

Supporting Clients with Disclosure



OBJECTIVES

At the end of this unit, participants will be able to:

- Define disclosure
- Identify risks and benefits of disclosure
- Develop strategies to assist clients in weighing the risks and benefits of disclosure
- Develop strategies to support clients through the disclosure process
- Use resources to support clients with disclosure to family, intimate partners, and providers



INSTRUCTIONS

1. Before the session begins, place two sheets of clip chart paper around the room, one labeled “benefits,” the second labeled “risks.” Distribute post-it notes and markers. Review resources to update and share information with participants.
2. Welcome participants.
3. Review the unit objectives.
4. Review slides 3–4 providing an overview of disclosure.
5. Facilitate activity about benefits and risks of disclosure.
6. Distribute Stages of Change Model handout. Review slides 6–7 on benefits and risks, and the stages of change model.
7. Tell participants, as CHWs we have a unique role in helping our clients with disclosure. Ask participants:
 - ◇ CHW, what do you need to consider when working with a client around disclosure?
 - ◇ CHW what can you do to take care of yourself when you are working with a client about disclosure?
 - ◇ What are some guidelines you would suggest to a client when they are getting ready to disclose their HIV status?
 - ◇ Record responses on a flipchart.
8. Review slides 9–11 and compare to responses on flipchart. Distribute the Disclosure Activity handout.

(continued)



Related C3 Roles

Providing coaching and social support, providing culturally appropriate health education and information, advocating for individuals and communities

Related C3 Skills

Interpersonal and relationship-building skills, communication skills, advocacy skills, education and facilitation skills



Method(s) of Instruction

Lecture; group discussion; group activity-case scenarios



Estimated time

1.25 hours



Key Concepts

Disclosure, U = U, PrEP, countertransference



Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Post-it notes
- Markers
- Video: Disclosure: Family Table Talk (optional) <https://www.youtube.com/watch?v=NfwwUgOuiTE>

Handouts

- Stages of Change Model
- Discussion and Role-Play Guideline—Telling Others You Are HIV Positive
- Disclosure Activity
- Tips for CHWs: Helping Clients Disclose
- Case Scenarios: HIV Disclosure
- 13 Steps to Better Active listening
- The 7 Stages of Grief

Supporting Clients with Disclosure



INSTRUCTIONS (continued)

9. Facilitate activities on tips for disclosure and self-care slide 12.
10. Review slides 12–14 to emphasize key points on how CHWs can help with self-care and tips for disclosure. Distribute Tips for CHWs: Helping Clients Disclose handout.
11. Review slide 15, distribute 13 Steps to Better Active Listening handout. Ask participants to read each technique.
12. Review slides 16–19 about a client trying to disclose to a child, the stages of grief, and countertransference.
13. Facilitate case scenario activity, slide 19.
14. Facilitate discussion about how comfortable participants feel about their ability to support clients with disclosure slide 20.
15. Wrap up. Close with the video “Disclosure: Family Table Talk” (optional). Thank participants for their contributions and active engagement. Review the summary slide and share the final slide with additional resources. Highlight that as a CHW you are in a unique role as a member of the HIV care team to spend time and support people with HIV managing their life including who they choose to disclose their status.



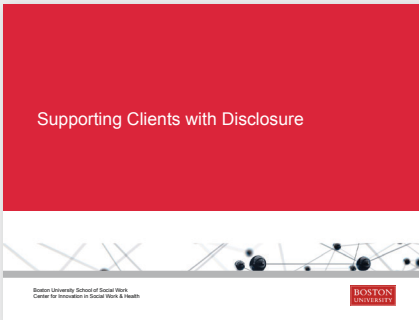
Resources

Stages of Change: <http://www.cpe.vt.edu/gttc/presentations/8eStagesofChange.pdf>

Become a Better Listener: Active Listening available at: <https://psychcentral.com/lib/become-a-better-listener-active-listening/>
By John M. Grohol, Psy.D.

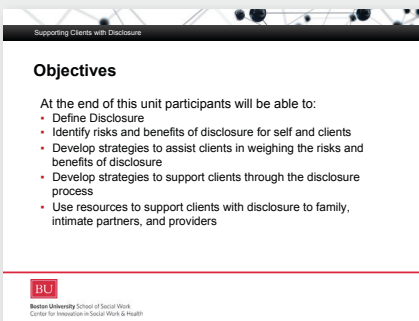
The 7 Stages of Grief: Through the Process and Back to Life available at: www.recover-from-grief.com/7-stages-of-grief.html

SLIDE 1



SLIDE 2

Review the objectives.



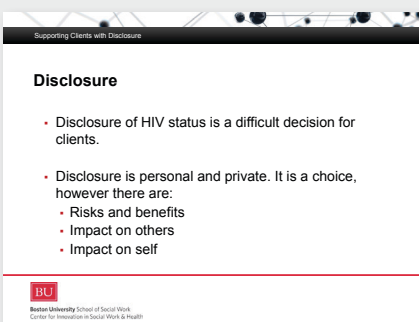
SLIDE 3

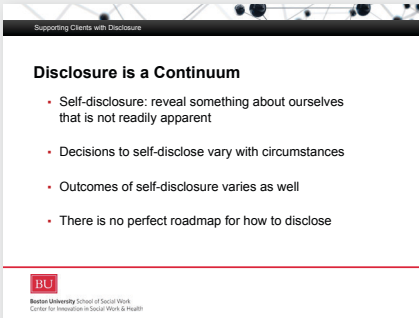
Review the slide.

What is disclosure? The dictionary defines it as "to reveal, to admit." The term is used in finance, law, and real estate. Most often we think of disclosure as self-disclosure. That is, we are revealing something about ourselves that is not otherwise evident and that perhaps we don't reveal to everyone.

Deciding who to disclose to, what to disclose, why to disclose, when, and where is an on-going process for clients—one that is stressful, creates fear and anxiety, and can change relationships.

The decision to disclose is personal. There are risks and benefits to weigh and there are fears to conquer. The focus of this unit is to provide you with information and resources to help you help your clients with their decision to disclose.





Supporting Clients with Disclosure

Disclosure is a Continuum

- Self-disclosure: reveal something about ourselves that is not readily apparent
- Decisions to self-disclose vary with circumstances
- Outcomes of self-disclosure varies as well
- There is no perfect roadmap for how to disclose

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SLIDE 4

Review the slide.

Self disclosure is a fact of life for all of us, and we each make decisions many times a day to disclose or not to disclose information about ourselves. Sometimes those decisions are easy and sometimes they are hard. Sometimes we disclose to a few (and hope they keep it quiet) and sometimes we tell everyone.

Disclosure of HIV status is difficult, and the difficulty sometimes arises from what we think the other person's reaction might be. There is still so much stigma and fear associated with HIV that disclosure can be risky. We may know someone who has been rejected by family or loved ones, fired from their job, or shunned by their friends after disclosing their HIV status. We may also know someone who benefitted from disclosure; they gained strength, confidence, and found support and love for who they are with their secret revealed.

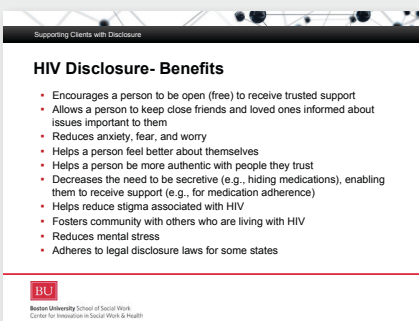


ACTIVITY:
RISKS AND BENEFITS OF DISCLOSURE

SLIDE 5

Activity: Brainstorm risks and benefits

- Preparation: Before the session begins, place two pieces of flip chart paper around the room—one labeled benefits, the second labeled risks.
- Give the following instructions: There are benefits and risks to people with HIV disclosing their status. Using the post-it notes in front of you, write down as many benefits and risks that you can think of related to someone disclosing their HIV status and then post it on the sheet it applies to. Allow five minutes for the activity, then review as a group.
- Review the following slides to cover any risks and benefits that participants did not post.



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HIV Disclosure- Benefits

- Encourages a person to be open (free) to receive trusted support
- Allows a person to keep close friends and loved ones informed about issues important to them
- Reduces anxiety, fear, and worry
- Helps a person feel better about themselves
- Helps a person be more authentic with people they trust
- Decreases the need to be secretive (e.g., hiding medications), enabling them to receive support (e.g., for medication adherence)
- Helps reduce stigma associated with HIV
- Fosters community with others who are living with HIV
- Reduces mental stress
- Adheres to legal disclosure laws for some states

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SLIDE 6

Disclosure does have its benefits. However, benefits of disclosure can be different for everyone. By disclosing, it encourages a person to be open in sharing their HIV status and getting support from people with whom they trust.

Disclosure helps to reduce anxiety, fear and worry of the unknown. People with HIV can feel better about sharing an important aspect of themselves. They don't have to hide anymore, and it helps indirectly to boost the immune system, which is impacted by stress.


Disclosure helps them feel genuine with others who they care about and trust; they no longer need to be secretive, hide when taking medications, or make up reasons for medical appointments. It reduces the stigma associated with living with HIV, especially as they connect with others who are also living with HIV—they begin to build a network of support.

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Supporting Clients with Disclosure

HIV Disclosure- Risks

- Stigma
- Risk of discrimination (i.e. impact on career and/or personal life)
- Risk of criminalization
- Emotional or physical harm
- People will not respect privacy – fear of others
- Rejection
- Lack of strong social network
- Feeling ashamed, guilty, dirty, judged as irresponsible (e.g., can't protect him/herself)
- Homophobia
- Burdening others

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SLIDE 7


People with HIV are still stigmatized and unfortunately that is not going away anytime soon. Of course there are many things we can do to combat stigma; mainly, normalize it by talking about it in our communities at schools, universities, churches, etc.


- Disclosure can impact a career at any job level (e.g. server at a restaurant, dentist, nurse, etc.) and it can impact your personal life (e.g. friends and family who don't understand how the disease is transmitted can act out of ignorance.
- People have experienced emotional and physical harm, even death after disclosing or if someone finds out about their status.
- Fear of others respecting privacy—we'll talk about tips and considerations to share with clients when they are thinking about disclosing.
- Rejection, feeling ashamed, guilty, dirty, judged as irresponsible, and lack of a strong social network can cause isolation and withdrawal.
- Homophobia is real; people can be shunned and put in harm's way due to fear and ignorance.
- Burdening others—children may feel that they have to care for a parent living with living with HIV, family members may receive news of a diagnosis they may have no knowledge of—or even fear.

Research suggests that in most situations, the significant benefits outweigh the risks and that most people feel little or no regret after disclosing.

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Stages of Change and Disclosure



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SLIDE 8


Briefly review the Stages of Change Model handout.

Working with clients to help them think about where they are on the spectrum of disclosure is helpful in determining what their next course of action will be. Are they at the beginning, at pre-contemplation, not thinking about disclosing—or are they at the action stage, ready to disclose on a small scale to one or more people? Or are they ready to disclose to an audience on World AIDS Day?

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General Guidelines for Telling Others You Are HIV Positive



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SLIDE 9

Review the Discussion and Role-Play Guideline—Telling Others You Are HIV Positive handout. CHWs can have a discussion or role play with clients in helping guide their decision to disclose or not.

Supporting Clients with Disclosure

Disclosure Tips: Preparation, Action, and Behavior

- Prepare – get informed about HIV
- Leave resources (e.g., articles or a hotline phone number) for the person you tell
- Get support
- Talk it over with someone you trust, and come up with a plan
- Accept the reaction
- You can't control how others will deal with your news
- If telling a significant other or partner, other resources or fact sheets on U=U or PrEP may be helpful

Source: <http://www.thebody.com>

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Disclosure Tips Continued

- Be selective
- Consider the 6 W's
 1. Who do you tell?
 2. What do you want to tell them about your HIV status?
 3. What are you expecting from the people you are disclosing your HIV status to?
 4. When should you tell them?
 5. Where is the best place to have this conversation?
 6. Why are you telling them?

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Supporting Clients with Disclosure

Self-Care Tips and Considerations

As a CHW

- What can you do to take care of yourself when you are working with a client on disclosure?
- What do you need to consider when working with a client on disclosure?
- What are some guidelines you would suggest to a client when they are getting ready to disclose their HIV status?

Source: <http://www.thebody.com/>

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SLIDE 10

- CHWs can coach the client in the following ways with regard to their preparation, actions, and behaviors prior to disclosing—review the slide.
- Encourage the client to gain knowledge about HIV, that way they can have answers to questions from the person they are disclosing. The client's knowledge may reassure the person that things will be okay.
- Have resources available. There are up to date, factual websites where one can get informative brochures and other resources.
- Depending on how the disclosure process goes, the CHW can provide support or they may need to refer the client to seek out professional therapy to help manage their feelings.
- Encourage the client to think about what they know about the person they are disclosing to, and to try to anticipate their reaction—but also accept how the person may react to the news. Ultimately, we can only control ourselves and not how others respond to information.

SLIDE 11

Ask a participant to read the slide.

SLIDE 12

Group activity: CHWs and self-care, and tips and considerations that CHWs can share with clients

- Split participants into two groups. Label two flip chart sheets: CHWs and self-care, and tips for disclosure.
- Instruct participants: Disclosure can be stressful for both CHWs and clients. Have one group identify tips CHWs can share with clients for disclosure, and the other identify self-care practices. Each group will have a recorder to write responses, and a reporter to report back. Allow 10 minutes for the groups to discuss.
- Ask the reporters for each group to share the groups responses. Review slides for any tips the groups did not cover.
- Distribute the handout Tips and Considerations for CHWs as They Work with Clients around Disclosure.

Ask, "What is your confidence level in supporting clients' disclosure decisions?" Tell participants to keep this question in mind while working on the case scenarios.


Distribute the 13 Steps to Better Active Listening handout. This can be useful in guiding CHWs in conversations with clients, and will be used during the case scenarios.

Supporting Clients with Disclosure

Supporting Clients with Disclosure

CHWs and Self-Care


- Supporting and coaching clients on disclosure can be stressful.
- CHWs may feel pressure (from themselves or the client) to give advice, and in turn, feel frustrated when clients don't follow through.
- Go at the client's pace and know your limits.
- Remember that disclosure is a decision for your client to make, not you.
- Other ways of handling stressful situations are to:
 - Try physical activity
 - Be sure to get rest and eat well
 - Talk about it

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Supporting Clients with Disclosure

Tips and Considerations for CHWs in Working with Clients around Disclosure

- CHWs can help clients consider why they want to disclose.
- Encourage clients to arrange a comfortable, appropriate time and place for the discussion.
- Tone — has a lot to do with how people might hear what you're telling them. Being calm and matter of fact may help inform their reaction and minimize their fears.
- Clients should make sure they are emotionally and physically safe.
- Clients may anticipate how the person might react to the disclosure.
- Encourage clients to ask what they want and do not want from the person they are disclosing to.

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Supporting Clients with Disclosure



The graphic shows the words "ACTIVE" and "Listening" written on colorful sticky notes. "ACTIVE" is on a row of five notes (red, blue, purple, pink, yellow) and "Listening" is on a row of seven notes (red, blue, yellow, pink, blue, orange, green).

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SLIDE 13

CHWs can support clients while still maintaining their own self-care. However, CHWs may experience feelings of transference and countertransference especially if the CHW is a person living with HIV, if they have a family member living with HIV, or if they have experience with disclosure from another traumatizing life event. CHWs can sometimes feel pressure to give advice and in turn feel frustrated when clients don't follow through.

You never know how disclosure is going to go. CHWs can advise clients to gain more knowledge, work with a support system such as a support group, or stick with a CHW to talk things through; however, the decision to disclose is ultimately up to the client.

SLIDE 14

It can be difficult to decide whether or not to disclose, but CHWs can help clients consider why and when they want to self-disclose. In other words, there should be a purpose for self-disclosing.

A few points the CHW can discuss with the client is to make sure there is a quiet place free of distractions, and make sure the client has adequate time so that there is time to react to the news.

The client should also be clear about what they want or do not want to receive from the person with whom they are disclosing. For example, if you are disclosing to a significant other because you want to be open and honest, then you may not expect them to respond to the news immediately, and instead allow them time to process what they have heard, just as you may have done when you were given your diagnosis—it took time to accept and fully understand what an HIV diagnosis meant. With close family, friends, and your significant other, you may want to ask them not to disclose your status to others.

SLIDE 15

Review the 13 Steps to Better Active Listening handout.

Keep these techniques in mind when having conversations with clients, and when we work on the new two activities.

Supporting Clients with Disclosure

How Can a CHW Help This Client?

A client is struggling with disclosure to children.

- A. Convince the client to only tell older children.
- B. Role-play different scenarios with the client.
- C. Tell the client to consult a therapist first.
- D. Advise the client to be open and honest, only answering questions asked.

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SLIDE 16

Ask participants which answer would they choose? After some responses, point out that there is no right or wrong answer. It really depends on the person disclosing knowing their own family members. Discuss the options:

- A. Convince the client to only tell older children
Depending on the age of the child, the child may be too young to understand what HIV and AIDS means and therefore does not understand how it affects them, whereas an older child may have already encountered the subject in school and definitely understands that the news not only impacts the person disclosing, but also the family.
- B. Role playing different scenarios with the client can give the client the confidence to be able to disclose to family or friends.
- C. Tell the client to consult a therapist first.
Seeing a therapist can help the client prepare themselves for disclosure and the reaction that may occur. In one example, a client was divorced and admitted that she contracted HIV from her ex-husband. She was distraught with how she was going to tell their children, various ages but all old enough to understand. She said that the therapist helped her understand how each child would probably receive the information. The client reported that the therapist was right on target and it helped her gain the confidence to disclose.
- D. Advise the client to be open and honest, only answering questions asked
How many times have we all given information that was not asked? Be honest, be clear, but be brief and allow children to process what they have been told. This gives them time to think about it and ask questions later.

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HIV Grief and Disclosure

- Review the 7 Stages of Grief handout.
- Disclosure can be more difficult if a client has not gone through the grieving process.
- Stages of grief can help identify where clients are in the process.
- CHWs can review the stages with clients.

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SLIDE 17

Distribute the 7 Stages of Grief handout and very briefly review the stages of grief. This handout can be useful in guiding CHWs in conversations with clients. Many HIV long-term survivors said the most painful part was realizing that their friends were gone but they were still here. Disclosure can be more difficult if a client has not gone through the grieving process.

Supporting Clients with Disclosure

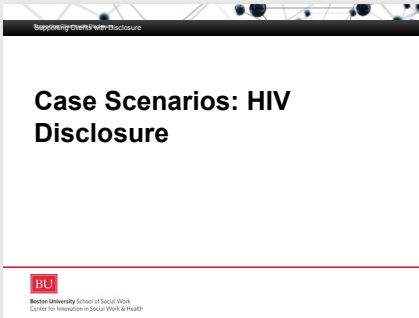
Countertransference and Disclosure

- CHWs cannot do this work and *not* be affected.
- CHWs may experience intense feelings towards clients with disclosure-related issues.
- CHWs may have a bias towards disclosing.
- Identifying feelings and beliefs in supervision can help CHWs "meet clients where they are at."

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SLIDE 18

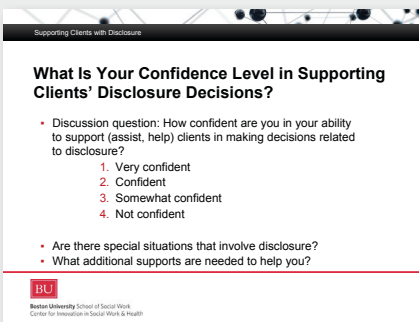
Review the slide.



SLIDE 19

Case scenario activity

- Divide participants into 2 groups and distribute the Case Scenarios: HIV Disclosure handout. Each group should select a recorder who will document the group's responses, and a reporter who will share them with the larger group.
- One group will discuss Tonya, the other James. Have the groups discuss for a few minutes, referring also to the Disclosure Activity handout, then report back on how they could help these clients.

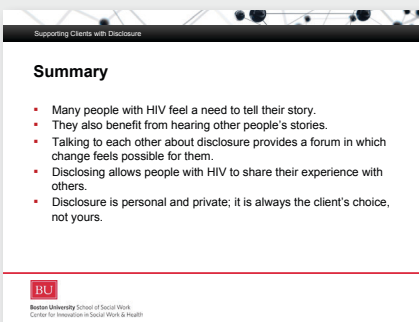


SLIDE 20

Closing discussion questions

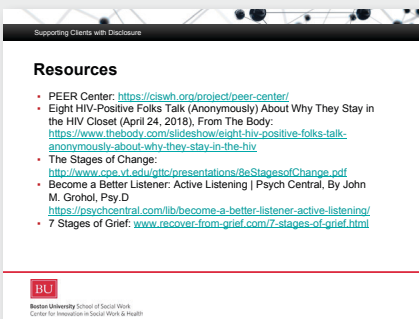
- Ask participants to share, by show of hands, how comfortable they feel in their ability to support clients with disclosure.
- Depending on time, ask, "What additional supports are needed to help you?"
- Explain that there may be special situations that involve disclosure (e.g. a CHW working with minors may need to disclose their status to school staff or in a court setting)
- When information is requested or needs to be released about a client, the CHW would need the client's consent, and in addition, a signed release of information from the client or guardian.

Show optional video, Disclosure: Family Table Talk <https://www.youtube.com/watch?v=NfwvUgQuiTE>



SLIDE 21

Review the slide.



SLIDE 22

Share resources with participants.

Stages of Change Model

According to the Stages of Change Model, behavior change is a process that involves moving through a series of 5 major stages: precontemplation, contemplation, preparation, action, and maintenance.

Stage 1. **Precontemplation** (*Not Ready*)

In this stage, people do not intend to take action in the near future, and can be unaware that their behavior is problematic.

Working with someone in precontemplation stage: Encourage them to think about the pros of changing their behavior, and to feel emotions about the effects of their negative behavior on others. Help them become more mindful of their decision-making and more conscious of the multiple benefits of changing an unhealthy behavior.

Stage 2. **Contemplation** (*Getting Ready*)

In this stage, people are beginning to recognize that their behavior is problematic, and start to look at the pros and cons of their continued actions. People in this stage intend to start the healthy behavior within the next 6 months.

Working with someone in contemplation stage: While they are usually aware of the pros of changing, their cons are about equal to their pros. This ambivalence about changing can cause them to keep putting off taking action. Encourage them to work to reduce the cons of changing their behavior.

Stage 3. **Preparation** (*Ready*)

People at this stage are ready to start taking action within the next 30 days. They take small steps that they believe can help them make the healthy behavior a part of their lives. For example, they tell their friends and family that they want to change their behavior.

Working with someone in preparation stage: Encourage them to seek support from friends they trust, tell people about their plan to change, and think about how they would feel if they behaved in a healthier way. Their number one concern is: when they act, will they fail? They learn that the better prepared they are, the more likely they are to keep progressing.



Stage 4. **Action**

In this stage, people make specific adjustments in changing their problem behavior or in acquiring new healthy behaviors.

Working with someone in action stage: You can teach people techniques for keeping up their commitments, such as substituting activities related to the unhealthy behavior with positive ones, rewarding themselves for taking steps toward changing, and avoiding people and situations that tempt them to behave in unhealthy ways.

Stage 5. **Maintenance**

People at this stage changed their behavior more than 6 months ago. People sustain action and work to prevent returning to their problematic behavior. It is important for people in this stage to be aware of situations that may tempt them to slip back into doing the unhealthy behavior—particularly stressful situations.

Working with someone in maintenance stage: It is recommended that people in this stage seek support from and talk with people whom they trust, spend time with people who behave in healthy ways, and remember to engage in healthy activities to cope with stress instead of relying on unhealthy behavior.

Adapted from: Prochaska, JO; Velicer, WF. The transtheoretical model of health behavior change. *Am J Health Promotion*, 1997. Sep–Oct; 12(1):38–48.

Discussion & Role-Play Guideline- Telling others you are HIV Positive

Here are a few questions CHW's can review to role-play and/or discuss with clients:

- Why do you want to tell them?
- Why do you feel they need to know?
- What do you expect from the person you are telling?
- What are the benefits and risks to telling?
- What if they don't handle it well?
- How will I feel if they tell someone else?
- What do you want from them?
- Anticipate the person's reaction (best/worst scenario)

Disclosure Activity

Goals of the Activity:

1. Understand to whom clients should disclose their status
2. Understand why people disclose their status
3. Identification of strategies to help clients with disclosure

WHO SHOULD THEY DISCLOSE THEIR STATUS:

Clients should be selective with whom they disclose their status. It's their personal decision. Some states have laws requiring clients to disclose their status before sexual encounters, sharing needles or before receiving medical care.

WHY DO PEOPLE DISCLOSE THEIR STATUS?

1. They want people to have a choice
2. They don't want to keep it a secret
3. It's a stress reliever because it's a heaviness that can be burdensome
4. It's a moral decision

WHAT ARE SOME TIPS ON DISCLOSURE?

1. Be selective
2. Consider the 6 W's
 - a. Who do you need to tell?
 - b. What do you want to tell them about your HIV infection?
 - c. What are you expecting from the people you are disclosing your HIV status to?
 - d. When should you tell them?
 - e. Where is the best place to have this conversation?
 - f. Why are you telling them?

Tips for CHW's: Helping Clients Disclose

CHW's can help clients consider the following:

- Be there to support the client at time of disclosure
- Encourage clients to arrange a comfortable, appropriate time and place for the discussion.
- Tone – has a lot to do with how people might hear what you're telling them. Being calm and matter of fact may help inform their reaction and minimize their fears.
- Clients should make sure they are emotionally and physically safe.
- Clients may anticipate how the person might react to their self-disclosure.
- Encourage clients to ask for what they want and do not want from the person they are self-disclosing to.
- Give a sense of hope – share your story or give facts
- Answer questions and dispel myths.
- Provide facts about HIV/AIDS – educate.
- Offer to connect with resources.
- Offer to follow up by phone in a couple weeks.
- Know the laws in your state and document the disclosure visit with the client.
- Remember that clients may go back and forth in their decision making, and that is no reflection on you.
- Use your supervisor as a sounding board.
- To relieve stress, talk with your supervisor and other supportive co-workers about your feelings.
- Keep in mind: Burnout, over-commitment and extending yourself beyond what is expected does not provide balance.

Case Scenarios: HIV Disclosure

HIV Disclosure

Tonya (HIV disclosure)

Tonya is a 19-year-old Latina who loves fashion. She spends hours daily curating her appearance, making sure that everything about her appearance is red carpet ready. Tonya is popular among her friends and is their “go to” person for high fashion looks and flawless make-up and hair consultation. She has big dreams of completing a degree in fashion design. At a recent office visit, Tonya learned two things that threaten her plans for the future. She learned that she was pregnant and tested positive for HIV.

For the last several months she has been receiving perinatal care and is on HIV medications. She is adjusting to the HIV diagnosis, but she’s intensely afraid to tell her partner. Right now, things are going well with him. He is 22-years-old and has a decent job selling car insurance. He is supportive and wants to be together to raise their unborn child, but knowledge of her HIV diagnosis could change everything!

As Tonya grapples with her circumstance, she sees her dreams flying further away from her. She writes in her journal, “Why should I bother? This is a hopeless situation.” Aside from her medical provider, Tonya’s journal is the only witness to her inner struggle. Every moment of her day seems to be filled with debates on whether to tell her partner about her HIV status. The weight leaves her feeling completely ashamed and worthless. Her medical provider noticed the changes in her mood and encouraged her to talk with you about disclosing to her partner.

What strategies can you use to help Tonya make a plan for disclosing to her partner?



James (HIV disclosure)

James is a 46-year-old heterosexual man who has been living with HIV for 5 years. He has worked hard to build a stable and happy life. He loves his job working for the City of Pasadena for the past 10 years and sees himself retiring from this position. On the weekends, James is active and enjoys landscaping, skating and playing tennis. His life is good, but he desires a life partner.

While playing tennis, he met a woman who he has been dating for the past 3 months. The relationship is progressing, and James must decide to disclose his HIV status. To date, they have not discussed their individual sexual health. Although James is motivated to share his status, he isn't sure how to go about it. His mind replays numerous stories he has heard from his peers who have had negative experiences when they disclosed to others. James believes telling the truth is very important, but sinking and paralyzing feelings of rejection oppose his desire to reveal his HIV status.

What strategies can you use to help James make a plan for disclosing to his partner?

13 Steps to Better Active Listening Skills

1. Restating

To show you are listening, repeat every so often what you think the person said — not by parroting, but by paraphrasing what you heard in your own words. For example, “Let’s see if I’m clear about this. . .”

2. Summarizing

Bring together the facts and pieces of the problem to check understanding — for example, “So it sounds to me as if . . .” Or, “Is that it?”

3. Minimal encouragers

Use brief, positive prompts to keep the conversation going and show you are listening — for example, “umm-hmmm,” “Oh?” “I understand,” “Then?” “And?”

4. Reflecting

Instead of just repeating, reflect the speaker’s words in terms of feelings — for example, “This seems really important to you. . .”

5. Giving feedback

Let the person know what your initial thoughts are on the situation. Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.

6. Emotion labeling

Putting feelings into words will often help a person to see things more objectively. To help the person begin, use “door openers” — for example, “I’m sensing that you’re feeling frustrated. . . worried. . . anxious. . .”

7. Probing

Ask questions to draw the person out and get deeper and more meaningful information — for example, “What do you think would happen if you. . .?”



8. Validation

Acknowledge the individual's problems, issues, and feelings. Listen openly and with empathy, and respond in an interested way — for example, "I appreciate your willingness to talk about such a difficult issue. . ."

9. Effective pause

Deliberately pause at key points for emphasis. This will tell the person you are saying something that is very important to them.

10. Silence

Allow for comfortable silences to slow down the exchange. Give a person time to think as well as talk. Silence can also be very helpful in diffusing an unproductive interaction.

11. "I" messages

By using "I" in your statements, you focus on the problem not the person. An I-message lets the person know what you feel and why — for example, "I know you have a lot to say, but I need to. . ."

12. Redirecting

If someone is showing signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic.

13. Consequences

Part of the feedback may involve talking about the possible consequences of inaction. Take your cues from what the person is saying — for example, "What happened the last time you stopped taking the medicine your doctor prescribed?"

The 7 Stages of Grief

1. SHOCK & DENIAL

You will probably react to learning of the loss with numbed disbelief. You may deny the reality of the loss at some level, in order to avoid the pain. Shock provides emotional protection from being overwhelmed all at once. This may last for weeks.

2. PAIN & GUILT

As the shock wears off, it is replaced with the suffering of unbelievable pain. Although excruciating and almost unbearable, it is important that you experience the pain fully, and not hide it, avoid it or escape from it with alcohol or drugs.

You may have guilty feelings or remorse over things you did or didn't do with your loved one. Life feels chaotic and scary during this phase.

3. ANGER & BARGAINING

Frustration gives way to anger, and you may lash out and lay unwarranted blame for the death on someone else. Please try to control this, as permanent damage to your relationships may result. This is a time for the release of bottled up emotion.

You may rail against fate, questioning "Why me?" You may also try to bargain in vain with the powers that be for a way out of your despair ("I will never drink again if you just bring him back")

4. "DEPRESSION", REFLECTION, LONELINESS

Just when your friends may think you should be getting on with your life, a long period of sad reflection will likely overtake you. This is a normal stage of grief, so do not be "talked out of it" by well-meaning outsiders. Encouragement from others is not helpful to you during this stage of grieving.

During this time, you finally realize the true magnitude of your loss, and it depresses you. You may isolate yourself on purpose, reflect on things you did with your lost one, and focus on memories of the past. You may sense feelings of emptiness or despair.

5. THE UPWARD TURN

As you start to adjust to life without your dear one, your life becomes a little calmer and more organized. Your physical symptoms lessen, and your "depression" begins to lift slightly.

6. RECONSTRUCTION & WORKING THROUGH

As you become more functional, your mind starts working again, and you will find yourself seeking realistic solutions to problems posed by life without your loved one. You will start to work on



practical and financial problems and reconstructing yourself and your life without him or her.

7. ACCEPTANCE & HOPE

During this, the last of the seven stages in this grief model, you learn to accept and deal with the reality of your situation. Acceptance does not necessarily mean instant happiness. Given the pain and turmoil you have experienced, you can never return to the carefree, untroubled YOU that existed before this tragedy. But you will find a way forward.

You will start to look forward and actually plan things for the future. Eventually, you will be able to think about your lost loved one without pain; sadness, yes, but the wrenching pain will be gone. You will once again anticipate some good times to come, and yes, even find joy again in the experience of living.

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