

Mental Illness and the Law: A Guide for Legal Professionals



Virginia Department of Behavioral Health & Developmental Services
(DBHDS)

Module 6:

Enhancing Interactions with Clients who Live with Mental Illness: Communication Skills for Attorneys & Judges



Communication Basics

- Communication has two levels, verbal and nonverbal.
- Verbal communication is what you say –the words.
- Nonverbal communication refers to how you say it— everything but the words.
- The nonverbal "message" that comes across can overshadow the verbal message

Nonverbal Communication

- Tone of voice,
- Posture
- Eye contact – What you are looking at
- Facial expression
- Physical distance between speakers

Look at following pictures of a helper listening to an individual in two different ways

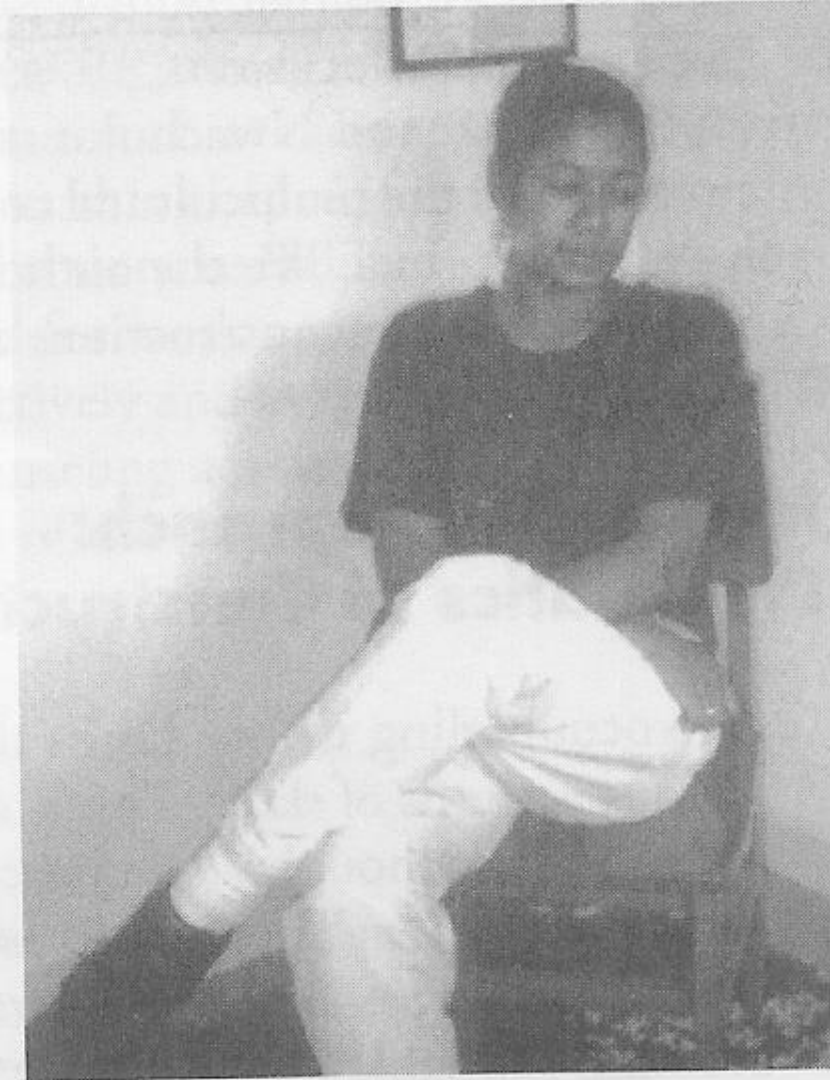


Figure 3.2 Counselor Listening Styles

NONVERBALS

*** EYE CONTACT (North American Pattern: when listening to person, direct eye contact is appropriate; when talking, eye contact often less**

frequent)

*** BODY LANGUAGE (North American Pattern: Slight**

forward trunk lean facing the person; handshake a

general sign of welcome)

NONVERBALS

- **VOCAL QUALITIES** (Does your voice communicate warmth & interest OR boredom & lack of caring?)
- **SILENCE:** Can be powerful way to understand what client actually thinking or feeling
- **Most important gift you can give a client is attending. Many individuals with mental illness feel unheard**

Microskills Approach

Nonverbal skills -body language & facial expression
demonstrates interest and concern

Introduction Skills

Structuring the Conversation

Door Openers - Open Questions

Matching question complexity to the subject's communication
skills level

Minimal encouragers

Paraphrasing

Clarification Skills – Closed Questions

Summarizing

Communicating the Conclusions or Plan

Checking Comprehension

5 Steps of Interviewing

1. **Rapport/Structuring** (establishing rapport & structure...may take longer to develop rapport with some cultural groups)

2. **Defining the Problem** (Gathering data & identifying the problem(s))

3. **Defining a Goal**

4. **Exploration of Alternatives & Confronting Incongruity**

5. **Developing a Plan of Action**

VERBAL SKILLS

Openers- Orientation and First impression

- Introduction
- Tell me your understanding of why you are here?
- Paraphrase (Demonstrate you listened,)
- then additional explanation, clarification or correction

VERBAL SKILLS

- Asking Questions

- Open & Closed Questions

- **Open:** "What" (facts), "How" (process or feeling), "Tell me about" "Could" (general picture)

"What happened the day you were arrested?"

"Tell me about that day?"

- **Closed:** Usually begin with "do" "is" "are" & can be answered in a few words

Do you know why the police stopped you ?

VERBAL SKILLS

Promoting productive discussion

- Stay on topic with client (get the answer and make sure it is understood, before asking another question)
- Avoid interrupting an answer
- When you do have to interrupt explain what you are doing. Apologize for having to cut them off.
- Avoid abrupt change in topic.
- Redirect- "I was asking you about...."

VERBAL SKILLS

Minimal encouragers are:

- “Yes”
- “I’m with you.”
- “Okay.”
- “I see what you mean.”
- “Umm.”
- Silence, accompanied by positive facial expression, nods, or open gestures (Young, 2005).

Active Communication

- **Encouraging** -Repeat back to client a few of client's main words...encourages detailed elaboration of the specific words & their meaning
- **Paraphrasing**
- **Reflection of Feeling**
- **Summarization**

Guidelines to Communication with Someone with Mental Illness

- Patience is the key.
- Be respectful to the person. When someone feels respected and heard, they are more likely to return respect and consider what you have to say.
- Ask about current or past treatment- May have to try multiple questions, e.g. "Have you ever received any mental health treatment? (been to a counselor, psychiatrist, been treated for a nerve or emotional problem.)"

Guidelines (cont.)

- Mental illness has nothing to do with the person's intelligence level.
- Be straightforward. Don't evade or mislead.
- Like anyone if they doubt you are being honest with them, you won't be able to establish/keep rapport.
- Listen fully to the person and try to understand what he/she is communicating

Guidelines (cont.)

- If you observe impairments – Keep your verbal communication simple, brief, and specific
- Focus on what reality based issues you can address or needs you can meet.
- If needed, set limits with the person as you would others. For example, "I only have five minutes to talk to you" or "I've really tried to listen to what you wanted to say, but I need you to listen to me also."

Tips to Remember.....

- Sit down and ask the person to sit down also.
- Remember that the person may be terrified by his/her own feelings of loss of control or internal experiences
- Do not express irritation or anger.
- Don't shout. If you are quieter their volume will usually come down.
- Don't use sarcasm.
- Decrease distractions
- Avoid direct continuous eye contact.
- Avoid touching the person.
- Demonstrating listening and understanding is your strongest tool

Getting Valid and Reliable Information

- May need to ask same question in slightly different words to see if you get the same information.
- Make questions clear and short
- Do not use compound questions, rather ask one question at a time
- Use timelines, “what happened next?”
- If possible, corroborate responses with external resources
- If possible, interview client on multiple occasions

Avoiding Mis-Leading Questions

- If you 1/2 listen you will at best 1/2 understand.
- Jumping to conclusions-making assumptions
- Assuming someone is lying when there is an apparent conflict between 2 statements
- Avoid compound/complex questions
- Let them know when something is not making sense to you
- Watch out for resignation or trying to please
- Check comprehension

Responding to the Challenges Presented by Various Types of Illnesses

- Individual who is currently psychotic
- Person who is manic
- Person who is depressed
- Person with dementia
- Person with intellectual impairments

Responding to the Individual who is currently psychotic

- With client who is exhibiting prominent psychotic symptoms, closed questions will help keep conversation on task but may miss information about their experience
- Chronological questions – orienting them to a specific time, re-orienting with “What happened next?”
- What were you thinking at that time?
- Was there anything strange or unusual happening at that time?

Responding to the Individual who is currently psychotic

- If they are experiencing events like hallucinations, be aware that the hallucinations or the delusions they experience are their reality. You will not be able to talk them out of their reality.
- Communicate that you understand that they experience those events. Do not pretend that you experience them or try to argue about the unreality of events.
- People who are paranoid are often angry- do not take it personally.
- Some people with paranoia may be frightened, so be aware that they may need more body space than you.
- Don't use sarcasm or any humor with someone who is paranoid

Responding to the Individual who is currently Manic

- Decrease stimulation
- Don't take anger or irritability personally, it is the primary symptom
- Closed or focused questions **MAY** help keep conversation on task but may miss information about their experience
- Slow them down – take one thing at a time
- Empathically point out the time constraints
- Chronological questions – orienting them to a specific time, re-orienting with “What happened next?”
- Sometimes you have to give them an opportunity to run with their thoughts first before you can successfully direct the discussion.

Responding to the Individual who is currently Depressed

- You have to be more obvious about your interest and that you are listening
- Decrease stimulation
- Use open ended questions and encouragers
- May have to resort to closed questions because all they will give you is a nod or yes or no.
- Keep trying to follow-up with "Tell me more about that."
- Not "**Can** you tell me more about that?"
- Avoid overwhelming them -Slow yourself down.
- Give them time.

Responding to the Individual who has Dementia

- If possible, pick the best times of the day for them
- Decrease stimulation (Don't do anything distracting.)
- Avoid overwhelming them -Slow yourself down
- Use as few words as possible
- Use encouragers to maintain focus on you
- May have to resort to closed questions because all they will give you is a nod or yes or no.
- Give them time.
- Check comprehension

Responding to the Individual who has Dementia (Continued)

- May need help with word finding or guessing at what they are trying to convey
- Ask leading questions based on your observations
- Checking back with them- "Are you trying to say...."
- Be aware it is natural to try to fill in gaps in memory (The artificial fillers may have no basis in reality.)
- Be aware it is natural to try to hide impairments or not realize they exist.

Responding to the Individual who has an Intellectual Disability

- One question at a time-Ask questions as simply as possible
- Short sentences – Simple Vocabulary
- Checking back with them- “Are you saying”
- Be aware for individuals from some backgrounds it has been adaptive to hide their impairments
- Consider they may be looking for cues as to what answer will please you.
- Watch out with leading questions

has an Intellectual Disability (Continued)

- You may get contradictory information based on how you ask the questions
- Ask simple clarifying questions first, don't assume lying and jump to confronting
- Frequently check comprehension by having them tell you what they understood about what you have told them
- Tell them to tell you when they do not understand and not to guess about an answer
- Encourage them to ask you questions when they do not understand
- Often do not have accurate number or time concepts



Questions.....