

May 11, 2020

Hello Leadership Training Participants,

Thank you again for choosing to join us for our upcoming Leadership Series throughout the month of May. This series has been created to speak to those in roles of leadership including sr. leaders, directors and managers of organizations that provide supports and services.

Throughout the series, we will introduce the Situational Leadership model, explore the importance of self awareness as a leader and troubleshoot concerns with which many leaders have been working with as part of the uncertain times that have come with the COVID-19 pandemic.

We look forward to connecting with you beginning tomorrow Tuesday, May 12th from 9:00 AM to 11:00 AM. For quick reference, please see the dates and times of the entire series below:

Tuesday May 12 th -	9:00 – 11:00 AM
Thursday May 14 th -	9:00 – 11:00 AM
Tuesday May 19 th -	9:00 – 10:00 AM
Thursday May 21 st -	9:00 – 10:00 AM
Tuesday May 26 th -	9:00 – 10:00 AM
Thursday May 28 th -	9:00 – 10:00 AM

Please find the resources that we will be exploring and referencing during our time with one another in the following pages of this package.

BEFORE THE TRAINING SESSIONS

Before the training begins tomorrow, could you please complete Resource 'A' – *Communications Style Survey* and total your report scores. This will be a helpful reflection for you to have completed beforehand.

Also, please jot down 4 of your roles/responsibilities as a leader in your department or organization.
e.g. employee development monitoring and management, budget planning, monitoring and managing, etc.

Lastly, have an employee in mind of whose performance is marginal in some important area of their responsibilities. This will be helpful to keep your learning focussed when you look to apply some of the learnings into a few tools. For learning purposes, this could be also a fictional employee.

DURING THE TRAINING SESSIONS

As we have many participants joining in on the series, we ask that you kindly keep your microphone muted and video hidden.

If you are planning to join through videoconference, please direct any questions through the Zoom chat feature. We will answer as many questions we can in the time allotted.

If you are planning to join through teleconference, please direct any questions you may have through email to adriana@clwindsor.org or text at (519) 563-7902.

AFTER THE TRAINING

Our goal is to help you develop some insights and skills to navigate these times of unprecedented leadership challenges, so as to ensure the services of your organization will continue to be offered competently and compassionately.

We anticipate recording the entire Leadership Series and making it available for download for you to reference at a later time.

If at any time you have any questions, don't hesitate to reach out Adriana at adriana@clwindsor.org.

Getting Connected with Zoom

The Leadership Series will be hosted by A Centre for Conscious Care and Community Living Windsor through the use of Zoom video and teleconferencing technology.

Using a desktop or laptop computer to join us?

- Click the link found within the registration confirmation email sent to you upon registration.
- Event Password: **CCSCLW**
- We suggest you trial run the link before 8:30 am just to ensure that you can access the call.

Using a mobile phone or tablet to join us?

- You will need to download the Zoom application from your App Store (Apple or Google) to enable the videoconferencing capability. Once the Zoom application is downloaded, click the link found within the registration confirmation email sent to you upon registration.
- Event Password: **CCSCLW**
- Again, we suggest you trial run the link before 8:30 am just to ensure that you can access the all.

Joining us by teleconference rather than videoconference?

To access the meeting through teleconference rather than videoconference or through telephone audio rather than the audio and video through your computer, please use the following contact information:

- Telephone number 1-647-558-0588
- Zoom Meeting ID: 940 3395 7477
- Event Password: **243141**

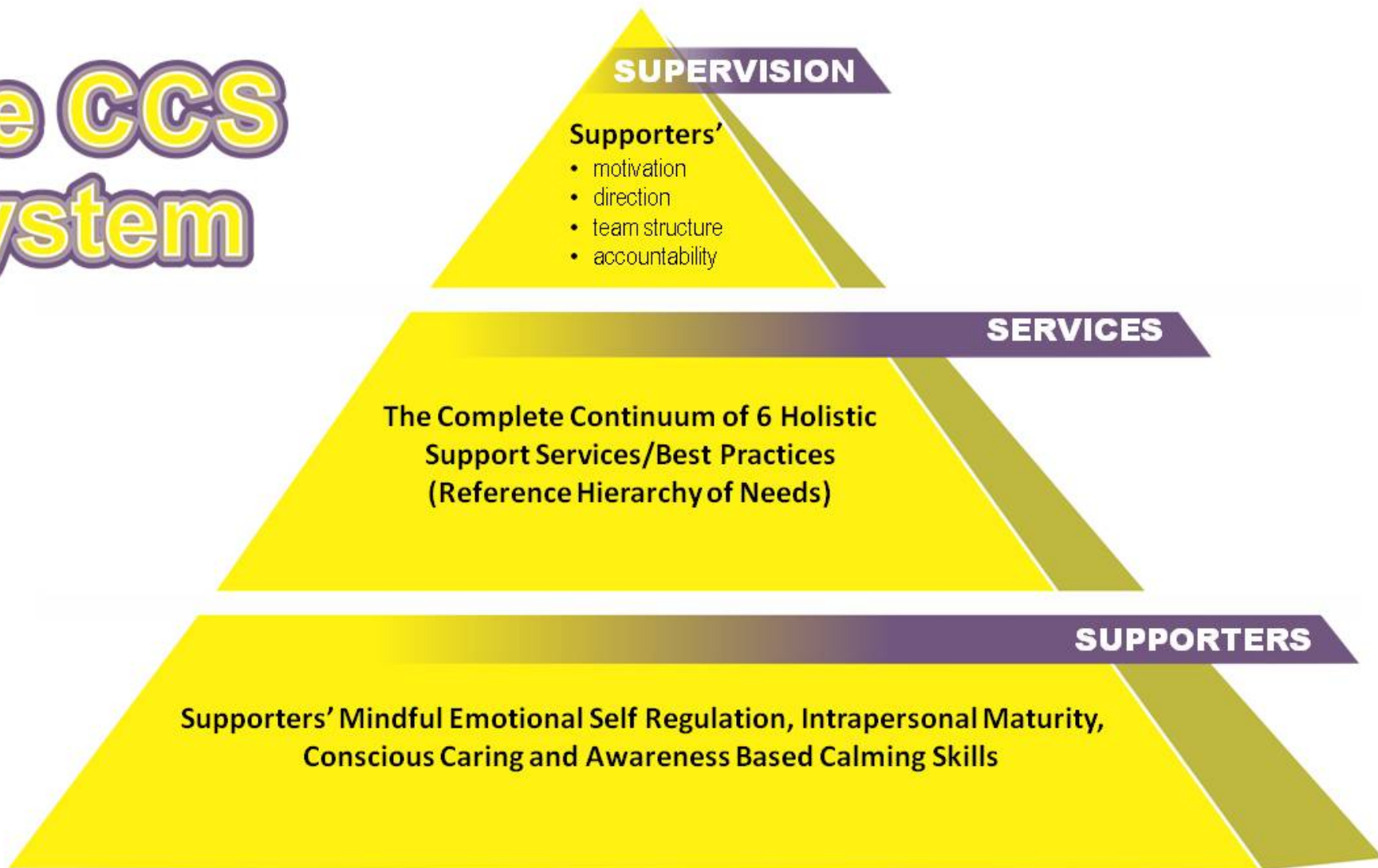
If you have any questions at all, please don't hesitate to reach out. Look forward to connecting soon!

Kind regards,

Peter and Addy



The CCS System



Contributors to Conscious Care and Support

***Conscious Care and Support* has been developed while supporting, training or in direct consultation with:**

- Approximately 3,000 Moms, Dads, and Support Professionals.
- Dr. John Ratey, Associate Clinical Professor of Psychiatry at Harvard Medical School (reference 8 books on mental health and autism and other developmental disabilities including 'Spark' and 'Shadow Syndromes').
- Dr. Theresa Hamlin, Associate Executive Director of The Center for Discovery and her staff. Dr. Hamlin is the author of 'Autism and the Stress Effect'.
- Dr. Martha Herbert, Assistant Professor of Neurology at Harvard Medical School and a Pediatric Neurologist at Massachusetts General Hospital, where she is Director of the Transcend Research Program. She sits on the Scientific Advisory Committee for Autism Speaks (reference 'The Autism Revolution').
- Dr. Shinzen Young, Mindfulness Research Consultant, Harvard Medical School.
- Universities of Toronto and Western Ontario/London Health Sciences Centre and Centre for Addiction and Mental Health (CAMH)



CCS Contributing and/or Trained Organizations & Agencies

- Autism Ontario
- Community Living Ontario
- L'Arche Daybreak
- OASIS (Ontario Agencies Supporting Individuals with Special Needs)
- Community Living Windsor
- Community Living Cambridge
- Rygiel Supports for Community Living
- Community Living Oakville
- London Health Sciences Centre
- McMaster University
- University of Toronto
- Kerry's Place
- Ministry of Education Special Needs Division
- Ongwanada
- Community Living Kincardine & District
- CREST
- Community Living Trent Highlands
- Participation House
- Community Living Owen Sound & District
- Durham Association for Family Respite Services
- Christian Horizons
- Community Living Burlington
- Parents for Community Living
- Extend-A-Family Toronto and Waterloo
- Community Living Walkerton & District
- Community Living Welland Pelham
- Community Living St. Marys and Area
- Community Living Chatham-Kent
- Community Living Stratford and Area
- Community Living Kingston & District
- Windsor-Essex Family Network
- Community Living Prince Edward
- Norfolk Association for Community Living



CONSCIOUS CARE & SUPPORT



Frontline Leadership

The Recurring Cycles of Behaviour to Compliance to Behaviour

CO-OCCURRING CONDITIONS' AND AREAS OF POTENTIAL UNMET NEEDS

People with Autism and Other Developmental Disabilities with Complex Needs

Have One or More

- Gastrointestinal**
 - infections
 - intolerances
 - imbalances (e.g. vitamins/minerals)
 - physical pain
- Mental & Neurological**
 - e.g. seizures and mood disorders
- Brain Imbalances**
 - inflammations
 - coherence (lack of)
 - under development
 - motor planning problems
- Sensory Integration and processing**
 - hyper/hypo activation
- Human Energy**
 - sensitivities (e.g. EMF/ RWF)
 - intolerances
- Cellular**
 - mitochondria dysfunction
- Emotional**
 - fears and phobias
- Adrenal Glands**
 - over production of cortisol

Contributing To

LIVING & LEARNING CHALLENGES

- Physical pain
- Sensory over/under load
- Psychological distress
- Speech/hearing limitations
- PTSD/Trauma
- Environmental stress
- Neglect/Abuse, Isolation/Loneliness
- Supporter 4 outs

Resulting In

ANXIOUS REACTIONS

- BLOW-OUTS**
 - Repetitive behaviour
 - 4 functional goals
 - SIB and aggression
- BLOW-INS**
 - Withdrawal
 - Compliance
 - Depression

Supporter Response

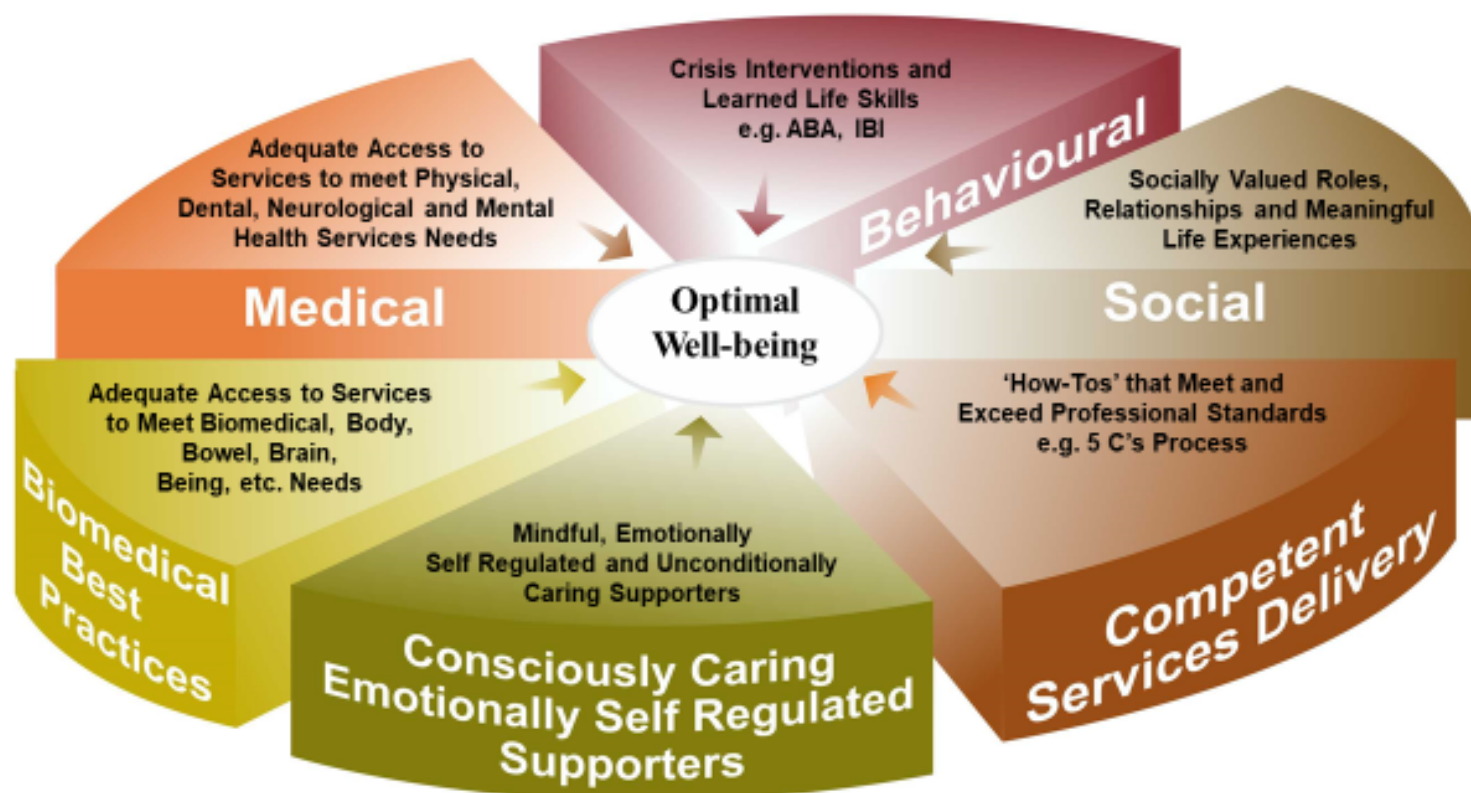
IF

Primarily Only Behavioural Interventions Without Meeting The Other Needs

repetitive cycles of behavioural compliance/non-compliance

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Evidence Based CCS Components for Well-being and the Prevention and De-escalation of Challenging Behaviours*

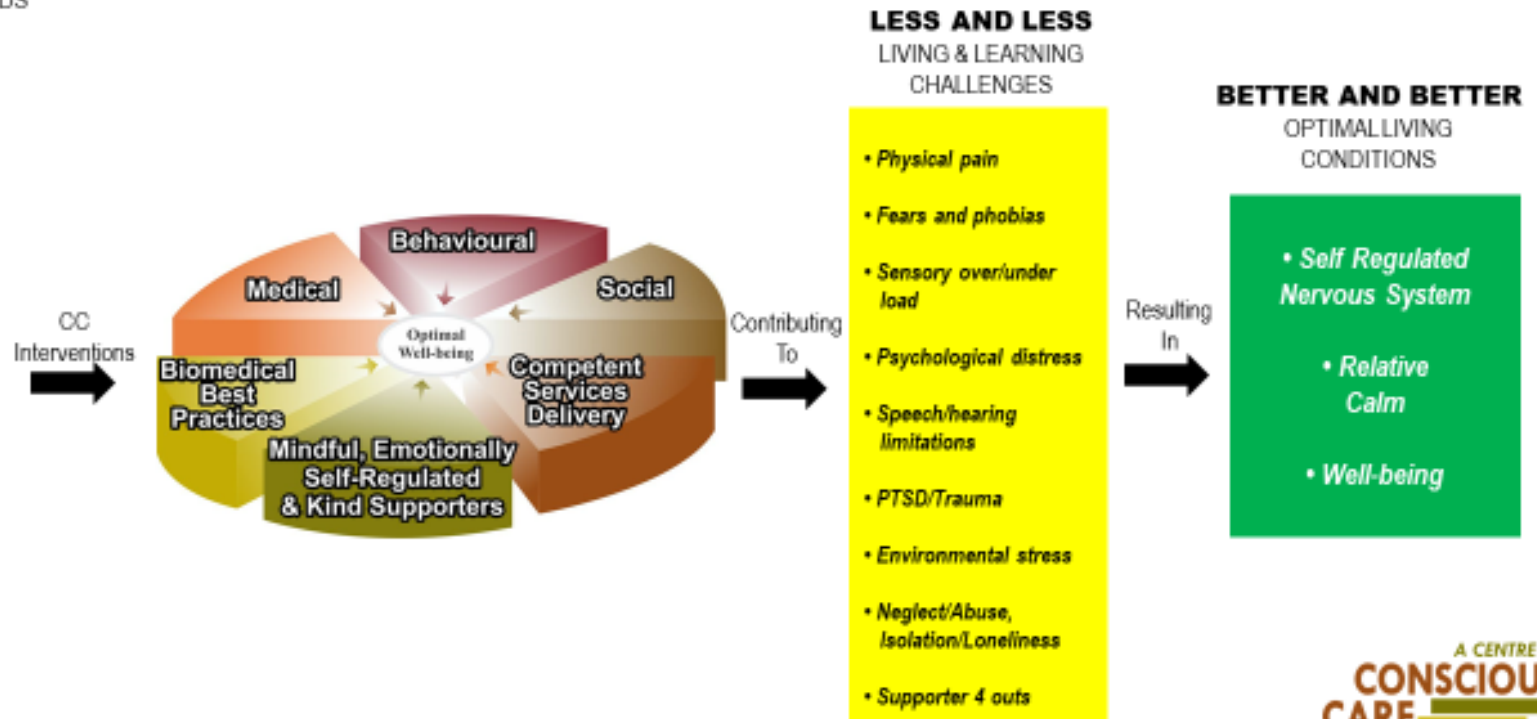


* CCS reduces challenging behaviours by 50%-75% compared to MCSS current 'must use' crisis protocols alone.

Breaking the Recurring Cycles of Behaviour to Compliance to Behaviour

CO-OCCURRING CONDITIONS' AND
AREAS OF POTENTIAL UNMET NEEDS

- **Gastrointestinal**
 - infections
 - intolerances
 - imbalances (e.g. vitamins/minerals)
 - physical pain
- **Mental & Neurological**
e.g. seizures and mood disorders
- **Brain Imbalances**
 - inflammations
 - coherence (lack of)
 - under development
 - motor planning problems
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- **Emotional**
 - fears and phobias
- **Adrenal Glands**
 - over production of cortisol

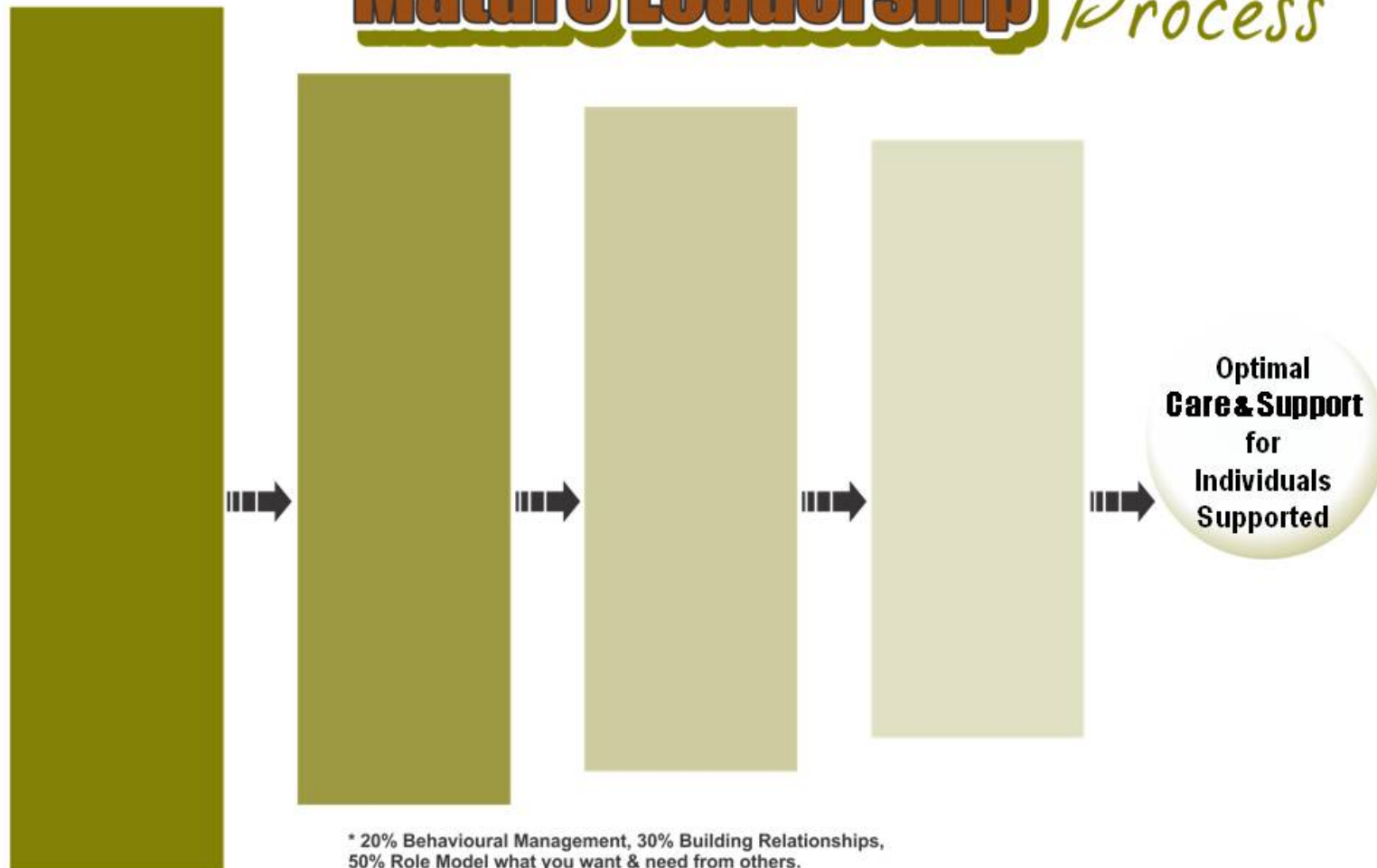


Note: living and learning challenges become less, directly proportionate to the implementation of CCS interventions resulting in enhanced optimal learning conditions.

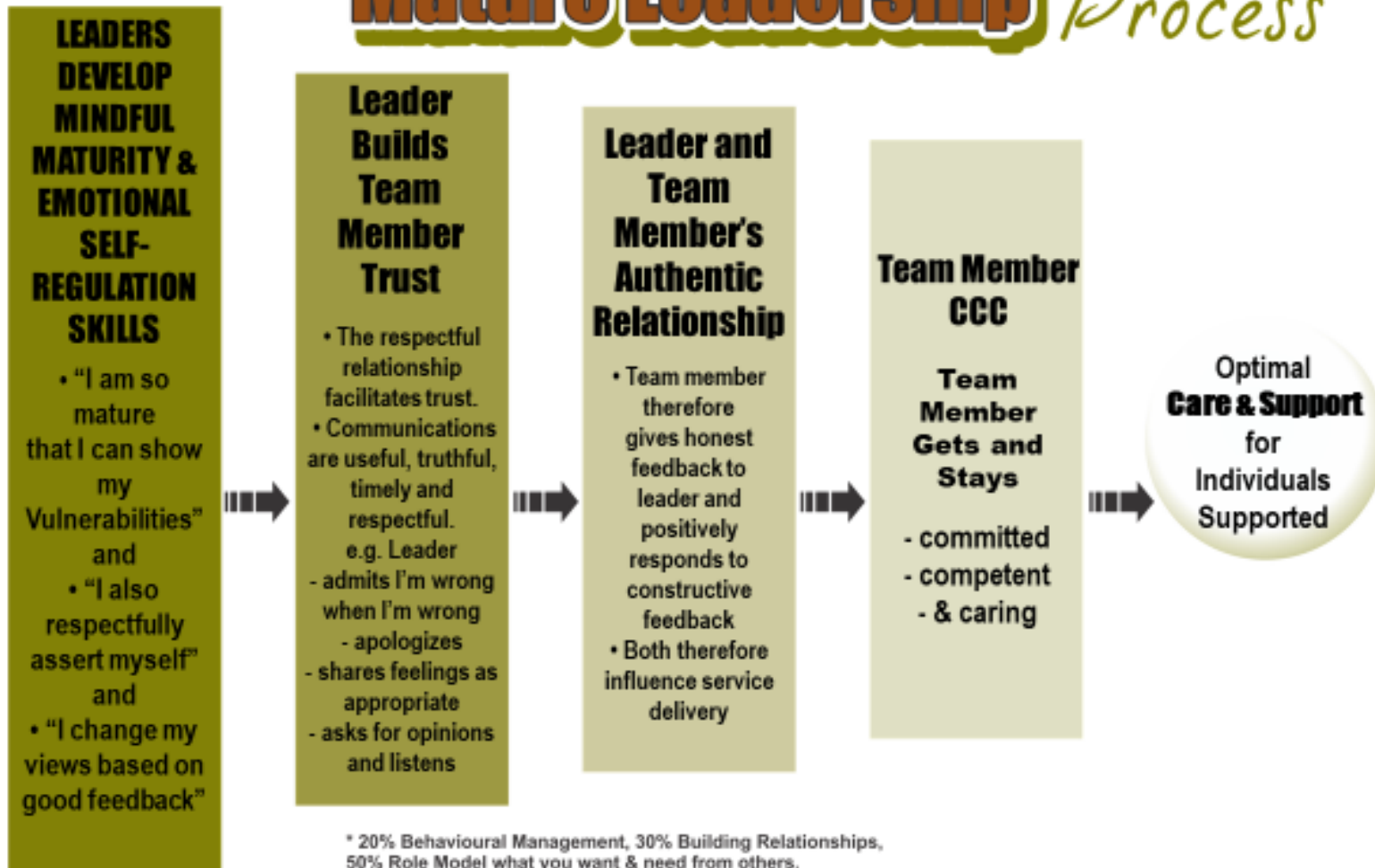
The Leadership Process

1. I am a successful Leader when.....
2. For that to happen, my Team Members must be.....
3. For that to happen, the Leader and Team Member must have.....
4. For that to happen, the Leader must.....
5. For that to happen, the Leader needs to be.....

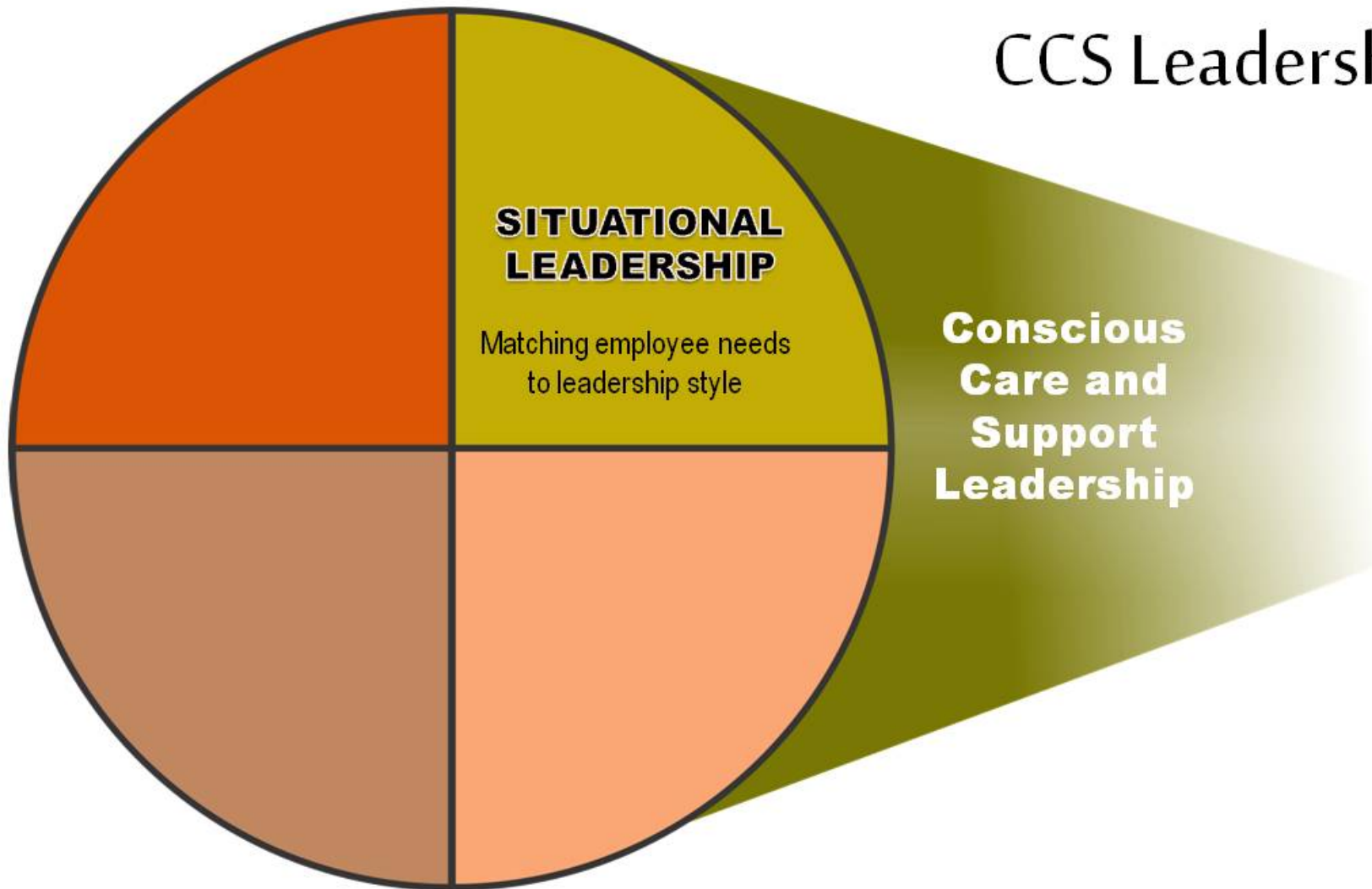
The **Mindful & Emotionally Mature Leadership** *Process*



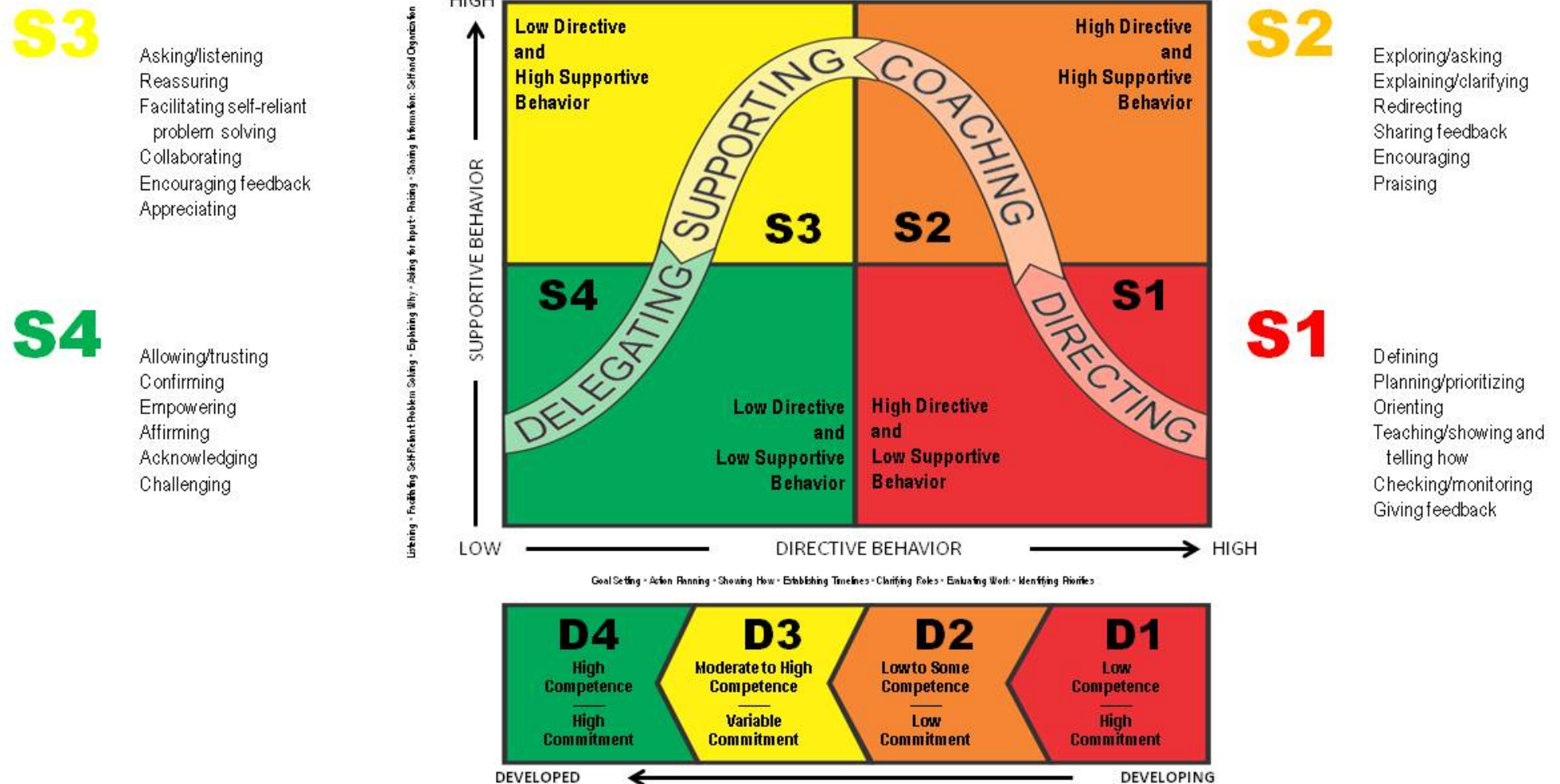
The Mindful & Emotionally Mature Leadership Process



CCS Leadership



The SLII® Model – Matching Leadership Styles to Development Level



Development Level of the Individual

D4

Justifiably confident
Consistently competent
Inspired/inspires others
Expert
Autonomous
Self-assured
Accomplished
Self-reliant/self-directed

D3

Self-critical
Cautious
Doubtful
Capable
Contributing
Insecure
Tentative/unsure
Bored/apathetic

D2

Overwhelmed
Confused
Demotivated
Demoralized
Frustrated
Disillusioned
Discouraged
Flashes of competence

D1

Hopeful
Inexperienced
Curious
New/unskilled
Optimistic
Excited
Eager
Enthusiastic

Development Level Characteristics and Descriptors

D4

**Self-Reliant
Achiever
High Competence**
—
High Commitment

Characteristics

- Recognized by others as an expert
- Consistently competent; justifiably confident
- Trusts own ability to work independently; self-assured
- Inspired; inspires others
- Proactive; may be asked to do too much

D3

**Capable, but Cautious
Performer
Moderate to High Competence**
—
Variable Commitment

Characteristics

- Is generally self-directed, but needs opportunities to test ideas with others
- Sometimes hesitant, unsure, tentative
- Not always confident; self-critical; may need help in looking at skills objectively
- May be bored with goal or task
- Makes productive contributions

D2

**Disillusioned
Learner
Low to Some Competence**
—
Low Commitment

Characteristics

- Has some knowledge and skills; not competent yet
- Frustrated; may be ready to quit
- Discouraged; overwhelmed, confused
- Developing and learning; needs reassurance that mistakes are part of the learning process
- Unreliable, inconsistent

D1

**Enthusiastic
Beginner
Low Competence**
—
High Commitment

Characteristics

- New to the goal or task; inexperienced
- Eager to learn; willing to take direction
- Enthusiastic, excited, optimistic
- Don't know what they don't know, so they may do the wrong thing
- Confidence based on hopes and transferable skills, not reality

Leadership Styles

S1

- Defining
- Planning/prioritizing
- Orienting
- Teaching/showing & telling how
- Checking/monitoring
- Giving feedback

S2

- Exploring/asking
- Explaining/clarifying
- Redirecting
- Sharing feedback
- Encouraging
- Praising

Leadership Styles

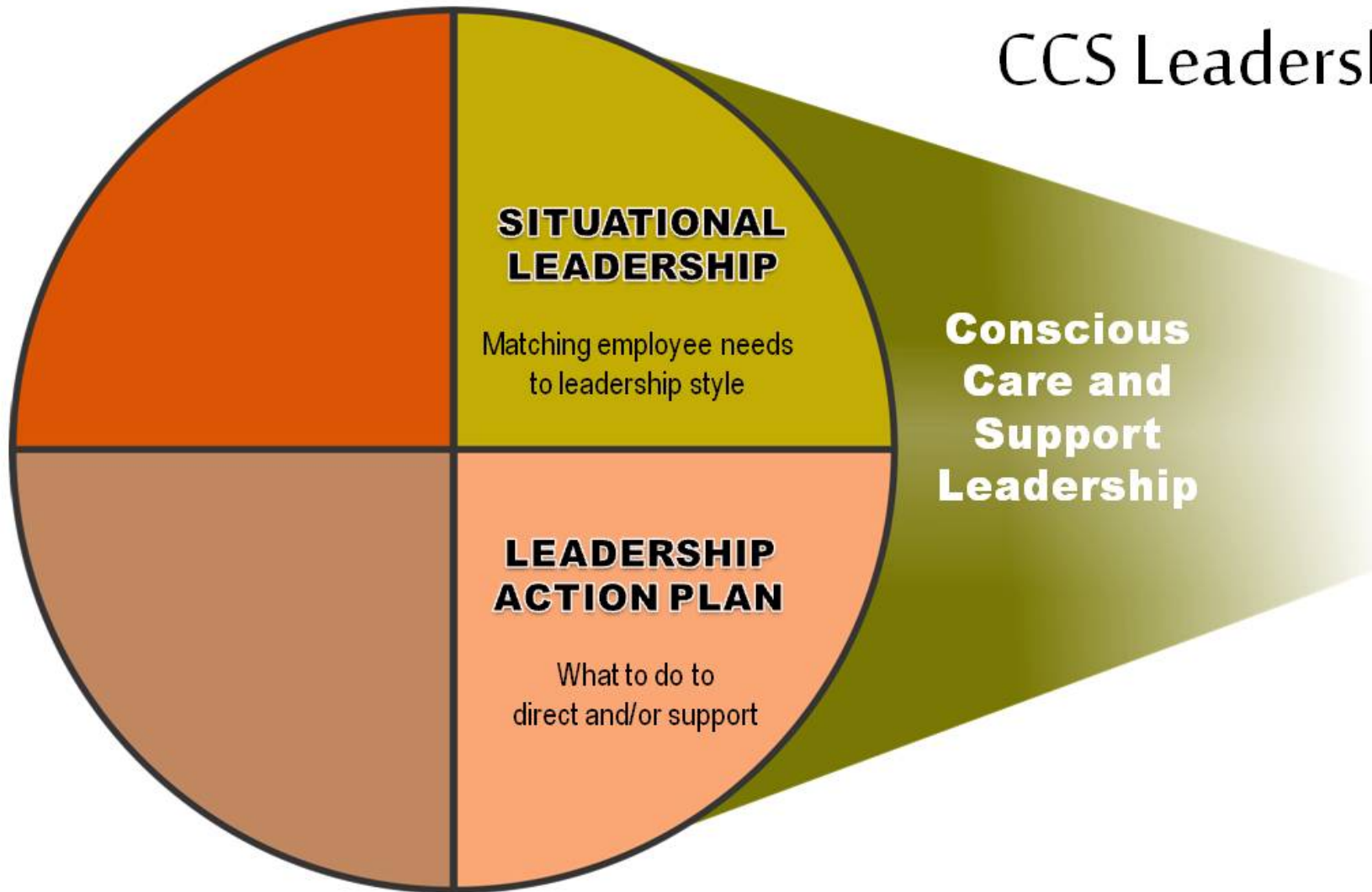
S3

- Asking/listening
- Reassuring
- Facilitating self-reliant problem solving
- Collaborating
- Encouraging feedback
- Appreciating

S4

- Allowing/trusting
- Confirming
- Empowering
- Affirming
- Acknowledging
- Challenging

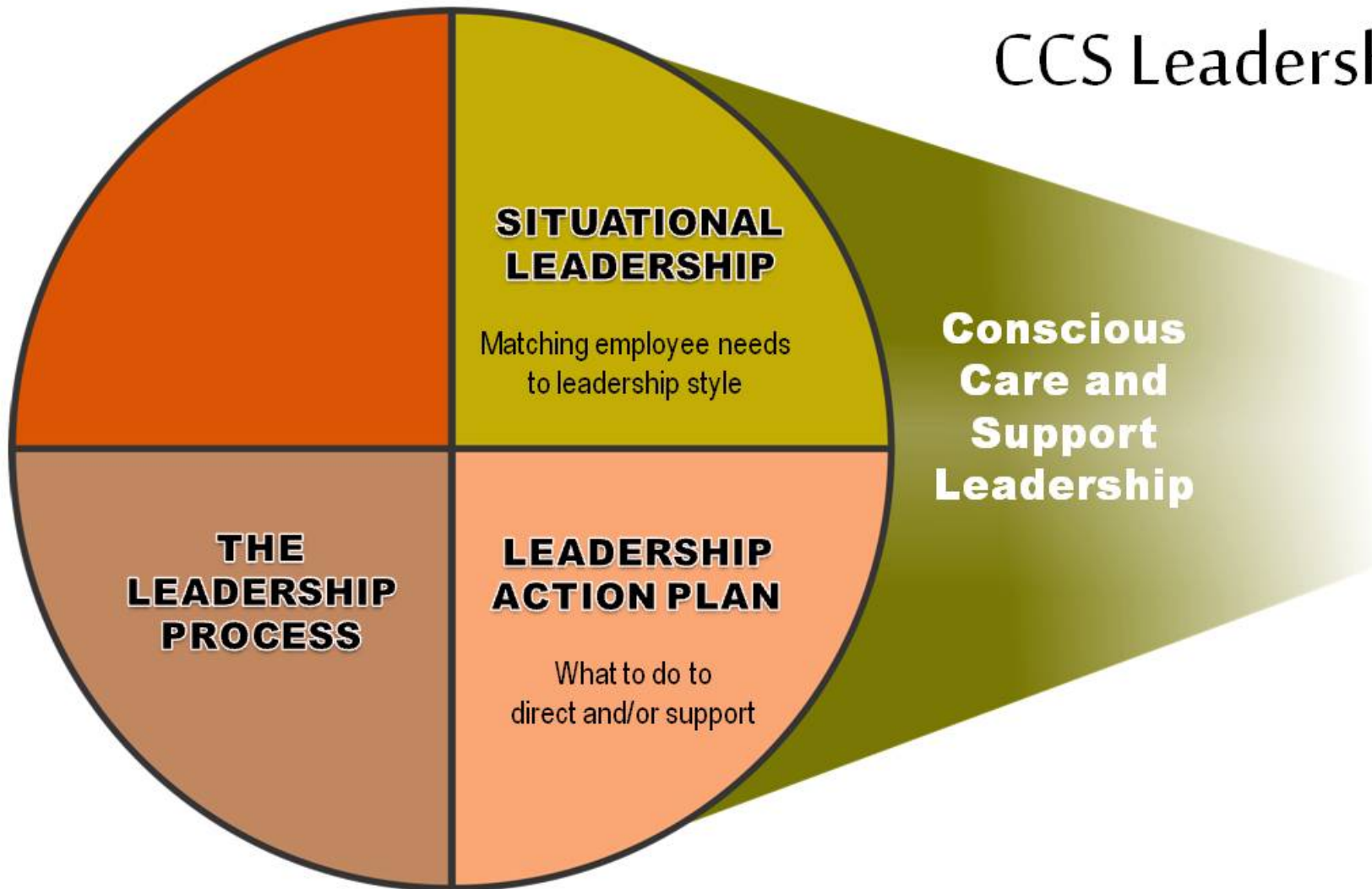
CCS Leadership



The Five Diagnosis Questions

1. What is the specific goal or task?
2. How strong or good are the individual's demonstrated task knowledge or skills?
3. How strong or good are the individual's transferable skills? (learning or doing)
4. How motivated, interested, and enthusiastic is the individual? (Attitude: + or -)
5. How confident or self-assured is the individual? (Attitude: + or -)

CCS Leadership



Leadership Level Descriptors

Directive Behaviour

- goal setting
- monitoring performance
- identifying priorities
- clarifying roles
- action planning
- showing and telling
- establishing timelines

Supportive Behaviour

- listening
- providing rationale for directions
- asking for feedback and input
- acknowledging and encouraging
- sharing information
- sharing information about self (as appropriate)
 - e.g. - acknowledging vulnerabilities
 - admitting mistakes
 - changing opinions with valid feedback

Leadership Helpful Language

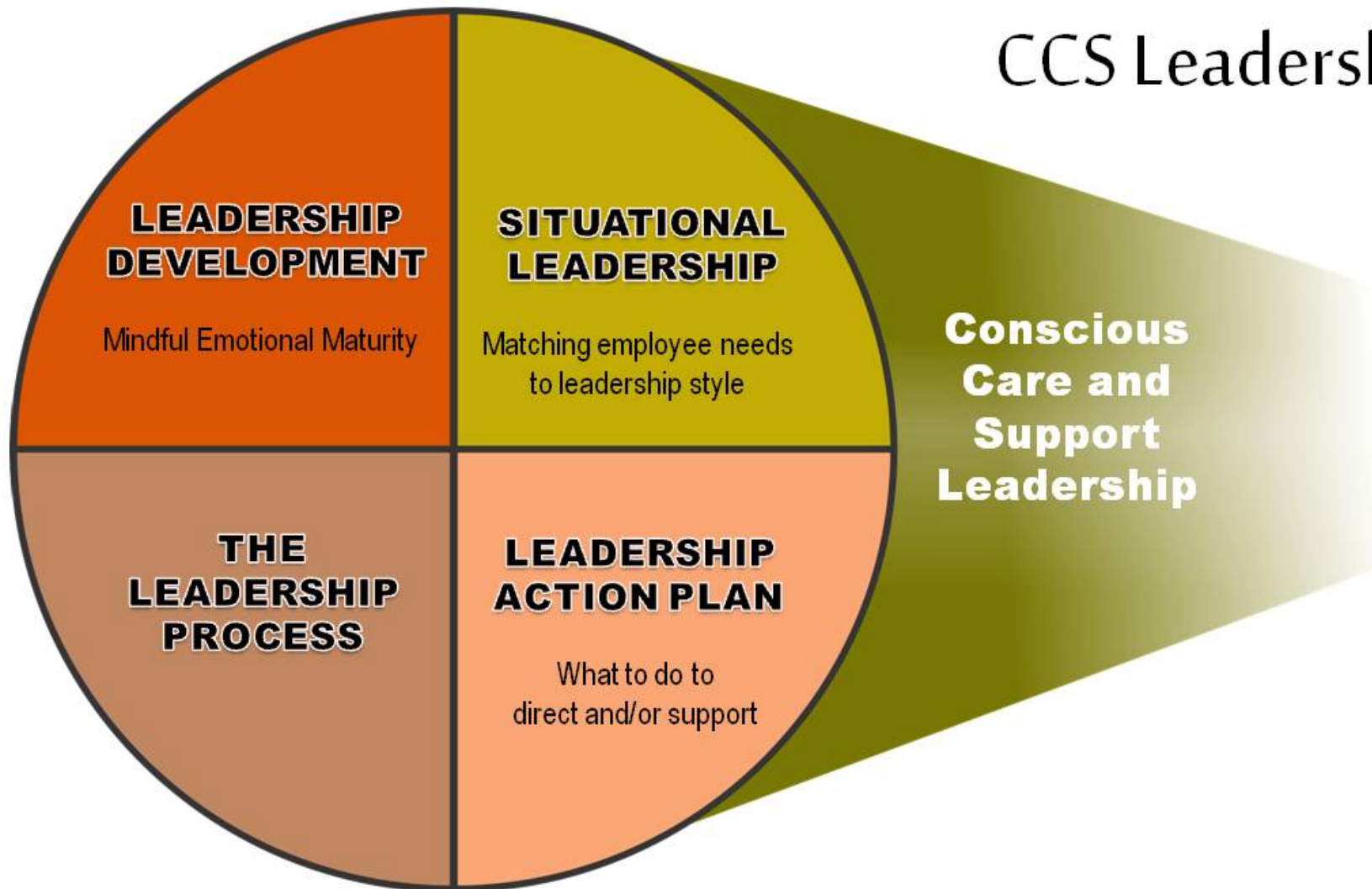
Directive Behaviour

- “what I would like you to do is”
- “if you do...the individual you are supporting will likely”
- “come see me if...”
- “what I would like to see you change is”
- “can I give you some feedback on what I’ve noticed?”
- “we’ve discussed this concern several times, what do you feel I should do if it continues?”

Supportive Behaviour

- “if you had to do that over, what would you do?”
- “I appreciate your...”
- “you doing this...will be really helpful”
- “if you need help, let me know”
- “volunteering to do that really helped the team”
- “I like how you support...”

CCS Leadership



Support Professionals' Development, Supervisory and Accountability Plan

Resource B

SUPPORT PROFESSIONAL'S DEVELOPMENT, SUPERVISORY AND ACCOUNTABILITY PLAN

EMPLOYEE NAME _____ LEADER'S NAME _____ DATE _____

Support Services Area Requirements	Diagnosed Development Level Explain (D 1,2, 3, 4)	Leadership Requirements Explain (Directing, Coaching, Supporting, Delegating)	Statements		Indicators of Successful Leadership
			Directive	Supportive	
Implementation of Best Practices <i>(reference the attached Hierarchy of Needs)</i> TASK: _____ _____ _____ _____ _____	D: ____ Reasons: • • •	Leadership: _____ Reasons: • • •	1. 2.	1. 2.	• • •
Emotional Intelligence & Compassion <i>(cooperative, trust-worthy, respectful 'attitude' etc.)</i> TASK: _____ _____ _____ _____ _____	D: ____ Reasons: • • •	Leadership: _____ Reasons: • • •	1. 2.	1. 2.	• • •

SUPPORT PROFESSIONAL'S DEVELOPMENT, SUPERVISORY AND ACCOUNTABILITY PLAN (cont'd)

Support Services Area Requirements	Diagnosed Development Level Explain (D 1,2, 3, 4)	Leadership Requirements Explain (Directing, Coaching, Supporting, Delegating)	Statements		Indicators of Successful Leadership
			Directive	Supportive	
Health & Safety TASK: _____ _____ _____ _____ _____	D: ____ Reasons: • • •	Leadership: _____ Reasons: • • •	1. 2.	1. 2.	• • •
Attendance & Time Management TASK: _____ _____ _____ _____ _____	D: ____ Reasons: • • •	Leadership: _____ Reasons: • • •	1. 2.	1. 2.	• • •

Resource C

PERSON CENTRED PLAN WEEKLY PLAN (P) AND ACTUALS (A) REPORT (beyond everyday support reported in logs)

Location: _____

Person Supported # _____

Reviewed: _____

(Coordinator)

(For Week of)

Weekday	Planned Activity	Location	Time	Staff Responsible	Actual*	Significant Day's Happenings (e.g. moods, med-prn, seizure, family contacts, celebrations, special supports required, etc.)

***Actual:**

"C" & Initials – Completed

"NT" – No Transportation

"S" – Sick

"W" – Inclement Weather

"NS" – No Staff

"O" – Other _____

Reporting Process:

1. Team Leader, as guided by Person Supported and PLP together with relevant Staff, prepare Plan a minimum of 1 week in advance.
2. On Friday p.m., Team Leader or relevant Staff initial "Actual" code how Week's Plan was actioned.
3. On weekly home visits, Coordinator and TL review new Plans and previous week's actuals.
Coordinator signs off, takes action as required, notes under comments and files – home (in personal log) and office.
4. Share with family as appropriate.

CONSCIOUS CARE & SUPPORT



Self Leadership

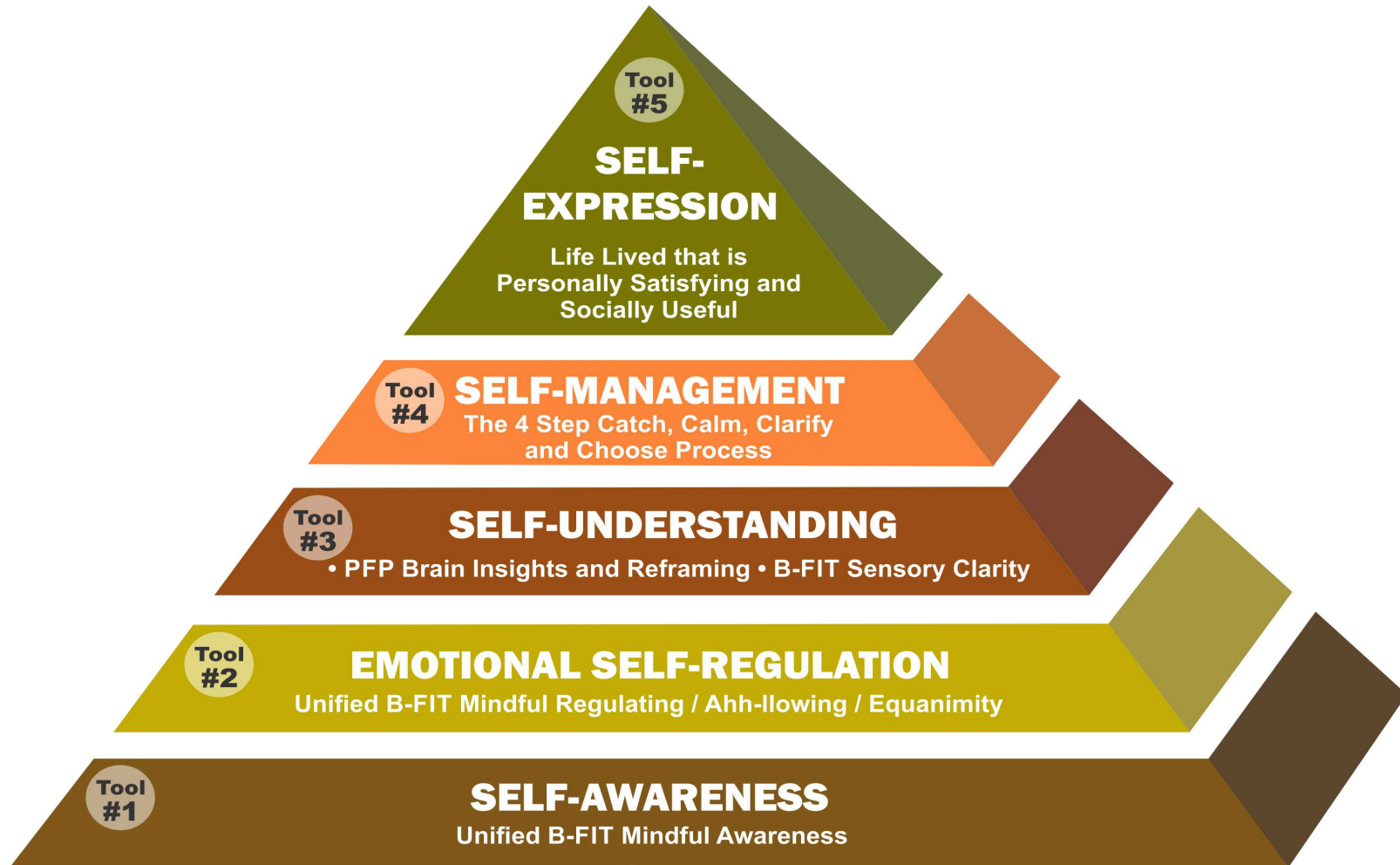
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www.centreforconsciouscare.ca

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5 Essential Life Tools for Meaningful Relationships and Effective Leadership



We have represented these tools in a pyramid structure to indicate the vital interdependency of each tool. One of our earlier teachers, Stephen Covey strongly advised to “start with the end in mind”, so we start at the top of the

pyramid with optimal self-expression which is the culmination of the other 4 tools. As you will read below, **optimal self-expression** will however not be possible without **skillful self-management**.

AND

Skillful management will require **deeper self-understanding**.

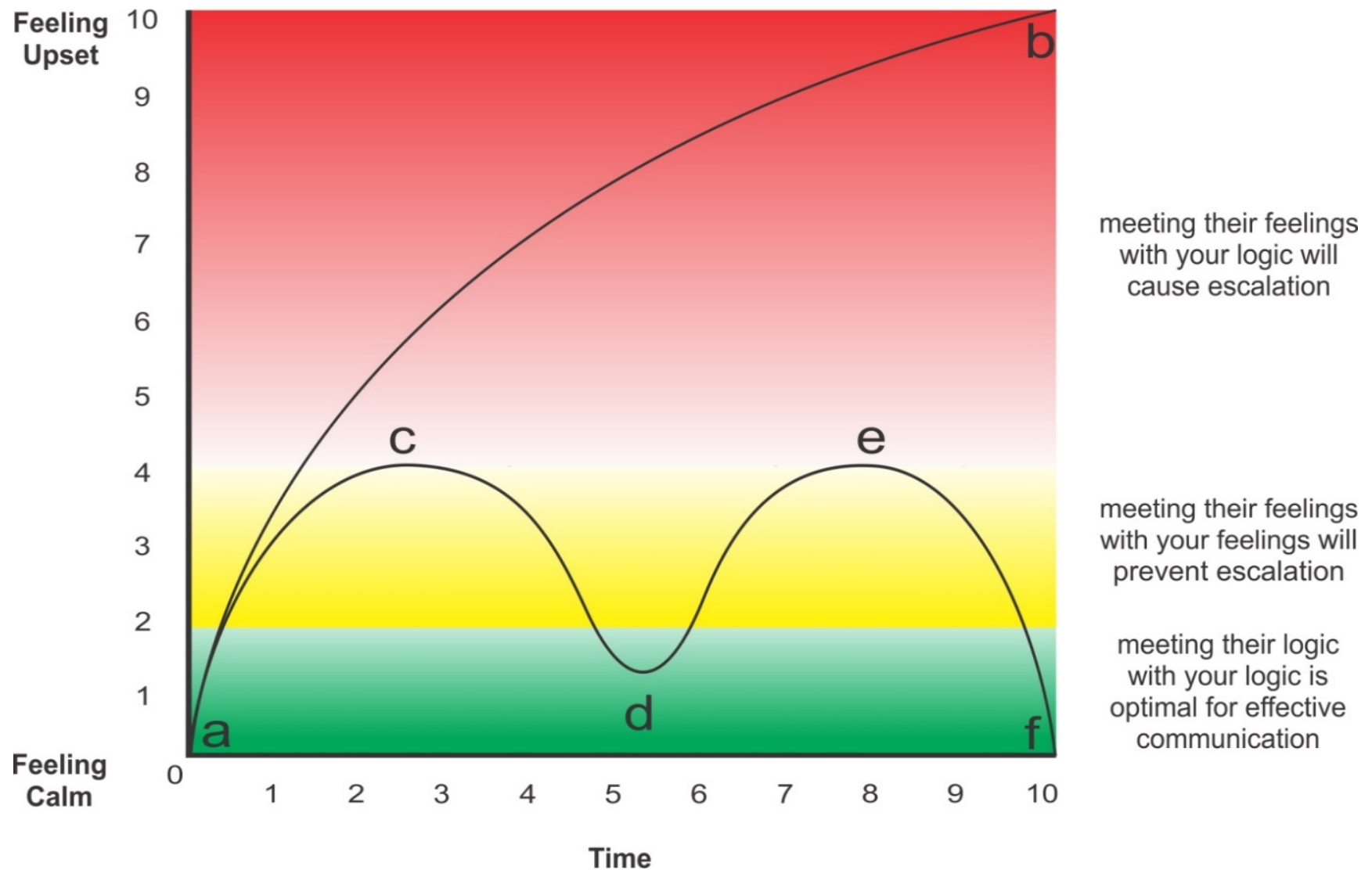
AND

Deeper self-understanding will be dependent on **emotional self-regulation** (equanimity/ahh-lowing).

AND

Without **mindful self-awareness** efforts to have emotional self-regulation, self-understanding, self-management and optimal self-expression will be inconsistent at best and at worst become the seeds of delusion manifested in burn-out, freak-out, tune-out and/or space-out.

Communication Skills to Prevent Power Struggles and De-Escalate Anger



Let's walk through a positive calming sequence, using the letters in the above illustration:

- At **(point a)** the conversation starts with speaking **reasons to reasons**. "Peter, could we talk about _____ which is causing me concern?"
- At the first sign of an **emotional hijack (point c)**, mindfully **meet their feelings with your feelings**. "Yes, I'm listening and what else?"
- If we instead meet their feelings with our logic, expect to be talking with someone who is angry/overwhelmed, thanks in part to your mindlessness (**reference point b**).
- When they return to calm **(point d)**, return to the topic **(point a)** with **reasons to reasons**. "As I mentioned earlier, I am concerned about _____."
- If they escalate again, mindfully **meet their feelings with your feelings (point e)**. "I'm sorry that this is upsetting you, please tell me more."

If this reignites their anger then - "OK, I am listening what else."

- When they return to calm **(point f)**, return to topic **(point d)** with **reasons to reasons**.
"Can I give you some new information that might help here?"
"If I could show you that _____ would that be helpful?"
Share one clear fact and ask:
"Is this helpful?"
"Can I give you some more information?"

Helpful Phrases to Clarify and Gain Consensus:

At **reasons to reasons** stage—introduce a concern:

“I have noticed that it often seems that when you state behaviour that person’s name and describe their reactions.

“How would you feel about suggest a change?”

If the person calmly disagrees with your suggestion, work for a **commitment to change**:

“What I heard you say was_____.”

“Is this your main concern?” (“yes”)

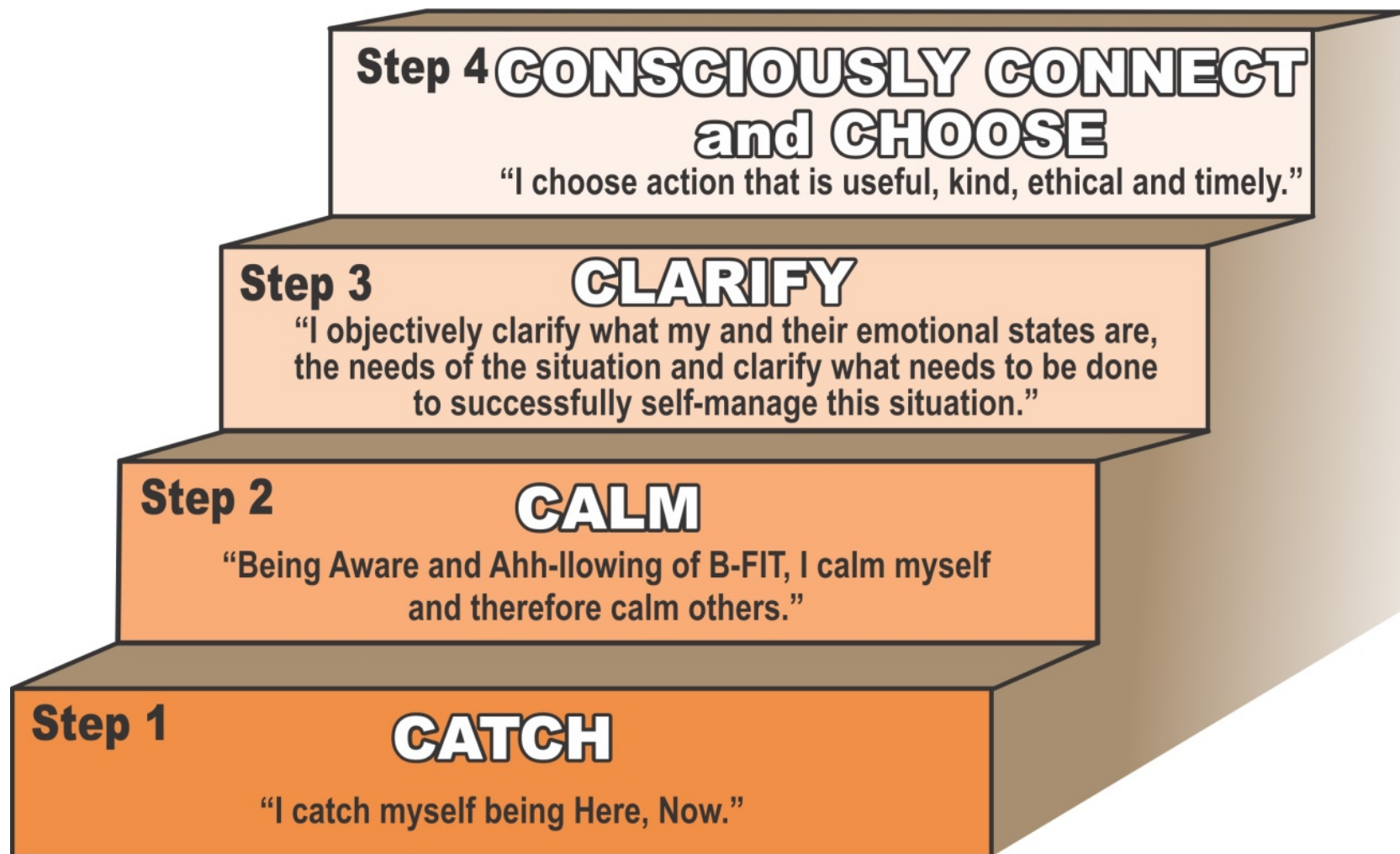
“If we can find a way to take care of this, then would you feel okay with making this change?”

(if yes). Then problem solve to consensus.

(if no) “Okay, can I ask what else is concerning you?”

“If we can take care of_____, then would you feel okay with proceeding?”

The 4 Step Self Management Process to Effectively Implement All Other Tools



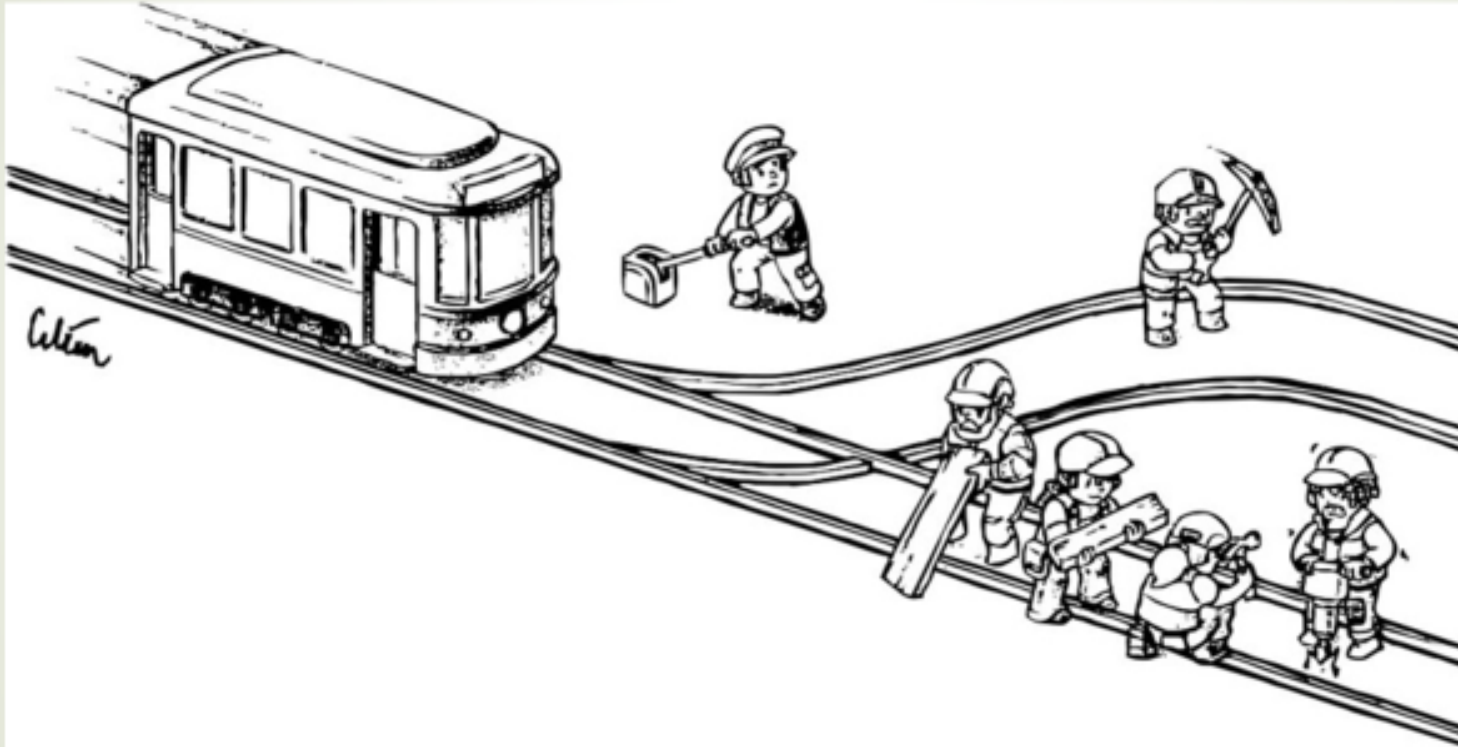
This illustration is a powerful self-management tool that is like a password for almost any situation where there is potential for conflict. No matter what situation presents itself, in order to respond optimally we:

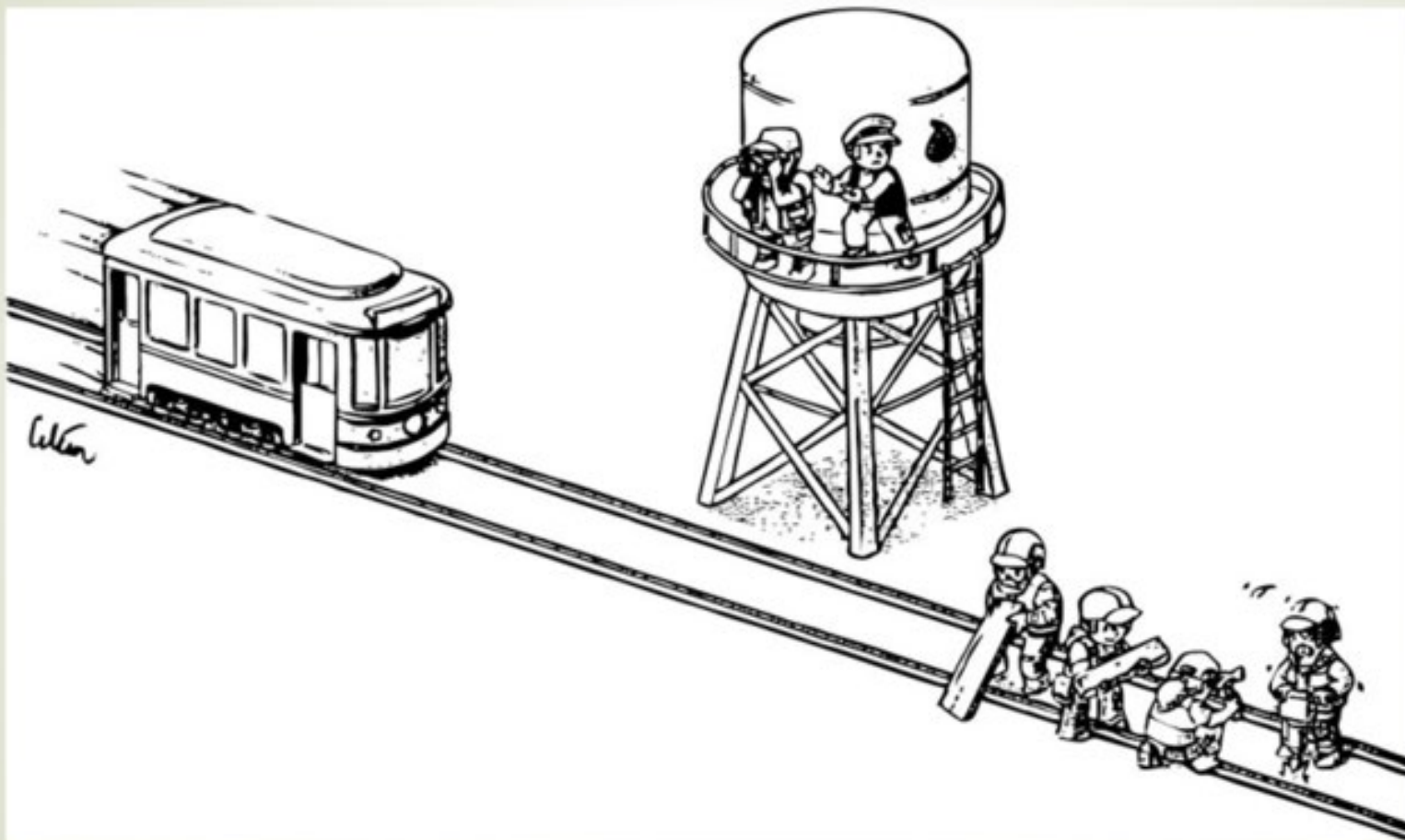
- **Catch** our self being here in the present moment. Right now become aware that you are reading this sentence. This is catching yourself being 'here' present.
- We then become aware of getting stressed, impatient and/or overwhelmed and commence a self and other's **calming** strategy.
- We now **clarify** the needs of the situation – should I just listen – should I say something useful, truthful, kind and timely – should I be empathic because they are upset? What is the best way to meet everyone's needs?

Without catching and calming, this clarifying process just will not happen because our flight and fear directives have already hijacked our upper brain and took it off line. At this stage we are pretty much a 50,000 year old 'cave person' ancestor.

- Now and only now can we consciously **choose and connect** in the most positive ways.

We call this 4 step self-management process, auto pilot override. It works just like how some cars can override our driving skills when they need correction.





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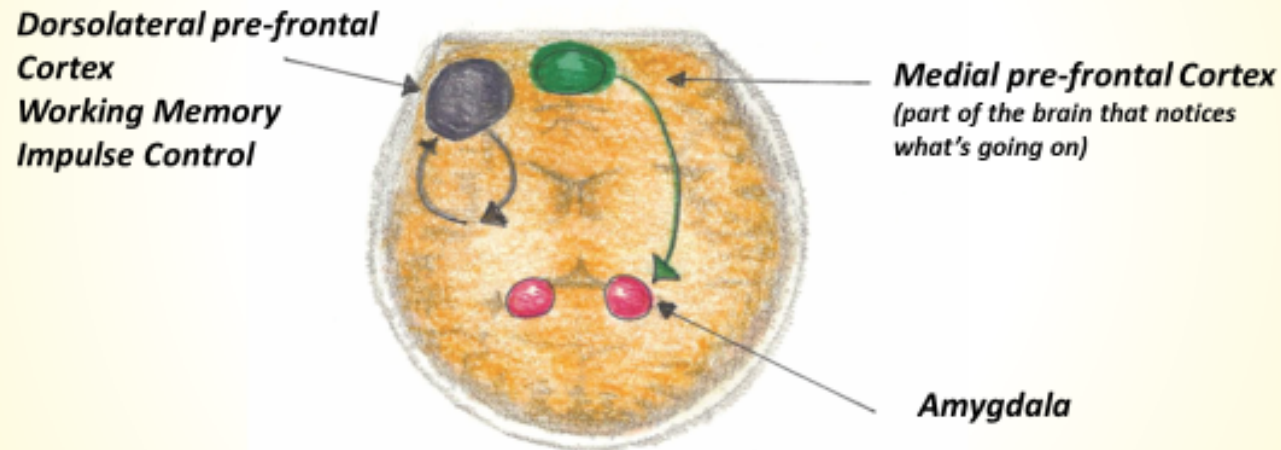


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Mindful Emotional Self Regulation

The main way we can consciously access the emotional brain is through self awareness*, i.e. becoming mindful. Mindfulness increases connections in the medial pre-frontal cortex. This reduces anxiety for the Supporter and the Person Supported.



(*Research reference: J. LeDoux, "Emotion Circuits in the Brain", Journal of Neuroscience 33, no. 9 (2013) 3815-23)

According to many published Neuroscientists, including Dr. Daniel Siegel (UCLA) in his book called *The Mindful Brain* (page 42 and 43) the following brain, body and being functions correlate with the activity of medial areas of the prefrontal cortex:

1. **Body regulation** – the emotional brakes and accelerator functions.
2. **Attuned communication** involves the coordination of the input from another person with the activity of one's own (as with mirror neurons).
3. **Emotional balance** to have enough activation so that life has meaning and vitality but not so much that life becomes chaotic.
4. **Response flexibility** is the capacity to pause before action.
5. **Empathy** – knowing what might be going on inside someone else.
6. **Insight or self-knowing** awareness to be able to link the past, present and future.
7. **Fear modulation** that may be carried out by the release of the inhibitory neurotransmitter GABA.
8. **Intuition** – a neural mechanism by which we process deep ways of knowing via our body i.e. 'somatic intelligence'.
9. **Morality** – taking into consideration the larger picture, to image what is best for the whole not just one's self, even when alone.

B-FIT MINDFULNESS IS...

Being Ahh-llowing* of and Paying Attention:



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Resource D

Personal Leadership Development

The following are 12 statements of examples of how one could action the 7 Habits of Highly Effective People developed by Steven Covey. Consider using this check- list to enhance your personal and professional satisfaction and success.

<i>Statements</i>		<i>Seldom</i>	<i>Some- times</i>	<i>Often</i>	<i>Usually</i>
1.	I have a plan/personal vision of short and long term goals regarding my personal growth and development. (Habits 1&2)				
2.	Daily I complete an activity regarding my personal growth and development e.g. reading, meditation, prayer, ego 'risk'. (Habits 3&7)				
3.	Daily I do 20 minutes of aerobic exercise and my diet is healthy. (Habit 3&8)				
4.	I have a good balance of work, family, leisure and community life. (Habit 3)				
5.	Generally my speech to others is useful, truthful, kind and timely. I genuinely seek first to understand, then to be understood. (Habit 5)				
6.	I have 3 'nutritious' people in my life. (Habit 5)				
7.	Almost weekly I volunteer to help someone other than friends or family. (Habit 4)				
8.	I am a responsible, non-materialistic consumer and steward of the planet. (Habit 7)				
9.	I review my life to evaluate and adjust my plan and vision. (Habit 7)				
10.	I proactively work to mature in a specific personal quality. (Habit 7)				
11.	I ask friends and work colleagues how I can improve, grow and develop my personality and relationships. (Habit 7)				
12.	As required I am sufficiently disciplined to develop the energy, wisdom and compassion to meet the objectives of 1 – 9 above. (Habit 7)				

Developing Commitment and Motivation in Yourself

- Write out your *continue, stop, start*
- Be encouraging – your desire to gain must be greater than fear of losing
- Be validating e.g. be reminded of your past success
- Raise your awareness about the need for change by making the risk for not changing services and at the same time personally relevant
- Focus on positive results of adapting – not negative costs
- Continuously intend your positive outcomes
- Create supportive environments e.g. people and places
- Kill weeds in your garden e.g. pessimism, indecision, blaming
- Break steps into concrete, bite size pieces
- Publicize your positive intentions and plans for change
- Be a role model for positive change
- Give permission to a friend or team member to hold you accountable
- Eat inspirational rituals e.g. ‘snacks’
- Meet with others who have been successful
- Intend and visualize positive outcomes
- Self praise your persistence

Resource A

COMMUNICATIONS STYLE SURVEY

Instruction: Choose a single frame of reference for answering all fifteen items (e.g. work-related communications, family communications, or social communications) and keep that frame of reference in mind when answering the items

Allocate 10 points among the four alternative answers given for each of the fifteen items below.

Example: When the people I supervise become involved in a personal conflict, I usually:

Intervene to
settle the
dispute.
3

Call a meeting
to talk over
the problem.
6

Offer to help
if I can.
1

Ignore the
problem.
0

Be certain that your answers add up to 10.

1. When someone *I care about* is actively hostile toward me, i.e. yelling, threatening, abusive, etc. I tend to:

Respond in a hostile
manner.

Try to persuade
the person to give
up his/her actively
hostile behaviour.

Stay and listen
as long as possible.

Walk away.

2. When someone who is relatively unimportant to me is actively hostile toward me, i.e. yelling, threatening, abusive, etc. I tend to:

Respond in a hostile
manner.

Try to persuade
the person to give
up his/her actively
hostile behaviour.

Stay and listen
as long as possible.

Walk away.

3. When I observe people in conflicts in which anger, threats, hostility, and strong opinions are present, I tend to:

Become involved
and take
a position.

Attempt to
mediate.

Observe to see
what happens.

Leave as quickly
as possible.

4. When I perceive another person as meeting his/her needs at my expense, I am apt to:

Work to do
anything I can
to change that
person.

Rely on persuasion and
“facts” when
attempting to have
that person change.

Work hard at
changing how I
relate to that
person.

Accept the
situation as it is.

5. When involved in an interpersonal dispute, my general pattern is to:

Draw the other
person into
seeing the
problem as I do.

Examine the
issues between
us as logically
as possible.

Look hard for
a workable
compromise.

Let time take its
course and let
the problem work
itself out.

6. The quality that I value the most in dealing with conflict would be:

Emotional
strength and
security.

Intelligence.

Love and
openness.

Patience.

7. Following a serious altercation with someone I care for deeply, I:

Strongly desire to go
back and settle things
my way.

Want to go back
and work it out –
whatever give-and-
take is necessary.

Worry about it
a lot but not
plan to initiate
further contact.

Let it lie and
not plan to
initiate further
contact.

8. When I see a serious conflict developing between two people *I care about*, I tend to:

Express my
disappointment
that this had to
happen.

Attempt to
persuade them to
resolve their
differences.

Watch to see
what develops.

Leave the scene.

9. When I see a serious conflict developing between two people who are *relatively unimportant to me*, I tend to:

Express my
disappointment
that this had to
happen.

Attempt to
persuade them to
resolve their
differences.

Watch to see
what develops.

Leave the scene.

10. The feedback I receive from most people about how I behave when faced with conflict and opposition indicates that I:

Try hard to
get my way.

Try to work
out differences
cooperatively.

Am easygoing
and take a soft or
conciliatory
position.

Usually avoid the
conflict.

11. When communicating with someone with whom I am having a serious conflict, I:

Try to over-
power the other
person with my
speech.

Talk a little
bit more than
I listen.

Am an active
listener (feeding
back words and
feelings).

Am a passive
listener (agreeing
and apologizing).

12. When involved in an unpleasant conflict, I:

Use humour
with the other
party.

Make an occasional
quip or joke about
the situation or
the relationship.

Relate humour only
to myself.

Suppress all
attempts at humour.

13. When someone does something that irritates me (e.g. smokes in a non-smoking area or crowds in line in front of me), my tendency in communicating with the offending person is to:

Insist that
the person
look me in
the eye.

Look the person
directly in the
eye and maintain
eye contact.

Maintain
intermittent eye
contact.

Avoid looking
directly at the person.

14. When I talk to someone, I tend to:

Stand close
and make
physical
contact.

Use my hands
and body to
illustrate my
points.

Stand close to
the person without
touching him or
her.

Stand back and
keep my hands
to myself.

15. When I talk to someone who is argumentative, I tend to:

Use strong
direct language
and tell the
person to stop.

Try to persuade
the person
to stop.

Talk gently and
tell the person
what my feelings
are.

Say and do
nothing.

COMMUNICATIONS STYLE SURVEY SCORING AND INTERPRETATION SHEET

Instructions: When you have completed all fifteen items, add your scores vertically, resulting in four column totals. Put these on the blanks below.

Totals:

Column 1

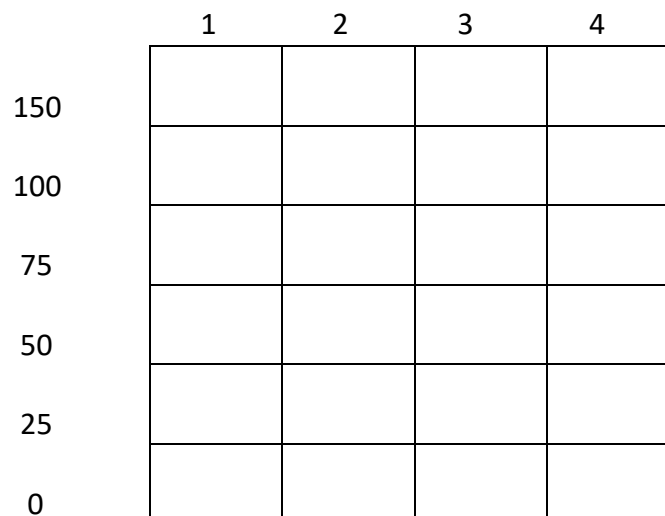
Column 2

Column 3

Column 4

Using your total scores in each column, fill in the bar graph below.

Total Points



Column 1: Aggressive/Confrontive. High scores indicate a tendency toward “taking the bull by the horns” and a strong need to control situations and/or people. Those who use this style are often directive and judgmental.

Column 2: Assertive/Persuasive. High scores indicate a tendency to stand up for oneself without being pushy, a proactive approach to conflict, and a willingness to collaborate. People who use this style depend heavily on their verbal skills.

Column 3: Observant/Introspective. High scores indicate a tendency to observe others and examine oneself analytically in response to conflict situations as well as a need to adopt counseling and listening modes of behaviour. Those who use this style are likely to be cooperative, even conciliatory.

Column 4: Avoiding/Reactive. High scores indicate a tendency toward passivity or withdrawal in conflict situations and a need to avoid confrontation. Those who use this style are usually accepting and patient, often suppressing their strong feelings.

Now total your scores for Columns 1 and 2 and Columns 3 and 4.

Score
Column 1 + Column 2 = _____ A

Column 3 + Column 4 = _____ B

If score A is significantly higher than Score B (25 points or more), it may indicate a tendency toward assertive conflict management. A significantly higher B score signals a more conciliatory approach.

Do these interpretations give you any insights? Do they fit you? Are any changes desired?
Write your comments below.
