavior were adapted from the International Federation of Red Cross and Red Crescent Societies supportive communication training manual. Participants ended the workshop with an overview of the behaviors to expect from distressed persons when using the target behaviors, and were instructed not to expect anything specific from any distressed individual after implementing them.

Post-training Assessments

Post-training procedures were identical to those in pre-training with two exceptions; different but similar scenarios were used and descriptive praise was given after each scenario.
The post-training role-play instruction sheet has been included in Table 4, and the post-training questionnaire has been included in Appendix D.

*Social Validity Assessment*

As a measure of the workshop’s social validity participants were asked to fill out brief satisfaction surveys. The questions in this survey are presented in Table 5.

*Experimental Design*

A pre-post treatment design was used to assess the effects of the training workshop on verbal, written, and non-verbal target behaviors.
RESULTS

Figure 1 illustrates the number of maximum support statements provided by each participant before and after training on written responses, as well as the number of intervals each participant spent providing maximum support statements during role-play performances before and after training. The number of maximum supportive statements and the number of intervals spent providing such statements were higher during following training for each participant. During pre-training role-plays Participants 1 and 2 spent less than 6 intervals each providing maximum supportive statements, whereas Participants 3 and 4 spent none. During pre-training written assessments Participants 1, 2, and 4 provided less than 5 maximum supportive statements each, whereas Participant 3 provided none. During post-training written assessments all four participants provided maximum support statements above pre-training levels. During post-training role-play assessments all four participants showed an increase above pre-training levels in the number of intervals providing maximum support statements. Participant 3 showed the highest training gains in both role-play performances and written responses; whereas Participant 4 showed the lowest training gains in both role-play performances and written responses.

Figure 2 displays the number of intervals each participant spent providing non-supportive, minimum supportive and maximum supportive statements during pre-training and post-training role play performances. During pre-training all four participants spent more intervals providing minimum supportive statements than maximum and non-supportive statements. Participant 2 spent the greatest number of intervals providing minimum supportive statements, whereas Participant 4 spent the least. Participant 2 spent the greatest number of intervals providing non-supportive statements, whereas Participant 1 spent the least. During post-training the number of intervals all four participants spent providing maximum supportive
statements increased above pre-training levels. The number of intervals Participants 1, 2, and 3 spent providing minimum supportive statements decreased below pre-training levels, and increased above pre-training levels for Participant 4. The number of intervals all four participants spent providing non-supportive statements decreased below pre-training levels, Participant 4 spent the greatest number of intervals providing non-supportive statements whereas Participant 3 spent the least.

Figure 3 displays the number of non-supportive, minimum supportive, and maximum supportive statements made by each participant during pre-training and post-training written assessments. During pre-training all four participants provided more minimum supportive statements than maximum and non-supportive statements. Participant 3 provided the greatest number of minimum supportive statements, whereas Participant 2 provided the least. None of the participants provided non-supportive statements during pre-training. During post-training all four participants provided maximum supportive statements above pre-training levels, and minimum supportive statements below pre-training levels. Participant 4 showed an increase in the number of non-supportive statements provided, whereas Participants 1, 2, and 3 remained stable at zero.

Figure 4 displays the number of non-verbal responses made by each participant during pre-training and post-training role-play performances. During pre-training all four participants engaged in close proximity for at least 15 intervals. Participant 2 spent the greatest number of intervals in close proximity, whereas Participant 4 spent the least. Participant 3 was the only participant to engage in touching during any pre-training interval. Participants 3 and 4 engaged in a forward lean for at least 14 intervals, with Participant 3 leaning forward during a greater number of intervals than Participant 4, whereas Participants 1 and 2 did not lean forward during any pre-training interval. All four participants engaged in eye contact for at least 15 intervals.
Participant 2 spent the greatest number of intervals engaging in eye contact, whereas Participant 4 spent the least. Participants 1, 3, and 4 engaged in body orientation for at least 15 intervals. Participant 3 spent the greatest number of intervals engaged in body orientation and Participant 4 spent the least. Participant 2 did not engage in body orientation for any pre-training interval. The number of intervals engaged in close proximity decreased below pre-training levels for Participants 1, 2, and 3, whereas Participant 4 showed an increase above pre-training levels. The number of intervals engaged in touching decreased below pre-training levels for Participant 4, whereas it remained stable at zero for Participants 1, 2, and 3. The number of intervals engaged in forward lean increased above pre-training levels for Participants 1, 2 and 4, whereas Participant 3 showed a decreased below pre-training levels. The number of intervals engaged in eye contact decreased below pre-training levels for Participants 1, 2 and 3, whereas Participant 4 showed an increase above pre-training levels. The number of intervals engaged in body orientation increased above pre-training levels for Participants 2 and 4, whereas Participants 1 and 3 showed a decrease below pre-training levels.

Figure 5, page 40, displays the duration of pre- and post-training role-play performances for each participant. Pre-training role-play performances lasted at least 15 intervals for all four participants. Participant 2 engaged in role-play for the longest duration (32 intervals), whereas Participant 4 engaged in role-play for the shortest duration (16 intervals). Duration of post-training role-play performances decreased below pre-training levels for Participants 1, 2, and 3, whereas Participant 4 showed an increase above pre-training levels. Participant 2 engaged in role-play for the longest duration (27 intervals), whereas Participants 4 and 2 engaged for the shortest durations (22 intervals).

Table 5 displays participant responses on the social validity assessment. Overall,
participants rated the workshop as completely effective and rated their confidence in using the
target skills as somewhat to completely effective. When asked what would have made the
workshop more effective, participants suggested utilizing more examples of diversion
statements, more personal examples of distressing incidents, and their own scenarios.
Participants reported their favorite parts of the workshop were watching and discussing the
videos, reviewing hopeful statements, and generating empathy statements. Only 2 out of 4
participants reported a least favorite part of the workshop; Participant 2 reported that watching
the videos made her feel uncomfortable and Participant 3 reported that the number of scenarios
may not be necessary. Participants reported the most effective part of the workshop to be going
over the scenarios and applying personal experiences, talking through the scenarios, watching
and discussing the videos, and hearing the trainer’s personal examples. Participants’ additional
comments included suggestions for adding a final practice exercise where participants
demonstrate all the techniques together.
All four participants in this study increased their use of the maximum support strategies above pre-training levels on both the role-play and written assessments following communication skills training. These results suggest that verbal instruction, rationale, modeling, role-play, feedback, and rehearsal can be utilized to train adults to produce maximum support strategies in response to situations where an individual is experiencing emotional distress that is neither under the control of, nor caused by, the caregiver. These results confirm and extend the generality of previous research using training packages consisting of instruction, rationale, modeling, role-play, feedback, and rehearsal to teach various communication skills to adults (Jones & Eimers, 1975; Hall et al., 1980; Bates, 1980; Isaacs et al., 1982; Iwata et al., 1982; Kohr et al., 1988).

This extension of the literature is important for several reasons. First, the training is likely to help behavior analysts reduce client behaviors associated with emotional distress so that clients may fully participate in the intervention process. Second, this training may strengthen the relationship between the client and the behavior analyst by enhancing satisfaction, comfort, and rapport. And third, this training may enhance client health and well being by assisting them with their management of acute grief, improving their coping with unpleasant events, and alleviating their emotional stress.

Previous research has shown that workshops designed to train communication skills can be made more effective through the utilization of highly emotional role-plays (Razavi et al., 1999). All four participants commented on the reality of the role-plays in the current study, as the trainer was able to produce highly emotional behaviors such as trembling, crying, and wavered
speech during the role-plays. However, these intervention components were not directly measured within the present study.

Training was conducted individually, and thus it is possible that the procedures varied somewhat from participant to participant (e.g., personal examples, elaborations, and wording used by the trainer may have varied). Future directions may include developing a standard training manual so that procedural variability can be controlled, as well as assessing the effectiveness of training participants in groups which may provide a more economical means of implementing the workshop.

The verbal behaviors were explicitly trained during the workshop by means of verbal instruction, rationale, modeling, role-play, feedback, and rehearsal. Non-verbal behaviors were not explicitly trained during the workshop, and presumably for this reason remained somewhat stable for each participant from pre-training to post-training. Participants received a brief lecture on the overview of each non-verbal behavior, the rationales for each, and the guidelines for using them; however none of these behaviors were practiced, modeled or explicitly trained during the workshop. Future research may include explicit training of non-verbal behaviors and assessing post-training effects.

During post-training role play performances all but one participant decreased their usage of minimum support statements below pre-training levels. This could have been due to various factors such as the different but similar scenarios utilized during pre- and post-training role-plays, the different personal histories of each participant, and the training instructions themselves, as participants were instructed not provide empathy and hopeful statements unless they had been in a similar situation as the one described in the scenario. Subsequently, if a participant had not been in a similar situation they were instructed to provide description and
sympathy statements. Sympathy statements are categorized as a minimum supportive strategy; however, in situations where the individual has been instructed not to empathize, “minimum support statements” may be more appropriately considered maximum support statements as it is the maximum level of support that particular individual can provide while adhering to the training instructions. Participant 4 reported she had not been in a majority of the scenarios used during the role-play assessments. Therefore, she may not have had the pre-requisite experiences to correctly provide empathetic and hopeful statements in these situations, which may have also affected the duration of time Participant 4 spent in the post-training role plays. However, this could have been due to many factors, for example participants may have dedicated more time providing maximum support statements and less time providing other types of supportive statements, thereby decreasing the duration of post-training role-plays. Future studies should incorporate a wider variety of scenarios aimed at situations more common to the population of study so that there are more opportunities for practicing empathy and hopeful statements.

It is interesting to note that during the pre-training role-play assessments all four participants provided a minimum of two non-supportive statements, whereas during the pre-training written assessments none of the participants provided non-supportive statements. These results are inconsistent with previous research analyzing the differences in responding during role-plays and written questionnaires. Previous research has shown that participants tend to provide less polite responses on written questionnaires than during interactive role plays, possibly due to the lack of social consequences for impolite responses on written questionnaires (Beebe, & Cummings, 1996; Kasper, 2004).

Variables such as timing and sincerity of supportive communication strategies were not explicitly measured in the current study; however, these issues were briefly addressed during the
workshop by means of modeling and rehearsal. The functions of each supportive communication strategy were delineated to the participants, and examples of each strategy were modeled by the trainer as a means of illustrating the topography of each strategy. By altering the topography of a supportive communication statement, one can subsequently alter the function as well as the effect on the distressed individual, potentially decreasing or increasing the effectiveness of maximum support statements. This issue was also addressed during the workshop by instructing participants not to provide supportive communication statements that were untrue or insincere. Participants were also instructed to provide maximum support statements in a particular order so that their timing was all relevant to the function of each statement. Participants were instructed to adjust the timing of their supportive communication statements to the perceived needs of the distressed individual. Participants were instructed to first prompt the distressed individual to talk about the distressing incident while providing description statements. Description statements functioned as a means of assessing the distressing situation; recognizing, validating, and acknowledging the emotions and perspectives expressed by the distressed individual, as well as gaining a clear and correct understanding of the distressing incident and its effects on the individual. Participants were instructed to wait until the individual had finished talking about the distressing incident to provide empathy and hopeful statements, so that the conversation stayed focused on the individual and their distressing incident. Maintaining the focus of the conversation on the distressed individual is perceived to be an important part of the supportive communication process; however, these variables were not directly measured during the pre- or post-training assessments. Future directions should include modifications to the coding system so that timing and sincerity can be assessed.

The issue of intent is another important variable to consider and was especially relevant
when assessing participant’s hopeful statements of a truly beneficial outcome of the distressing incident for the distressed individual. If the participant had been in a similar situation as that described in the scenario she was instructed to verbalize any beneficial outcome they had experienced as a means of communicating a potential source of positive reinforcement. Beneficial outcomes were described to participants as things learned from the experience that they believed had made them wiser, stronger, better as a person, better prepared to succeed in future experiences, and/or better prepared to cope with experiences. In the scenarios involving the loss of a loved one, some participants provided statements that referred to religious ideas, such as, “I’d tell her that her cousin is in a better place now”. Without any attempts to assess the intent of this message, this statement would be categorized as a diversion statement providing minimum support; however, when one considers the intent of the message, to provide emotional support or comfort the distressed, it appears that it may be better categorized as a hopeful statement providing maximum support. The present study categorized statements of this type, referring to religious ideas, as hopeful statements providing maximum support. However, receiver perspective is as important to consider as the speaker intent. An individual without religious beliefs, or beliefs of an afterlife, may find this statement to provide minimum support or no support at all. Future research may include modifications to the coding system so that the issues of speaker intent and receiver perspective of specific religious messages can be assessed.

The pre- and post training assessments were conducted directly before and after training, thus the maintenance and generalization of these behaviors was not directly measured. It is possible that training effects diminished shortly after training or that these effects did not generalize to new or different situations from those used in the workshop. However, previous research utilizing similar training packages has shown to be successful in maintaining and
generalizing treatment gains to natural situations (Iwata et al., 1982; Kohr et al., 1988). Future studies may focus on assessing the workshop’s effects on the maintenance and generalization of targeted skills, possibly with the addition of follow-up components, probes, or the utilization of a different experimental design.

The present study utilized in vivo observations of role-play performances as well as an interval recording procedure to measure the verbal and non-verbal responses of each participant. The use of interval recording for verbal responses limited the data so that an analysis of the frequency of each strategy within each type used could not be conducted. For example, if a participant spent 3 intervals providing maximum support statements it is unclear whether they provided a single maximum supportive statement or many. Utilizing an in vivo observation procedure may have limited the reliability and validity of the coding system, as there was no opportunity to review the participants’ performances and correct recording errors. Future research may utilize a different mode of observation – possibly video recording – so that frequency measures of each strategy can be conducted.

It should be noted participants were familiar with the trainer and both observers before participating in the present study, as all were fellow peers enrolled in the same graduate degree program. This relationship could have confounded the outcomes of this study, as well as the interpretation of the results. For example, familiarity with the trainer could have enhanced the training by making the role-plays more realistic, given that participants were instructed to pretend the trainer was a close friend or relative. Participants had also received extensive instruction in behavior analytic programs and behavior change procedures, which could have enhanced the effects of training in some ways and limited it in others. For example, all participants were aware that the role-plays were designed as assessment procedures for the
targeted skills and were aware of which skills would be assessed after training; this may have led the participants to perform differently than naïve participants or as they would in the natural setting. Future directions might include new populations including unfamiliar participants, males, and adolescents.

The results of this study also coincide with previous research on the effects of age and gender on supportive communication strategies. Research suggests that an individual’s provision of maximum support strategies increases significantly with age and is more likely to occur in females (Burleson, 1982b). Research has also shown that females value the ability to comfort others more than their male counterparts (Burleson, Kunkel, Samter & Werking, 1996), suggesting that the results of this study could have been enhanced by the use of female participants over the ages of 23. All four participants provided low levels of maximum support statements during pre-training; however, it is possible younger and/or male participants would have had similar baselines and may or may not have responded similarly to training.

The results of this study add new and useful information to the supportive communication literature, as well as the communication skills simulation training literature. Improving one’s ability to provide others with comfort can increase the overall well being of service recipients and the relationship satisfaction between support providers and recipients. This study illustrates an effective means of training caregivers to respond more supportively in situations where an individual is experiencing emotional distress that is neither under the control of, nor caused by, the caregiver.
Table 1

Reported Participant Information

<table>
<thead>
<tr>
<th>Question Asked</th>
<th>Answers Written</th>
</tr>
</thead>
</table>
| What is your highest level of education? Please include any degrees you are currently working on. | Participant 1: Received BA in psychology and currently in masters program for behavior analysis  
Participant 2: Masters degree  
Participant 3: BS in psychology. Now working on masters.  
Participant 4: Have a Bachelors in Art (Psychology w/a minor in family studies human development + sociology), currently getting my master in behavior analysis |
| What are your previous work experiences?                                       | Participant 1: I currently work at [Redacted]. My past work experiences involved working in a mental health insurance company a daycare, and a cashier at a grocery store.  
Participant 2: Service-oriented, information design  
Participant 3: I currently work with children w/autism + their parents. I have also worked in a visitor’s center at a university where I dealt with many families + students.  
Participant 4: [Redacted] treatment program, [Redacted] project (parent training), BMAPS (parent training), Hope grout (ABA therapy in home w/ children w/Autism) |
| Do you have any specific experience with comforting others who are experiencing distress? If so please explain. | Participant 1: Yes, I used to follow up with clients going to counseling about their therapist or what kind of therapist they are looking for.  
Participant 2: Working with families of children with special needs  
Participant 3: Working with families affected by autism there are many times where they became distressed. For example parents who are first learning about diagnosis of autism for their child.  
Participant 4: In BMAPS we taught the “stay close” tool to parents who had been referred to us by the court system |
Table 1 *(continued).*

<table>
<thead>
<tr>
<th>Question Asked</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any specific experience being comforted when distressed? If so please explain.</td>
<td>The only experiences being comforted are from friends of family.</td>
<td>Not really</td>
<td>In my personal life my mother + close friends often attempt to comfort me when I’m stressed or worried. Sometimes I look to my mom for the answers and feel frustrated when she doesn’t have them.</td>
<td>In high school we went to family therapy, in college we had an intervention w/my brother w/an interventionist and after college I saw a therapist after my brother got arrested</td>
</tr>
<tr>
<td>Do you have any specific experience with role-playing or simulation training? If so please explain.</td>
<td>No*</td>
<td>Yes. My thesis used role-plays &amp; they have been used during several of my college courses</td>
<td>When I first started working with children with autism I was trained + we briefly used role-play techniques.</td>
<td>Yes, we role-played in BMAPS every session</td>
</tr>
</tbody>
</table>

*Note.* *Although her response was no, the faculty advisor had instructed a course in which this participant engaged in simulation training.*
Table 2

Percentage of Interobserver Agreement

<table>
<thead>
<tr>
<th>Scenario:</th>
<th>Non-Verbal</th>
<th>Verbal</th>
<th>Total IOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>Close/Prox.</td>
<td>Fwrd</td>
<td>Lean</td>
</tr>
<tr>
<td>S1: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S2: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S3: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S4: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S5: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S6: P1</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S1: P2</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S2: P2</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>S3: P2</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>S4: P2</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S5: P2</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S6: P2</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S1: P3</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>S2: P3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S3: P3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S4: P3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S5: P3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S6: P3</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S1: P4</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S2: P4</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>S3: P4</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>S4: P4</td>
<td>100%</td>
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<tr>
<td>S5: P4</td>
<td>100%</td>
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<td>100%</td>
</tr>
<tr>
<td>S6: P4</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 3

*Pre-Training Role-Play Instruction Sheet*

<table>
<thead>
<tr>
<th>Scenario 1:</th>
<th>Suppose you and your best friend are watching TV one day when he/she gets a phone call from an old high school friend informing him/her that a mutual friend of theirs has just passed away. They hang up the phone and stare off into space and you can tell they are emotionally upset. You ask them if they want to talk about it and they reply yes, while describing how upset they are that they did not get to say goodbye to their friend and hadn’t seen them in years although they were very close friends in high school.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 2:</td>
<td>Suppose you get home from class to find your significant other slumped over on the couch emotionally upset. When you ask if they want to talk about what’s bothering them they tell you they failed an exam in their math class and they don’t know if they will pass the class. They describe how they studied all week for the test, made note-cards and took tutoring lessons yet still failed it and they are extremely distressed they may have to re-take the class.</td>
</tr>
<tr>
<td>Scenario 3:</td>
<td>Suppose your best friend comes home from class one day in tears, when you ask them if they want to talk about what’s wrong they begin to cry and explain that earlier they received a message from their long-time significant other saying it was over between them and that they were leaving them for someone else. Your friend tells you they’ve been trying to contact their significant other so that they can talk about it but they won’t return any of their phone calls, emails, or texts.</td>
</tr>
</tbody>
</table>
**Post-Training Role-Play Instruction Sheet**

| Scenario 1: | Suppose you are at your best friend’s house when there is a knock at the door. Your friend opens the door and is served with legal divorce papers, while the server explains to them that their significant other is divorcing them. Your friend takes the papers, slams the door and collapses on the couch in despair. You ask them if they want to talk about it and they immediately start telling you about the fight they had a few months ago involving the kids which lead to their significant other walking out of the house with suitcases. Your friend hasn’t talked to them since and now is distressed their marriage and life is over. |
| Scenario 2: | Suppose your significant other returns home from work one day with a sad look on his/her face. You ask them if they want to talk about what is bothering them. They say yes and tell you they got a call from their family saying their father has been diagnosed with terminal cancer and that he doesn’t have long to live. They begin to cry as they tell you they never thought something like this could happen to the ones they love. |
| Scenario 3: | Suppose you and your best friend are returning home from a movie when he/she receives a phone call from their parents informing them that their beloved family pet has just passed away and they begin to cry. You ask them if they want to talk about it and they say yes and tell you that the pet they had growing up just died, while explaining they had just seen the pet last time they were home and it seemed fine, and if they had known they would’ve spent more time playing with it. |
## Table 5

**Participant Satisfaction Survey**

<table>
<thead>
<tr>
<th>Question Asked</th>
<th>Answers Written</th>
</tr>
</thead>
</table>
| How would you rate this workshop overall? (In reference to training you to   | Participant 1: 5 (completely effective)  
| appropriately and effectively provide others with support)                   | Participant 2: 5 (completely effective)  
|                                                                                | Participant 3: 5 (completely effective)  
|                                                                                | Participant 4: 5 (completely effective)  |
| How confident are you in your ability to appropriately and effectively       | Participant 1: 5 (completely effective)  
| provide others with support?                                                  | Participant 2: 4 (somewhat effective)  
|                                                                                | Participant 3: 4 (somewhat effective)  
|                                                                                | Participant 4: 4 (somewhat effective)  |
| What would have made this workshop more effective?                            | Participant 1: Examples of diversions  
|                                                                                | Participant 2: If I were naturally empathetic/ sympathetic  
|                                                                                | Participant 3: Maybe if I had to come up w/a scenario  
|                                                                                | Participant 4: More personal ex. Of times people around you have been distressed ex. divorced parents or dealing with addiction  |
| What was your favorite part of the workshop and why?                          | Participant 1: Hopeful statements -> don’t hear many positive hopeful statements  
|                                                                                | Participant 2: Going through the empathy scenarios b/c I liked trying to figure out how to relate  
|                                                                                | Participant 3: I liked the scenarios + examples  
|                                                                                | Participant 4: Videos, good ex. to watch + discuss  |
| What was your least favorite part of the workshop and why?                   | Participant 1: N/A  
|                                                                                | Participant 2: Watching the videos- crying people make me feel really uncomfortable  
|                                                                                | Participant 3: I’m not sure how many scenarios are necessary (maybe something to look at)  
|                                                                                | Participant 4: N/A  |
| What was the most effective part of the workshop?                            | Participant 1: Going over scenarios + also applying personal experiences  
|                                                                                | Participant 2: The whole thing was really great  
|                                                                                | Participant 3: I liked talking through the scenarios + you giving more examples to help  
|                                                                                | Participant 4: Videos + discussions  |
| Please feel free to provide us with any additional comments you may have.    | Participant 1: N/A  
|                                                                                | Participant 2: Thank you for doing this!  
|                                                                                | Participant 3: I think at the end to wrap everything up it would be good to do all of the techniques together, I’m worried I’d forget one.  
|                                                                                | Participant 4: Well put together. Good job 😊  |
Figure 1. Effects of training on participants’ maximum supportive statements during role-play performances and written responses.
Figure 2. Effects of training on participants’ role-play performances.
Support Levels on Written Assessments

**Figure 3.** Effects of training on participants’ written responses.
Figure 4. Training effects on participants’ non-verbal responses during role-play performances.
Figure 5. Duration of participants’ role-play performances.
APPENDIX A

CODING SYSTEM
Coding System for Verbal & Non-Verbal Comforting Strategies

Dr. Shahla Ala’i-Rosales & Dr. Zainab D. Blell & Dr. Shahla-Ala’i Rosales
Introduction

The verbal behavior section of this coding system was adapted from the nine-level hierarchal coding system originally developed by Applegate (1978; 1980a; 1980b; also see Applegate & Delia, 1980) and Burleson (Burleson, 1980b). Each sublevel has been analyzed and translated into behaviorally objective and operational terms. The non verbal behaviors were taken from previous studies that cite them as the most common nonverbal behaviors that contribute to social support interactions and the comforting process in general (Anderson, 1985; 1999).


**Instructions**

**Scoring Verbal, In-vivo:**
During all in-vivo sessions, independent observers will use a 10-s interval recoding procedure to record the occurrence and non-occurrence of each level of supportive communication statements made by the participant during each interval. Observers are to record their name, participants number, scenario #, date, and condition. A statement is defined as a simple sentence (i.e. an independent clause). Observers are then to record the occurrence of supportive communication statements verbalized by the participant for each 10s interval by placing a slash through the response observed in the corresponding column and interval row. Statements of different levels can occur in a single interval however a single level can only occur once in a single interval, and if a statement begins in one interval and ends in another it should be coded as occurring in both intervals.

**Scoring Non-Verbal, In-vivo:**
During all in-vivo sessions, independent observers will use a 10-s interval recording procedure to record the occurrence or non-occurrence of each non-verbal supportive communication response made by the participant during each interval. Observers must record their name, participant’s number, date, scenario #, and condition. Observers are then to record the occurrence of each non-verbal response for each 10s interval by placing a slash through the response observed in the corresponding interval row. More than one non-verbal response can occur during a single interval, if a non-verbal response occurs in once interval and ends in another it should be coded as occurring in both intervals.

**Scoring Verbal Questionnaires:**
For each questionnaire independent observers will code each statement written by the participant for frequency and level of support. Observers are to record their name, participants’ number, scenario #, date, condition, and place tally marks in the corresponding columns and rows of the responses observed. Observers must code every statement written by the participant. Every simple sentence (a.k.a. independent clause) written by the participant should be counted as one statement. A statement ends when it is followed by a period or another simple sentence. Compound sentences should be broken into their independent clauses and scored as separate statements. Complex sentences (independent clause joined to a subordinate clause) should be scored as a single statement. A single statement cannot be coded as more than one type. Every statement written by the participant must be coded for; if a statement does not fit into any category observers should code it in the column marked “other”

**Role Play Scenarios**

Scenario 1:
Suppose you and your best friend are watching TV one day when he/she gets a phone call from an old high school friend informing him/her than a mutual friend of theirs has just passed away. They hang up the phone and stare off into space and you can tell they are emotionally
upset. You ask them if they want to talk about it and they reply yes, while describing how upset they are that they did not get to say goodbye to their friend and hadn’t seen them in years although they were very close friends in high school.

Scenario 2:
Suppose you get home from class to find your significant other slumped over on the couch emotionally upset. When you ask if they want to talk about what’s bothering them they tell you they failed an exam in their math class and they don’t know if they will pass the class. They describe how they studied all week for the test, made note-cards and took tutoring lessons yet still failed it and they are extremely distressed they may have to re-take the class.

Scenario 3:
Suppose your best friend comes home from class one day in tears, when you ask them if they want to talk about what’s wrong they begin to cry and explain that earlier they received a message from their long-time significant other saying it was over between them and that they were leaving them for someone else. Your friend tells you they’ve been trying to contact their significant other so that they can talk about it but they won’t return any of their phone calls, emails, or texts.

Scenario 4:
Suppose you are at your best friend’s house when there is a knock at the door. Your friend opens the door and is served with legal divorce papers, while the server explains to them that their significant other is divorcing them. Your friend takes the papers, slams the door and collapses on the couch in despair. You ask them if they want to talk about it and they immediately start telling you about the fight they had a few months ago involving the kids which lead to their significant other walking out of the house with suitcases. Your friend hasn’t talked to them since and now is distressed their marriage and life is over.

Scenario 5:
Suppose your significant other returns home from work one day with a sad look on his/her face. You ask them if they want to talk about what is bothering them they say yes and tell you they got a call from their family saying their father has been diagnosed with terminal cancer and that he doesn’t have long to live. They begin to cry as they tell you they never thought something like this could happen to the ones they love.

Scenario 6:
Suppose you and your best friend are returning home from a movie when he/she receives a phone call from their parents informing them that their beloved family pet has just passed away and they begin to cry. You ask them if they want to talk about it and they say yes and tell you that the pet they had growing up just died, while explaining they had just seen the pet last time
they were home and it seemed fine, and if they had known they would’ve spent more time playing with it.

**General Overview: Verbal Code**

**A. No Support**

The speaker denies support for the distressed individual by placing the responsibility of the situation onto the individual, by verbalizing skepticism of the individual’s feelings/perspective, or by telling the individual how/what to think, feels or do. These strategies may or may not be in the form of questions.

- **Blame** = Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon *their own behavior*; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.

- **Skepticism** = Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.

- **Command** = Speaker tells the distressed individual how/what to do, act, think, feel, etc.

**B. Minimum-Support**

The speaker provides minimal social support to the distressed individual by diverting their attention, providing statements of sympathy, and/or by absolving the individual of any responsibility for the distressing situation. These strategies may or may not be in the form of questions.

- **Diversion** = Speaker attempts to divert the other’s attention from the distressful situation by offering an alternative perspective to think about or an alternative behavior to do.

- **Sympathy** = Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual

- **Absolve** = Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors *other than the distressed individual’s behavior*; i.e. Speaker absolves the individual of any responsibility for the situation.

**C. Maximum-Support**

The speaker provides maximum support to the distressed individual by correctly describing their feelings/the incident, empathizing with their feelings/perspective, and/or by relating their feelings/perspective to a broader context that includes a possible beneficial outcome. These strategies may or may not be in the form of questions.
E. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)

F. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.

G. Hope= Speaker relates the feelings and/or perspective of the other to a broader context that includes a possible beneficial outcome of the distressing event to the other

**General Overview: Non-Verbal Code**

Non-verbal behaviors that increase physical closeness during an interaction:

A. **Forward Lean**= Trunk of helper’s body is leaning towards the distressed individual.
   - Example: Helper leans towards distressed individual while communicating with them
   - Non-Example: Helper leans towards the other to pick something off the ground

B. **Eye Contact**= Helpers eye gaze is focused on the distressed other, and follows them if they move
   - Example: Helper watches other as they move about the room
   - Non-Example: Helper’s eye contact is focused on the other but doesn’t follow them if they move

C. **Close Proximity**= Helper is no more than an arm’s length away from the distressed other at all times, and maintains this proximity whenever it’s compromised
   - Example: Helper and other sitting across from each other, other gets up to move and helper follows
   - Non-Example: Helper and other sitting across from each other, other gets up to move but helper does not follow

D. **Touch**= Helper physically touches the speaker in a non-violent way
   - Example: Helper places a hand on the distressed individual’s shoulder
   - Non-Example: Helper accidentally bumps their foot against the others leg

E. **Body Orientation**= Trunk of helpers body is facing the distressed other, and maintains this orientation if speaker moves
- Example: Helper and other are face to face, if other gets up and moves to a new seat helper rearranges trunk to face other
- Non-Example: Helper and other are face to face, other gets up and moves to a new seat and helper does not re-arrange trunk to face them

### Non-Verbal Examples: All Scenarios

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Example</th>
<th>Non-Definition</th>
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<tbody>
<tr>
<td><strong>Forward Lean</strong></td>
<td>Trunk of body is leaning forwards towards distressed other</td>
<td>Helper leans towards other</td>
<td>Leaning forwards that is related to an involuntary response or a response unrelated to the interaction</td>
<td>Forward lean caused by sneeze, cough, seizure etc. Leaning forward to pick something off the ground</td>
</tr>
<tr>
<td><strong>Eye contact</strong></td>
<td>Helpers eye gaze is focused on the distressed other, and follows them if they move</td>
<td>Helper watches other as they move about the room</td>
<td>Eye contact that is focused on other but doesn’t follow other if they move</td>
<td>Gaze is fixed on someone/thing other than the other</td>
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<tr>
<td><strong>Close proximity</strong></td>
<td>Helper is no more than an arm’s length away from the distressed other at all times, and maintains this proximity whenever it’s compromised</td>
<td>Helper and other sitting across from each other, other gets up to move and helper follows</td>
<td>Helper is no more than an arm’s length away from other at all times, but doesn’t maintain this proximity when it’s compromised</td>
<td>Helper and other sitting across from each other, other gets up to move but helper does not follow</td>
</tr>
<tr>
<td><strong>Touch</strong></td>
<td>Helper physically touches the speaker in non-violent way</td>
<td>Helper places a hand on the distressed individual’s shoulder</td>
<td>Helper physically touches other involuntarily, or violently</td>
<td>Helper accidentally bumps their foot against the others leg</td>
</tr>
</tbody>
</table>
**Verbal Examples: SCENARIO 1**

Suppose you and your best friend are watching TV one day when he/she gets a phone call from an old high school friend informing him/her than a mutual friend of theirs has just passed away. They hang up the phone and stare off into space and you can tell they are emotionally upset. What would you say and/or do to make your best friend feel better?

0. **Other**
   Verbal statements that do not meet any other coding criteria
   A. “Is there anything I can do to help?”
   B. “What happened?”
   C. “Are you okay?”

A. **No Support:**
   - **Blame**= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon their own behavior; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
     - “Did you have something to do with it?”
     - “You probably did something to him”
     - “That’s what you get for not keeping in touch with people”
   - **Skepticism**= Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
     - “It’s not like you guys were best friends or anything, you only went to high school with him”
     - “You weren’t even friends with him in high school”
     - “Are you sure that’s what you’re upset about?”
   - **Command**= Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
     - “Feel better he’s in a better place now”
     - “Don’t let this ruin your day, he wouldn’t want it to”
     - “There’s nothing you can do about it now so you might as well smile”

B. **Minimum-Support:**
   4. **Diversion**= Speaker attempts to divert the other’s attention from the distressful situation, their feelings arising from that situation, and/or their perspective of the situation.
   A. “At least you’ll get to wear your new black dress to the funeral”
   B. “At least he’s in heaven now”
   C. “Let’s go out to the club tonight and get your mind off of it”
5. Sympathy= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
A. “I’m sorry you lost your buddy”
B. “I’m so sorry”
C. “I feel so bad for you right now”
D. “I hope you feel better”

6. Absolve= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors other than the distressed individual’s behavior; i.e. Speaker absolves the individual of any responsibility for the situation.
- “I’m sure you did all you could”
- “I’m sure it was nothing you did”
- “It’s not your fault he’s gone”

E. Maximum-Support:

7. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
- “Are you upset you lost your buddy?”
- “You must feel so heartbroken right now”
- “You just lost a friend from high school?”

8. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
- “I know how horrible it feels to lose someone you love and you just wish you could see them one last time”
- “I’ve lost a few friends from high school too and I know how heartbreaking it can be”
- “I know how you feel, I lost my best friend two years ago and I thought I’d never feel better”
- “I know you feel awful, I feel that way every time I think about my grandma and I can’t believe she’s really gone”

9. Hope= Speaker relates the feelings and/or perspective of the other to a broader context that includes a truly beneficial outcome of the distressing event to the other
- “In the end it makes you cherish your friends even more, to know that tomorrow isn’t promised to us helps us see how truly precious life is and how much we should be grateful for every day we spend with them”
- “Every loss we endure makes us stronger and helps us cherish the relationships we have with our friends and be thankful for every friend we still have in our lives”
Verbal Examples: SCENARIO 2

Suppose you get home from class to find your significant other slumped over on the couch emotionally upset. When you ask what’s wrong he/she tells you they failed an exam in their math class and they don’t know if they will pass the class. What would you say and/or do to make your significant other feel better?

0. Other

Verbal statements that do not meet any other coding criteria
- “Is there anything I can do to help?”
- “What happened?”
- “Are you okay?”

A. No Support:

- Blame= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon their own behavior; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
  - “You probably failed because you didn’t study enough.”
  - “That’s what you get for wasting all your time on facebook and not studying.”
  - “You have no one to blame but yourself”

- Skepticism= Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
  - “You’re not even upset”
  - “You don’t care about the test, you’re just upset that you can’t go to prom”
  - “You’re probably just faking it so we’ll feel sorry for you”

- Command= Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
  - “Just stop thinking about it”
  - “Get over it”
  - “There are more important things to be upset about so just forget about it and think about something else”

B. Minimum-Support:

4. Diversion= Speaker attempts to divert the other’s attention from the distressful situation, their feelings arising from that situation, and/or their perspective of the situation.

A. “You did better than some other people”
B. “At least your lowest test score gets dropped”
C. “Let’s go play some basketball and get your mind off of it”
5. Sympathy= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
   A. “I’m sorry you didn’t do well on the test”
   B. “I’m sorry you feel so sad”
   C. “I feel so bad for you right now”
   D. “I hope you feel better”

6. Absolve= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors other than the distressed individual’s behavior; i.e. Speaker absolves the individual of any responsibility for the situation.
   A. “The test was really hard and no one did that well”
   B. “The first three questions weren’t even on the study guide so they probably won’t even count”
   C. “That test was really unfair, it was all trick questions!”
   D. “It’s not your fault you did bad, Mr. Thomas is an awful teacher”

E. Maximum-Support:

7. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
   A. “Are you upset about not doing well on the exam?”
   B. “You must feel so frustrated right now especially after studying all night”
   C. “You’re sad about the exam?”

8. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
   A. “I know how upsetting it is when you work hard for something and it doesn’t pay off, it can really make you feel discouraged and not want to try anymore”
   B. “I’ve failed some exams before too and I know how frustrating it can be”
   C. “I know how you feel, I failed my Spanish exam last semester and it ruins your whole day, you feel like you put all this effort in for nothing”
   D. “I understand how frustrating it can be to study for a test and then do pretty bad on it, it makes you angry and hurt and takes away a lot of self confidence”
   E. “I know you feel awful, I feel that way every time I don’t do well on a test too, sometimes you wonder if it’s even worth trying”

9. Hope= Speaker relates the feelings and/or perspective of the other to a broader context that includes a possible beneficial outcome of the distressing event to the other
   A. “In the end it makes you try harder and work harder for the next test so sometimes it can be a good thing even though it doesn’t seem like it now”
B. “Every test you take helps you learn what kinds of questions the teacher will ask so even though it sucks now you’ve probably learned something really important that will help you on future tests”

**Verbal Examples: SCENARIO 3**

Suppose your best friend comes home from class one day in tears, when you ask her what’s wrong she tells you her long-time significant other just dumped her without reason and won’t return her phone calls anymore. What would you say and/or do to make your best friend feel better?

0. **Other**

Verbal statements that do not meet any other coding criteria

- “Is there anything I can do to help?”
- “What happened?”
- “Are you okay?”

**A. No Support:**

- **Blame**—Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon their own behavior; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
  - “What did you do to him?”
  - “You had to have done something for him to just all of a sudden dump you”
  - “That’s what you get for flirting with all the other boys at school”

- **Skepticism**—Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
  - “It’s not like you guys were in love or anything, you only went out for a month”
  - “You didn’t even want to be with him anymore, you’re just upset he dumped you first”
  - “Are you sure that’s what he said because that doesn’t sound like Mark”

- **Command**—Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
  - “Forget him, you’re too good to cry over him”
  - “Stop crying, he’s not worth getting this upset about”
  - “There are more important things to be upset about so just forget about it and think about something else”

**B. Minimum-Support:**

4. **Diversion**—speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident.
A. “I wouldn’t dump you if you were my girlfriend”
B. “At least you didn’t get cheated on”
C. “Let’s go out to the club tonight and get your mind off of it”

5. Sympathy= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
   A. “I’m sorry he dumped you”
   B. “I’m so sorry”
   C. “I feel so bad for you right now”
   D. “I hope you feel better”

6. Absolve= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors other than the distressed individual’s behavior; i.e. Speaker absolves the individual of any responsibility for the situation.
   A. “He’s just a jerk”
   B. “I’m sure it was nothing you did”
   C. “It’s not your fault he dumped you, Mark is an asshole”

D. Maximum-Support:
   7. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
      A. “Are you upset about the breakup?”
      B. “You must feel so frustrated right now”
      C. “You’re sad about Mark?”

A. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
   A. “I know how upsetting it is when you love someone and they don’t love you as much back, it can really make you feel discouraged and not want to date anymore”
   B. “I’ve been dumped before too and I know how heartbreaking it can be”
   C. “I know how you feel, my boyfriend of three years dumped me last month for no reason, you feel like you put all this effort into the relationship for nothing”
   D. “I understand how upsetting it can be to be broken up with, it makes you angry and hurt and takes away a lot of self confidence”
   E. “I know you feel awful, I feel that way every time I think about my breakup with Tony, and sometimes you wonder if it’s even worth trying to love someone again”
9. Hope= Speaker relates the feelings and/or perspective of the other to a broader context that includes a truly beneficial outcome of the distressing event to the other
A. “In the end it makes you a stronger person and be more cautious of who you give your heart to and sometimes it can be a good thing even though it doesn’t seem like it now”
B. “Every relationship you have helps you learn what kind of guys make good boyfriends and which kind you shouldn’t date anymore, so even though it sucks now you’ve probably learned something really important that will help you pick a guy that will really love you”

**Verbal Examples: SCENARIO 4**

Suppose you are at your best friend’s house when there is a knock at the door. Your friend opens the door and is served with legal divorce papers, while the server explains to them that their significant other, whom they are separated from, is divorcing them. Your friend takes the papers, slams the door and collapses on the couch in despair. What would you say and/or do to make your best friend feel better?

0. Other
   Verbal statements that do not meet any other coding criteria
   ▪ “Is there anything I can do to help?”
   ▪ “What happened?”
   ▪ “Are you okay?”
   ▪ “I don’t understand”

A. No Support:
   ➢ Blame= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon their own behavior; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
     ▪ “What did you do to him?”
     ▪ “Did you cheat on him?”
     ▪ “That’s what you get for not putting enough effort into your marriage”

   ➢ Skepticism= Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
     ▪ “It’s not like you guys have kids together or anything”
     ▪ “You didn’t even want to be married to him anymore”
     ▪ “But you wanted to get a divorce”

   ➢ Command= Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
     ▪ “Don’t worry he’ll get what’s coming to him”
     ▪ “Don’t let him ruin your day that’s what he wants”

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- “There’s nothing you can do about it now so you might as well smile”

B. **Minimum-Support:**

4. **Diversion**= Speaker attempts to divert the other’s attention from the distressful situation, their feelings arising from that situation, and/or their perspective of the situation.
   - A. “I wouldn’t divorce you”
   - B. “How about we go for a walk”
   - C. “Let’s go out to the club tonight and get your mind off of it”

5. **Sympathy**= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
   - A. “I’m sorry he’s doing this”
   - B. “I’m so sorry ”
   - C. “I feel so bad for you right now”
   - D. “I hope you feel better”

6. **Absolve**= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors *other than the distressed individual’s behavior*; i.e. Speaker absolves the individual of any responsibility for the situation.
   - A. “I’m sure you did all you could”
   - B. “I’m sure it was nothing you did”
   - C. “It’s not your fault he’s a scumbag”

D. **Maximum-Support:**

7. **Describe**= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
   - A. “Are you upset about the divorce?”
   - B. “You must feel so heartbroken right now”
   - C. “You’re sad he’s not coming back?”

A. **Empathy**= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
   - A. “I know how mad you must be, when Roger left me I was so mad I thought I could kill him ””
   - B. “I know how you feel, I got a divorce two years ago and I thought I’d never find someone else but I did”
   - C. “I know you feel so angry and sad right now, that’s how I felt when I left my husband”
9. **Hope** = Speaker relates the feelings and/or perspective of the other to a broader context that includes a truly beneficial outcome of the distressing event to the other
   A. “In the end it makes you stronger and allows you to find someone who will truly love you for you”
   B. “It’s better to be with someone who wants to be with you than someone who doesn’t”
   C. “You’ve learned a lot about healthy relationships and marriage in general that will better prepare you for future relationships”

**Verbal Examples: SCENARIO 5**

Suppose your significant other returns home from work one day with a sad look on his/her face. You ask them what is wrong and they tell you they got a call from their family saying their father has been diagnosed with terminal cancer. What would you say and/or do to make your best friend feel better?

0. **Other**

Verbal statements that do not meet any other coding criteria

- “Is there anything I can do to help?”
- “What happened?”
- “Are you okay?”
- “I don’t understand”

A. **No Support:**

- **Blame** = Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon *their own behavior*; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
  - “Is it because of the stress of raising you?”
  - “That’s what you get for being so rude to him”
  - “It’s probably all your fault”

- **Skepticism** = Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
  - “It’s not like you see him that often anyways”
  - “You haven’t even spoken to him in three year”
  - “But you hate your dad”

- **Command** = Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
  - “Don’t worry he’ll be okay”
  - “Don’t let this ruin your day your father wouldn’t want that”
• “There’s nothing you can do about it now so you might as well smile”

B. Minimum-Support:

4. Diversion= Speaker attempts to divert the other’s attention from the distressful situation, their feelings arising from that situation, and/or their perspective of the situation.
   A. “They have made so many medical advances in cancer research today he’ll probably be just fine”
   B. “You know getting cancer isn’t the death sentence it used to be thanks to modern medicine”
   C. “You wanna go get some air?”
   D. “Let’s go out to the club tonight and get your mind off of it”
   E. “It’s all going to be okay”

5. Sympathy= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
   A. “I’m sorry your father is sick”
   B. “I’m so sorry”
   C. “I feel so bad for you right now”
   D. “I hope he gets better”

6. Absolve= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors other than the distressed individual’s behavior; i.e. Speaker absolves the individual of any responsibility for the situation.
   A. “It’s nothing you did”
   B. “I’m sure it was nothing you did”
   C. “It’s not your fault he has cancer”

D. Maximum-Support:

7. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
   A. “Are you upset about your father?”
   B. “You must feel so heartbroken right now”
   C. “Are you afraid he won’t make it?”

A. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
   A. “I know how scared you must be, I remember when my mom was diagnosed with breast cancer, I just kept hugging her hoping it would all just go away and she would get better”
B. “I know how you feel, I lost my uncle to cancer last year, I never thought I’d stop crying after he passed away”
C. “I know you feel so hopeless right now, I lost my best friend to cancer in high school, and I never thought I could hurt so bad in my life”

9. **Hope** = Speaker relates the feelings and/or perspective of the other to a broader context that includes a truly beneficial outcome of the distressing event to the other
   A. “This will bring your whole family closer together and cherish each day you spend with them even more than you did before”
   B. “You still have time to spend time with him and this will make you’ll value that time even more now”

### Verbal Examples: SCENARIO 6

Suppose you and your best friend are returning home from a movie when he/she receives a phone call from their parents informing them that their beloved family pet has just passed away. Your friend is immediately distressed and begins to cry. What would you say and/or do to make your best friend feel better?

0. **Other**
   Verbal statements that do not meet any other coding criteria
   - “Is there anything I can do to help?”
   - “What happened?”
   - “Are you okay?”
   - “I don’t understand”

A. **No Support:**

   ➢ **Blame** = Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon their own behavior; i.e. Speaker verbally places the responsibility for the distressing situation on the distressed individual and their own behaviors.
   - “What did you do?”
   - “That’s what you get for leaving him at your parents’ house”
   - “It’s probably all your fault”

   ➢ **Skepticism** = Speaker verbalizes skepticism of the individual’s feelings/perspective, and/or the distressing incident as being the source of their emotional distress.
   - “It’s not like you see him that often anyways”
   - “You haven’t even seen him since you lived with your parents”
   - “But you hated that dog”
➢ Command= Speaker tells the distressed individual how and/or what to do, act, think, feel, etc.
   ▪ “Don’t worry it’ll be okay”
   ▪ “Oh stop crying it’s just a dog”
   ▪ “Just get a new dog”

B. Minimum-Support:
   4. Diversion= Speaker attempts to divert the other’s attention from the distressful situation, their feelings arising from that situation, and/or their perspective of the situation.
      A. “They chocolate lab puppies for free at the mall”
      B. “How about we go out for a drive?”
      C. “You wanna go get some air?”
      D. “Let’s go out to the club tonight and get your mind off of it”
      E. “It’s all going to be okay”

5. Sympathy= Speaker verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual
   A. “I’m sorry your dog is dead”
   B. “I’m so sorry”
   C. “I feel so bad for you right now”
   D. “I hope you feel better”

6. Absolve= Speaker verbalizes to the individual that the distressing situation is a consequence contingent upon alternative factors other than the distressed individual’s behavior; i.e. Speaker absolves the individual of any responsibility for the situation.
   A. “There was nothing you could’ve done”
   B. “I’m sure it was nothing you did”
   C. “It’s not your fault he died, he was a really old dog”
   D. “He was an old dog and it was just his time to go”

E. Maximum-Support:
   7. Describe= speaker verbally acknowledges the feelings/emotions of the other, and/or verbally acknowledges the distressing incident. (i.e. tacting an emotion or tacting the distressing incident)
      A. “Are you upset about your doggie?”
      B. “You must feel so heartbroken right now”
      C. “You must be so sad”

A. Empathy= Speaker verbalizes that they understand how the other feels, knows how the other feels, feels what the other feels, has felt what the other feels before, or has been in that situation/context before, and elaborates on such.
A. “I know how heartbroken you must be, I remember when I lost my puppy Irish, he got hit by a car too and we had a little ceremony for him in the back yard”
B. “I know how you feel, my kitty died last month and I cried for a week straight, I thought I’d never stop crying”
C. “I know you feel so sad right now, my kitty died when I left for college too and I didn’t get to say goodbye either”

D. Hope= Speaker relates the feelings and/or perspective of the other to a broader context that includes a truly beneficial outcome of the distressing event to the other
A. “Every pet we have helps us learn so much about caring for another living thing and even though he’s gone you won’t ever forget the times you had together and all of the things he’s taught you”
B. “Every pet we lose helps us cherish the memories we have of them even more”
# In-Vivo Data Sheet

Participant #:________________________  Date: ______________________________
Observer 1:_________________________ Observer 2:__________________________
Scenario #:__________________________    Condition:__________________________

<table>
<thead>
<tr>
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APPENDIX B

PRE-TRAINING QUESTIONNAIRE
Pre-Training Questionnaire

Participant # _______________________

Please read each scenario and answer the questions that follow to the best of your ability, please take your time and write as many responses to each question that you can until you cannot think of any more, if you need more space feel free to write your answers on the back of the questionnaire, and remember there is no time limit 😊

Scenario 1:

Suppose you and your best friend are watching TV one day when he/she gets a phone call from their work saying that their company has been downsized and she has been let go. They hang up the phone and stare off into space and you can tell they are emotionally upset. You ask them if they want to talk about it and they reply yes, they describe how upset they are that they had put so much effort into their job and expected to have it for a long time. They are especially upset because they loved working there and had great relations with their coworkers.

1. If you wanted to make your best friend feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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Scenario 2:

Suppose you get home from class to find your significant other slumped over on the couch emotionally upset. When you ask if they want to talk about what’s bothering them
tell you they failed an exam in their first exam of the semester and they are beginning to doubt their decision to go to college. They describe how they studied for the test, and even made straight A’s in the same class back in high school. They tell you they are extremely distressed that they may lose their scholarship and end up a drop out.

1. If you wanted to make your significant other feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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Scenario 3:

Suppose your best friend comes home from class one day in tears, when you ask them if they want to talk about what’s wrong they begin to cry and explain that earlier they received a phone call from their Aunt saying it their cousin passed away the night before in a car crash.
Your friend tells you they were very close to their cousin when they were growing up but they lost touch after they both moved away and went to separate colleges. They tell you how heartbroken they are that they didn’t get to spend more time with them and that they didn’t get to say goodbye.

1. If you wanted to make your best friend feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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APPENDIX C

TRAINING GUIDE
Supportive Communication
Training Guide

This training workshop was developed using adaptations from The International Federation of Red Cross and Red Crescent Societies’ community based psychosocial training manual, and has been modified to incorporate the findings of J.L. Applegate and B.R. Burleson’s research on supportive communication strategies from the past 40 years.

Zainab D. Blell & Dr. Shahla Alai-Rosales
1/11/2010
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Training Objectives

A. To enhance your sensitivity to the emotional distress of others
B. To increase your use of the most effective comforting strategies
C. To improve your relations in times of emotional distress
D. Enhance the overall emotional support provided by you to others
E. To decrease the future emotional distress of others

At the end of this training you should be able to...

A. Identify when someone is emotionally distressed
B. Identify the source of their emotional distress without exacerbating it
C. Provide others with emotional support verbally and non-verbally

Training Overview:

A. Introduction to supportive communication & strategies
B. Emotional distress cues & exercises
C. Assessing the situation & exercises
D. Verbal strategies & exercises
E. Non-verbal strategies
F. What to expect
What is Supportive Communication?

A. Verbal & non-verbal behaviors produced with the goal of alleviating or lessening the emotional upset of another person who is currently experiencing emotional distress

B. It is the act of communicating emotional support to another

C. Researchers have developed a hierarchy of 9 supportive communication strategies; 3 that provide maximum support, 3 that provide minimal support, and 3 that provide no support

D. The most effective strategies are: (H.E.D)

   ➢ *Hopeful statements* - statements in which you relate their feelings and/or perspective to a broader context that includes a beneficial outcome of the distressing incident

   ➢ *Empathy statements* - statements in which you tell them that you understand how they feel, know how they feel, feel what they feel, or that you have been in that situation/context before.

   ➢ *Description statements* - statements in which you describe their emotions/feelings and/or the incident that caused their feelings

E. The less effective strategies are: (S.A.D.)

   ➢ *Sympathy statements* - statements in which you verbalizes sorrow, pity, condolence, compassion, or commiseration for the distressed individual

   ➢ *Absolving statements* – statements that put the blame/cause of the situation on something other than them

   ➢ *Diversion statements* - statements that distract them from thinking about their emotions or the distressing incident by offering an alternative perspective to think about or an alternative behavior to do.
A. Research has also provided which “comforting” strategies are not only the least effective but can actually exacerbate the distress of the individual. These strategies should NEVER be used in an effort or attempt to comfort anyone.

B. We will touch on them briefly so you can become more aware of the things you say to others when trying to comfort them, as well as make you more aware of what others say to you when trying to comfort you.

C. It is unethical to provide these statements to someone in emotional distress as it can not only increase their emotional distress but can also damage your relationship with the person.

D. Unfortunately many people mistakenly use these strategies when attempting to comfort another person possibly because they do not realize how damaging they can be.

E. The three things to avoid are blaming the person for their emotional distress, being skeptical of their distress, and telling the individual what to think, how to feel, what to do etc.:

F. The harmful strategies are: (B.S.C.)
   - **Blaming statements** = statements in which you tell them that they are responsible for the distressing incident.
   - **Skeptical statements** = statements that doubt their feelings and/or doubt that the incident is the source of their emotional distress
   - **Commanding statements** = statements in which you tell them how and/or what to do, act, think, feel, etc.

Why are the “H.E.D.” strategies considered the most effective?
   *Because Research has proven that compared to the others these strategies....

A. Provide the most alleviation from emotional distress
B. Provide the most assistance with the management of acute grief
C. Provide the most assistance with the adjustment to the loss of loved ones
D. Enhance the interpersonal liking of and attraction between support providers and recipients
E. Enhance the peer acceptance of support providers
F. Enhance the relationship satisfaction between support providers and recipients
G. Further studies have found that participants prefer, more positively evaluate, and respond more favorably to H.E.D. messages when emotionally distressed
When to use Supportive Communication

A. **When the aim is to provide emotional support (not advice or a solution to the problem etc.)** - Supportive communication provides emotional support thus you should use the supportive communication strategies in situations in which the person is *emotionally* distressed, there are other types of distress and research has shown to be most effective when used to alleviate emotional distress.

B. Stress is a normal part of life however there are two types of stress, eustress and distress.
   - Eustress is considered healthy and is associated with pleasant and positive emotional reactions.
   - Distress is the opposite of eustress and is considered unhealthy if one cannot find healthy ways to cope; this type of stress is associated with unpleasant and negative emotional reactions.

C. It is these emotional reactions that supportive communication strategies aim at alleviating.

D. **When you want to relieve the emotional distress of the person**-
   Insincere support is more harmful than helpful, if you cannot honestly say a supportive strategy then don’t say it. If the person is someone you do not like and would rather harm then do not attempt to provide them with emotional support.

E. **When the distressed individual is seeking comfort**-
   Some individuals may withdraw entirely when emotionally distressed or may not want to talk about the distressing situation, when this occurs it is important to respect their wishes and not try to push them to talk about it. Never force someone to do anything they do not want to do.
What steps are involved in providing emotional support?
A. Identify the person as emotionally distressed and seeking comfort
B. Assess the situation and determine the source of their emotional distress while providing description statements & asking questions sparingly
C. If possible provide empathy statements & hopeful statements if not, provide sympathy statements

### Step 1: Are they emotionally distressed?
**Common “cues” that a person is experiencing emotional distress**

Below is a list of common “cues” that a person is experiencing emotional distress, it is important to remember that everyone shows emotional distress differently, some people may cry while others may get angry or show nothing at all. Remember, the presence, or lack thereof, any one cue does not necessarily mean they are or aren’t emotionally distressed.

These cues are to help you recognize when someone may be emotionally distressed without having to ask them if they are.

A. Crying  
B. Teary eyes  
C. Downcast eyes  
D. Sniffling  
E. Frown  
F. Trembling  
G. Hyperventilation  
H. Wailing  
I. Rocking  
J. Staring off into space  
K. Screaming  
L. Heavy sighing  
M. Head hung low  
N. Fetal posture
1. Can you think of any other cues to add to this list? Please discuss them with your trainer. You may use the lines below if needed.

________________________________________________________________________
________________________________________________________________________

The following questions are to help you gain an understanding of how “cues” can differ from person to person; please discuss your answers with your trainer. You may use the lines provided if needed.

2. Think of a time when you were emotionally distressed and someone comforted you, what kinds of cues were you giving off that may have let them know you were emotionally distressed?

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3. Now think about your best friend, have you ever seen them emotionally distressed? What kinds of cues did they give you?

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4. How about your significant other, what kinds of cues let you know when they are emotionally distressed?

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Step 1: Practice Exercises

Now it’s time for a little practice! The following questions refer to the pictures on the power point please answer and discuss them with your trainer. You may use the lines provided if needed.

O. Picture 1:
1.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

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1.2. What emotion would you say they are experiencing?

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______________________________________________________________

A. Picture 2:
2.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

______________________________________________________________
______________________________________________________________
2.2. What emotion would you say they are experiencing?

______________________________________________________________
______________________________________________________________

B. Picture 3:
3.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

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3.2. What emotion would you say they are experiencing?

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C. Picture 4:
4.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

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______________________________________________________________
______________________________________________________________
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4.2. What emotion would you say they are experiencing?

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D. Picture 5:
5.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

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5.2. What emotion would you say they are experiencing?

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E. Picture 6:
6.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

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6.2. What emotion would you say they are experiencing?
7.1. Would you consider this person emotionally distressed? If so what cues lead you to believe so?

7.2. What emotion would you say they are experiencing?

Step 2: Why are they emotionally distressed?

Guidelines for assessing the situation

A. After identifying that the individual is emotionally distressed the next step is to assess the situation and identify the feelings the individual is experiencing and why.

B. The importance of this step is to understand what has happened, why they are upset and how they feel so that you can address and describe them in the next step

C. If the person is not engaging you to talk about what is wrong you should ask if they would like to talk about it,

   Example:
   - “Do you want to talk about it?”
   - “We can talk about it if you’d like”
• “Can we talk about it?"
• “If you don’t want to talk about it it’s okay, but I’m here for you if you do”

➢ - if they say yes then let them speak freely, if needed you can ask a few questions to clarify your understanding of the situation
  ▪ Example:
    • “What happened?”
    • “How do you feel?”
    • “What’s going on?”
    • “What’s happened?”

➢ - If the person says no stating that they do not want to talk about it then do not proceed to ask them questions or attempt to pursue talking about it. Never force anyone to talk about anything they do not want to. However, if you are willing to talk about it when they are ready then you should state that you are there for them if they do want to talk about it.
  ▪ Example:
    • “I’m here for you if you do want to talk about it”
    • “We can talk about it when you’re ready if you’d like”

D. While they are talking about the distressing incident you should:
  ➢ Listen for remarks about how they feel and what about the incident made them feel that way
  ➢ Use clarifying questions or statements to be sure you are following them correctly
  ➢ Ask for additional details if you are missing part of the story

E. While they are talking about the distressing incident DO NOT:
Do not barrage the person with questions you are not trying to “interview the person” you are simply attempting to understand what they are going through

Do not rehearse what you are going to say next while the other person is talking, listen carefully so you don’t miss any information

Do not interrupt, especially not to correct mistakes or make points

Do not judge

Do not insist or attempt to have the last word

F. Once you have correctly identified what emotions they are feeling and what the distressing incident is or was then it is time for step 3; addressing what they have said

Step 3: Addressing what they have said: “Description” statements

A. Once you have correctly assessed the situation and identified how they are feeling and why it is time to use the first strategy: “Description”

Description statements- speaker correctly describes the feelings/perspective expressed by the other in reference to the distressing context. These may or may not be in the form of questions.

B. This strategy entails rephrasing or paraphrasing what the person has said, in regards to their emotions, what has happened and why they are feeling the way they are. This shows the person that you understand what they have said and how they feel.

Example: In the situation where your friend is emotionally upset and says “I checked his phone one night and found all these text from different girls, he’s been cheating on me the whole time! I can’t believe this! How could he have done this to me?! We were so happy and now all of that is ruined!! I’m so sad I can’t even think straight”
“So you caught him cheating on you?”
“You must be so heartbroken, I know how much you liked him”
“You caught him cheating and now you’re so sad”
“He was cheating on you?”
“It sounds like it must have been terrible for you”
“So first you checked his phone and then you confronted him?”
“It must have been such a shock for you”
“How awful to find out your boyfriend’s been cheating on you, that’s so heartbreaking”

**Step 3: Practice Exercises**

Now it’s time for a little practice! The following questions refer to the short video clips embedded on the power point please watch the video clips carefully and discuss your answers with your trainer. You may use the lines provided if needed.

C. Video Clip 1:

- What emotion(s) would you say this person was experiencing?
  __________________________________________________________
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- What did the person say was the cause of their emotional distress?
  __________________________________________________________
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- Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.
D. Video Clip 2:

- What emotion(s) would you say this person was experiencing?

- What did the person say was the cause of their emotional distress?

- Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.
E. Video Clip 3:

➢ What emotion(s) would you say this person was experiencing?
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➢ What did the person say was the cause of their emotional distress?
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➢ Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.
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F. Video Clip 4:

➢ What emotion(s) would you say this person was experiencing?
What did the person say was the cause of their emotional distress?

Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.

G. Video Clip 5:

What emotion(s) would you say this person was experiencing?

What did the person say was the cause of their emotional distress?
Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.

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H. Video Clip 6:

- What emotion(s) would you say this person was experiencing?

---

- What did the person say was the cause of their emotional distress?

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Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.

I. Video Clip 7:
   ➢ What emotion(s) would you say this person was experiencing?
     ___________________________________________________________
     ___________________________________________________________
   ➢ What did the person say was the cause of their emotional distress?
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➢ Now that you have assessed the situation you can provide descriptive statements. Please use the lines below to write as many descriptive statements you could say to address their feelings, perspective and the distressing situation.

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Step 4: I know how you feel.....

Guidelines for providing empathy statements

J. Once you have correctly assessed and described the situation and their feelings it is time to use the next strategy: “Empathy”

K. Empathy is the intellectual identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another. It is when you can feel the emotions another person is experiencing as if it were yourself in their situation experiencing them.
L. To provide a statement of empathy you should first think to yourself: “have I ever been in that situation or a situation very similar, before?”

- If your answer is **no**, that you have not been in a similar situation then...
  - Don’t provide empathy statements that aren’t true.
  - If you can’t empathize with them it’s okay, you can still provide a simple statement that you have not been in a situation like that before and although you don’t know what they are going through that you are still there for them.
  - Example:
    - “I’ve never been in a situation like that before but I can tell you’re very upset and I’m here for you regardless”
    - “Although I don’t know what you’re going through I know you’re very upset about it and I want to help”

- If your answer is **yes**, that you’ve been in a similar situation then...
  - Think about what it was, and how it made you feel.
  - Think about the similarities between what they are going through and what you have gone through.
  - Think about the similarities between what you felt and how they are feeling
  - Then verbalize this by saying that you understand how they feel, have felt that way before, know what they are going through, and share your experience with them.

M. **Examples:** In the situation where your friend is emotionally upset and says “I checked his phone one night and found all these text from different girls, he’s been cheating on me the whole time! I can’t believe this! How could he have done this to me?! We were so happy and now all of that is ruined!! I’m so sad I can’t even think straight”
“I know how upsetting it is when you work hard to make a relationship work just to find out you were the only one trying the whole time, it can really make you feel discouraged and not want to date anyone anymore.”

“I’ve been cheated on before too and I know how traumatic it can be, like your whole world is over and you don’t even know if it was ever real.”

“I know how you feel, I caught my boyfriend cheating last semester and it ruins your whole month practically, you feel like you put all this effort in for nothing.”

“I understand how frustrating it can be to love someone that doesn’t love you the same way back, it makes you angry and hurt and takes away a lot of self confidence.”

“I know how mad you must be, when Roger cheated on me I was so mad I thought I could kill him.”

N. Guidelines for providing empathy statements:

The purpose of providing empathy statements is to communicate that they are not alone in their feelings and that how they feel is understandable and valid. Thus, you should only share what you have been through if it is truly similar in nature.

The experience you share with them should match their situation in nature and severity, such as if the person has lost a pet then sharing a time when you lost a pet is appropriate, but sharing a time when you lost a parent is not appropriate.

Never say you’ve been in their shoes before if you haven’t. It does not help the person if you share an experience that does not match theirs.

Do not try to “out-do” the person’s situation or attempt to minimize it in any way, you are simply trying to share their emotions not challenge them.
Step 4: Practice Exercises

Now it’s time for a little practice! Please read the following scenarios carefully and discuss your answers with your trainer. You may use the lines provided if needed.

O. Scenario 1: Suppose your best friend is emotionally distressed because they just found out they’re the only one not invited to the biggest party of the year.

➢ Have you ever been the only one not invited to the biggest party of the year?

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➢ If not, what is the closest matching situation you have been in? Would this be appropriate to share?

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➢ If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

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➢ Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to
write as many empathy statements you could say to your best friend in this situation.

P. Scenario 2: Suppose your significant other had been working on a presentation for school for weeks in hopes of getting a good grade on it. However they have just found out that their grade for it was a “D” and they are emotionally distressed.

➢ Have you ever worked hard on a school project and not received the grade you were hoping for?

➢ If not, what is the closest matching situation you have been in? Would this be appropriate to share?

➢ If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

➢ Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to
write as many empathy statements you could say to your significant other in this situation.

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Q. Scenario 3: Suppose you’re at your best friend’s house when they find out their beloved pet iguana has died overnight and they are emotionally distressed.

➢ Have you ever lost a pet you cared for dearly?

______________________________________________________________

➢ If not, what is the closest matching situation you have been in? Would this be appropriate to share?

______________________________________________________________

➢ If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

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➢ Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to write as many empathy statements you could say to your best friend in this situation.
R. Scenario 4: Suppose your best friend is emotionally distressed because they just found out the company they work for is going out of business and they no longer have their job.

- Have you ever lost your job?

- If not, what is the closest matching situation you have been in? Would this be appropriate to share?

- If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

- Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to write as many empathy statements you could say to your best friend in this situation.
S. Scenario 5: Suppose your closest female friend was 2 months pregnant but is emotionally distressed because they have had a miscarriage

➢ Have you (or your significant other) ever had a miscarriage?

➢ If not, what is the closest matching situation you have been in? Would this be appropriate to share?

➢ If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

➢ Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to write as many empathy statements you could say to your closest female friend in this situation.
T. Scenario 6: Suppose your best friend had interviewed with the company they had always wanted to work for and they thought they had done well and were sure they would get the job but when they receive the phone call they are extremely disappointed to hear the job has been given to someone else.

➢ Have you ever been turned down for a job you really wanted?

➢ If not, what is the closest matching situation you have been in? Would this be appropriate to share?

➢ If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

➢ Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to write as many empathy statements you could say to your best friend in this situation.
Scenario 7: Suppose your significant other is emotionally distressed because they just found out their cousin passed away in a car crash the night before.

- Have you ever lost a friend or relative to a car crash?

- *If not,* what is the closest matching situation you have been in? Would this be appropriate to share?

- If you have been in this situation before, or an appropriate matching situation, what was it and how did it make you feel?

- Once you have identified a matching situation you have been through you can provide empathy statements. Please use the lines below to write as many empathy statements you could say to your significant other in this situation.
Step 5: There’s hope
Guidelines for providing hopeful statements

V. Another step further than empathy is hope; this is when you can recognize that even though the situation is bad now there may be a benefit to having gone through it in the future.

W. Many distressing situations have a beneficial side to them that is usually recognized in hind-sight. Experiences can make you wiser, and being able to walk away from something distressing knowing that there is hope for a better tomorrow is comforting.

X. There are many benefits to life’s experiences and many times we can walk away from something traumatic with the knowledge that it has made you a better person in the long run.

Y. The trick to providing a hopeful statement is that the beneficial outcome needs to be truly beneficial. Many times we cannot understand that there may be a beneficial outcome, or recognize what it is without having gone through the situation and experienced the benefit of it yourself.

Z. Thus this strategy goes hand in hand with empathy, if you have not been in their situation, or a similar situation, you may not be able to recognize what that benefit may be, and it is better to not provide a hopeful statement if you have not experienced it for yourself.

AA. Thus your ability to provide a hopeful statement will vary from situation to situation just as it did with providing empathy statements.

BB. Hopeful statements should follow empathy statements so that the person understands that you have been in their situation before and experienced the benefit of it for yourself.

CC. Never say any hopeful statement that isn’t true.

➢ Examples: In the situation where your friend is emotionally upset and says “I checked his phone one night and found all these text from different girls, he’s been cheating on me the whole time! I can’t
believe this! How could he have done this to me?! We were so happy and now all of that is ruined!! I’m so sad I can’t even think straight”

- “In the end it makes you a stronger person and more cautious of who you give your heart to and sometimes it can be a good thing even though it doesn’t seem like it now”
- “Every relationship you have helps you learn what kind of guys make good boyfriends and which kind you shouldn’t date anymore, so even though it sucks now you’ve probably learned something really important that will help you pick a guy that will really love you and only you”
- “In the end it makes you stronger and allows you to find someone who will truly love you for you”
- “It’s better to be with someone who wants to be with you than someone who doesn’t”
- “You’ve learned a lot about healthy and unhealthy relationships by going through this and that will better prepare you for future relationships”

**Step 5: Practice Exercises**

Now it’s time for a little practice! Please read the following questions carefully and discuss your answers with your trainer. You may use the lines provided if needed.

**DD. Question 1:** Have you ever been emotionally distressed about breaking up with a significant other? ________________________________

- If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

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Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

EE. Question 2: Have you ever been emotionally distressed about losing a pet?
If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

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Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

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Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

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FF. Question 3: Have you ever been emotionally distressed about a grade you received in school?
If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

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Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

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Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

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GG. Question 4: Have you ever been emotionally distressed about a fight you had with a close friend?
If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

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Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

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Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

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HH. Question 5: Have you ever been emotionally distressed about moving away from your friends or family?
If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

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Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

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Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

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II. Question 6: Have you ever been emotionally distressed about losing a job?

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If so, what do you think a truly beneficial outcome of going through this was? Was there anything beneficial that you learned from this experience?

Has this experience made you any wiser, stronger or better as a person? Please explain on the lines below

Once you have identified a beneficial outcome of this experience you can provide a hopeful statement to someone else experiencing it. Please use the lines below to write as many hopeful statements you could say to someone else in this situation.

What else can I do?

JJ. While verbal conversation may seem like the dominant form of communication, many studies have found that most communication is sent non-verbally.

KK. This non-verbal communication has been coined “body language” and encompasses things like posture, eye gaze, proximity, physical touch, body orientation, facial expressions, etc.
These non-verbal cues are important because they show that you are listening to the distressed person and are taking their concerns seriously. Every culture has its own set of meanings for different body movements and sounds so the list below may need some adapting to your own culture.

- **Body Orientation= Trunk of your body is facing them**
  - Guidelines: You should face the distressed individual when they are talking or you are talking to them.

- **Forward Lean= Trunk of your body is leaning towards them**
  - Guidelines: As you are communicating with the distressed individual your body should be slightly leaning towards them as this communicates that you are focused on them and attentive to what they are saying and doing.

- **Eye Contact= Your eyes and their eyes meet**
  - Guidelines: Make frequent and soft eye contact if possible, keep your eyes on the distressed individual as this communicates you are listening to them and not thinking about something else.

- **Close Proximity= You are no more than an arm’s length away from them**
  - Guidelines: Keep an appropriate distance, close proximity to the individual communicates interest in what they are saying or doing, this is usually about an arm’s length away. However you should use your own judgment, if the individual is someone you do not know very well or do not feel comfortable being very close to then you can give them more space.
- Touch= You physically touch them in a non-violent way, such as placing a hand on their shoulder, putting your head on their shoulder, hugging them, putting an arm around their shoulders, holding their hand, etc.
  - Guidelines: Touching someone when they are upset can be a very powerful communication strategy; it communicates physical and psychological closeness as well as intimacy and concern. For these reasons it is best you use your own judgment when attempting to touch someone you are comforting, if they are someone you are close to and touch frequently such as your best friend or significant other they will most likely be welcoming to a hug or an arm around their shoulder, but keep in mind everyone is different. If they are someone you do not know very well or someone you are not comfortable touching then it is best not to touch them until you are both comfortable in doing so.

**What can I expect?**

NN. It’s important to be realistic about the results of providing comfort to someone who is emotionally distressed; even if you do make them feel better right away they may not show it however, this does not mean that you have failed at comforting them or that they do not appreciate your attempts to comfort them. Everyone is different and everyone will react differently to being comforted.

OO. In more severe situations, such as the loss of a friend or family member, the individual may be emotionally distressed for a longer period of time, sometimes even months, and to think they will automatically stop crying and smile after you have comforted them is unrealistic.

PP. If you have comforted them appropriately you can expect for them to seek comfort from you again in times of emotional distress.

QQ. They may tell you that they appreciate your friendship or your concern, or give you a non-verbal sign such as a hug or putting their head on your shoulder. These non-verbal behaviors communicate that they are
accepting your emotional support and can be considered a way of telling you that you have comforted them.

RR. However you should not expect them to say or do anything out-right, you are comforting them because you care for them not because you want a thank you or a hug.

SS. Keep in mind how you are comforted by others when you are emotionally distressed and how you respond to their attempts to comfort you, everyone is different and that is what you should expect.

Acknowledgements & References

This training workshop was developed using adaptations from The International Federation of Red Cross and Red Crescent Societies’ community based psychosocial training manual, and has been modified to incorporate the findings of J.L. Applegate and B.R. Burleson’s research on supportive communication strategies from the past 40 years. Below is a list of references that have comprised the main sources of information found in this handbook.

References:


Department of Speech Communication, University of Illinois at Urbana-Champaign.


Post-Training Questionnaire

Participant #___________________________

Please read each scenario and answer the questions that follow to the best of your ability, please take your time and write as many responses to each question that you can until you cannot think of any more, if you need more space feel free to write your answers on the back of the questionnaire, and remember there is no time limit 😊

Scenario 1:

Suppose you have just arrived at your best friend’s house and when she answers the door you notice she has been crying. You ask them if they want to talk about it and they immediately start telling you they have just heard that an old friend of theirs was involved in a plane crash. They tell you they hadn’t seen them in a few months but they had planned a get together for next month which will now be a funeral instead. They tell you they feel guilty they never got to say goodbye and hopeless that they will never get to see their friend alive again.

1. If you wanted to make your best friend feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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Scenario 2:

Suppose your significant other returns home from work one day with a sad look on his/her face. You ask them if they want to talk about what is bothering them they say yes and tell
you they got a call from their family saying their long time pet dog has been diagnosed with terminal cancer and that he doesn’t have long to live. They begin to cry as they tell you all the things they love about their dog and how it is like a member of the family and that they feel they are losing a brother or sister.

1. If you wanted to make your significant other feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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Scenario 3:

Suppose you bump into your best friend on campus and they are in tears. You ask if they want to talk about it and they say yes and explain that they just found out their significant other has been cheating on them. They have been together for years and live with each other and she is distressed that she won’t have a place to live and that her life is over.
1. If you wanted to make your best friend feel better by talking to him/her what would you say?

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2. Suppose after you said that they still looked and seemed upset. What else could you say to make them feel better?

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REFERENCES


