

Use of Communication Skills Training As a Therapeutic Tool

Suneel Chaudhary

Associate Professor, Department of Psychology, K.G.K. (P.G.) College, Moradabad

Abstract

This paper describes the use of communication skills training program as a therapeutic tool. The paper also examined the utility of communication skills training program through empirical studies. Communication skills are significant for achieving goals through social interaction. Communication skills training lay emphasis on, communication in a social setting. The chief ingredients of the communication skills training programs are the clear expression and reception of meaning, restructuring of inappropriate attitudes and equalization of decision-making power. Therapeutic use of Communication skills training is based on elements of behavioral, cognitive, family systems, humanistic, and other approaches. The most prominent use of communication skills therapy is to teach problem-solving skills, mainly to resolve parent-adolescent and marital conflict. Communication skills' training applies various models and programs to reframe disagreements and to generate solutions to recurrent problems that distress the family or couples. There are now a large number of empirical studies that support the efficacy and wide applicability of communication skills training in the family context, including specific applications for adolescents and couples. In recent years, communication skills training have also been developed for children with developmental disabilities such as mental retardation or autism. Communication skills programs are also used to design more effective interventions for challenging behavior. They are successful in replacing problem behaviors with socially appropriate communication. It is expected that further advancement of communication skills training programs will be undertaken with increasingly diverse populations and it will further widen its scope and efficacy as a therapeutic tool.

Key words: Communication Skills, Effective Problem Solving, Cognitive Restructuring, Behavioral Marital Therapy, Functional Communication Training

Introduction

Communication skills are critical for successful relationships and problem solving. Communication skills training (CST), upgrades problem-solving skills by teaching clients to resolve conflicts through adopting to new rules of social interaction, restructuring their attitudes, and clearly conveying and receiving meaning. In Communication skills training, therapists frequently combine elements of behavioral, cognitive, family systems, humanistic, and other approaches to resolve interpersonal problems.

Communication skills training has gradually developed from a treatment approach focused on reducing family conflict to a much broader range of therapies concerned with the resolution of human conflict in areas arraying from the home to business and institutional settings. The initial conceptual communication skill training emerges from a humanistic, social-learning perspective suggesting that conflict is often produced by perceived differences in power.

Communication skills are significant for achieving goals through social interaction. Communication skills training lay emphasis on, communication in a social setting. It can be useful in a wide range of intervention programs for numerous types of individuals and situations. The most prominent use of communication skills therapy is to teach problem-solving skills, mainly to resolve parent-adolescent and marital conflict. There are various specific processes common to all communication skills training. First, most communication skills training tries to promote positive

communication habits. It emphasize upon clear expression and reception of meaning. Effective problem-solving demands reducing negative communication habits and enhancing the process of reaching at mutually satisfactory solutions. The negative communication habits involve emotional blaming, frequent changing of topic and disruptions. Communication skills training also attempts to teach the individual ways to restructure their attitudes that may suppress effective problem-solving. Second, communication skills training cultivate reflective listening in families. It means relating perceived meaning back to the speaker. The purpose is to enhance the behavioral component of problem-solving. A third dimension of communication skills training concentrates on the quality of family relations. In general, communication skills training emphasize a democratic approach in family relations. Issues are raised and clarified through mutual agreement and the rights of all family members are respected in arriving at a solution. It stress upon equalization of decision-making power.

Models and Applications of Communication Skills Training

In the context of parent-adolescent relations it suggests that adolescents initially argue with their parents in a developmentally appropriate pursuit for independence. Excessive authoritarian responses from parents sometimes lead to increased conflict. Responding in a more mutual democratic manner and the equalization of decision-making power, replaces negative communication with a social environment more likely to give solutions to problems arising in parent-child relations. The early form of communication skills training was based on the principles of behavior modification, experimental problem solving, and effective communication.

An early example of the communication skills training approach is the four step model introduced by A. L. Robin, S. L. Foster, and colleagues as a module of their problem-solving communication training (PSCT) for parents and adolescents. During the first six sessions, families are introduced to the model. Specifically, families are told to (1) define the problem briefly without blaming, (2) brainstorm alternative solutions, (3) evaluate solutions by listing their positive and negative consequences and deciding on a mutually satisfactory agreement, and, finally (4) specify the actions required to implement the solution. This training also involves the therapist's provision of feedback, modeling, and behavioral rehearsal (i.e., role-play) to correct negative habits. Families are also taught to self-monitor negative communication patterns such as interruptions, lack of eye contact, and blaming, and to replace them with more effective behaviors such as maintaining eye contact, active listening, verification of meaning, appropriate voice tone, and appropriate nonverbal posturing.

At each session of problem-solving communication training, a specific problem, such as task completion, obedience, or homework compliance, is discussed. Therapists then help guide families through a structured discussion and intervene when family members deviate from the four-step guidelines. Therapist may guide the family members in the form of a discussion of the inappropriate behavior, demonstration of more appropriate behavior, or direct feedback about the error. Often, family members are uneven in their mastery of the communications skills and they receive feedback and instruction according to their level of communication during the sessions.

Cognitive restructuring (CR) is also a common feature of problem-solving communication training. Cognitive restructuring is a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts. Its purpose is to recognize negative, inaccurate thoughts and replace them with alternative ones that are more realistic and helpful. Applications of communication skills training to marital and relationship problems have been theoretically diverse and include systems-oriented and social-learning approaches.

Applications of Communication skills training to marital and relationship problems include systems-oriented and social-learning approaches. One of the best known interventions for relationship problems, behavioral marital therapy (BMT), represents an application of reinforcement principles to problems encountered in marital relationships. Behavioral marital therapy emerged

most directly from reinforcement and social learning theory. The early behavioral marital therapy notion of behavioral exchange was modeled on behavioral formulations of the marital relationship in terms of contingency contracting and seeking to foster changes in partner behavior. The behavioral marital therapy is based on the promotion of support-understanding techniques and problem-solving training. Support-understanding techniques encourage teamwork and positive affect. Each partner first generates a list of behaviors that they would like their partner to perform. Subsequently, each partner agrees to perform three of the actions from their partner's list. In more recent years, behavioral marital therapy has expanded to incorporate a theoretically diverse number of treatment techniques, including a greater focus on communication and problem-solving skills, and more acceptance-based procedures.

Couple Communication is a systems- oriented program designed by S. Miller and Peter A.D. Sherrard, to teach important communication skills to couples in conflict. Viewing a relationship as a "system," and more specifically as a "self-managing-adaptive system," implies that relationships are not static and that the behavior of the partners constitutes the dynamic of their relationship. The Couple Communication program and the concepts and skills taught in the program are designed to enhance the couple's ability to communicate effectively and become their own best problem solvers. Its three main goals are to help couples communicate more effectively about day-today issues, manage and resolve conflicts more effectively, and to help build a more satisfying relationship. The intervention model aims to increase awareness of the relationship, teach skills for communicating more effectively, expand options for enriching the relationship, and increase satisfaction with the relationship itself.

Communication skills training can be useful in helping children with disabilities such as mental retardation or autism to communicate effectively in various social settings. This intervention is called Functional communication training (FCT), which is derived from learning theory and behavior analysis. Functional communication training is a differential reinforcement procedure in which an individual is taught an alternative response that results in the same class of reinforcement identified as maintaining problem behavior. Adherents of this perspective argue for the functionality of the existing problem behavior and note that when taught an appropriate communicative alternative, children diagnosed with developmental disabilities will often show substantial improvement in communication.

F. P. Orelove and D. Sobsey have outlined a program to teach basic functional communication to children with severe or multiple disabilities. Before implementing the program, four decisions must be made: (1) which communication functions would be most useful to the individual, (2) what specific content or messages should be communicated, (3) which form of communication should be selected -vocal, gestural, or graphic, (4) how each item should be taught. After these decisions have been made, a program of assessing and teaching specific patterns of communication can be implemented based on five fundamental principles: maximization (striving for the greatest increase in appropriate communication), functionality (focusing on social outcomes), individualization (uniquely assessing each child and what he or she requires), mutuality (aiming at both communication partners and their context assessment and intervention), and normalization (teaching common communication unless there is an undeniable benefit to the individual in teaching different skills).

Another program, to facilitate social interaction for children with autism is developed by L. G. Klinger and G. Dawson. It comprises two strategy levels and is based on the five general principles outlined by Orelove and Sobsey. Level One involves facilitating attention to people, social contingency, and turn-taking. Level Two targets imitation, early communication, and joint attention skills. These strategies may be implemented by parents, teachers, psychologists, and other developmental specialists.

Interventions have also been designed based on the premise of teaching communication skills as an alternative to challenging behavior. In their review of functional communication interventions,

D.P. Wacker and J. Reichle describe a number of simple and effective programs that involve two common steps. First, factors maintaining problem target behaviors must be identified. Second, the maintaining factors must be made available only when the specified appropriate communicative response is made. These interventions are performed in three general phases: assessment, initial intervention, and expanded intervention aimed at generalizing and maintaining outcomes. V. M. Durand and colleagues have explored several factors that increase the success of functional communication training in reducing challenging behavior. The four main factors are response match, response mastery, response milieu, and the consequences of the challenging behavior. "Response match" means that the newly trained response should produce the same consequence as the targeted challenging behavior. Other concepts such as "response mastery" and "response milieu" speak to the importance of ensuring that the newly trained functional communication response becomes more efficient in producing changes in individual's environment than the formerly high frequency problem behavior. Taken together, the diverse applications of communication skills training are impressive in scope.

Empirical Support

A large body of research on Communication skill training has pointed to its effectiveness in a variety of applications. Robin (1998, 2006) has conducted a host of studies that demonstrate the versatility of his communication skills training approach with the most recent applications in the context of eating disorders. The effectiveness of his problem-solving communication training program has been established in both hypothetical and actual therapy settings during structured treatment programs. Improvements in problem-solving have also been noted outside of training settings. In one study (Gottman, 2004) reductions in parent-adolescent conflict in the home were still evident up to 10 months following therapy. Evidence of both parent and adolescent satisfaction with the improvements in family interaction has also been noted (Harris, 2009).

Behavioral marital therapy is among the most heavily researched treatment programs of any kind. Findings (Stanley and Blumberg, 2008) have suggested that it is superior to no-treatment controls and placebo and equivalent to or more effective than other forms of marital therapy. Although generalization and maintenance of treatment effects and the clinical significance of result have sometimes been a concern, researchers continue to work to improve outcomes. Empirical support for the Couple Communication program is less robust than for behavioral marital therapy, but some evidence (Markman, 2003) of increases in constructive communication skill use, relationship satisfaction, and maintenance of treatment effects have been reported.

Mancil, Conroy & Nakao (2006), and Martin, Drasgow, Halle, & Brucker (2005) a host of others have found solid support for the use of functional communication and other behaviorally oriented skills training as a treatment modality for challenging behavior among persons diagnosed with developmental disabilities. The data have been encouraging in the assessment and treatment of problems such as aggression, self-injurious behavior, and stereotyped behavior, as well as other problems associated with autism. Moreover, these studies have been conducted in a variety of settings and implemented by professionals, paraprofessionals, and family members alike.

Conclusion

Communication skills are critical for successful relationships and problem solving. The main elements that unite all the communication skills training programs are the clear expression and reception of meaning, restructuring of inappropriate attitudes and equalization of decision-making power. In Communication skills training, therapists frequently combine elements of behavioral, cognitive, family systems, humanistic, and other approaches to resolve interpersonal problems. Communication skills' training applies various models and programs to reframe disagreements and to generate solutions to recurrent problems that distress the family or couples. There are now a large

number of empirical studies that support the efficacy and wide applicability of Communication skills training in the family context, including specific applications for adolescents and couples.

In recent years, communication skills training have also been developed for children with developmental disabilities such as mental retardation or autism, to communicate effectively in various social settings. Communication skills programs are also used to design more effective interventions for challenging behavior. They are successful in replacing problem behaviors with socially appropriate communication. These programs, too, appear to have a high success rate. Although technically difficult to implement, it is expected that further development of Communication skills training programs will be undertaken with increasingly diverse populations and it will further widen its scope and efficacy as a therapeutic tool.

References

- Arnold, L. B. (2008). *Family communication: Theory and research*. Boston, MA: Allyn & Bacon.
- Brownell, J. (2010). *Listening: Attitudes, principles, and skills*, 4th ed. Boston, MA: Allyn & Bacon.
- Canary, D. J., Cupach, W. R., & Messman, S. J. (1995). *Relationship conflict: Conflict in parent-child, friendship, and romantic relationships*. Thousand Oaks, CA: Sage.
- Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness-based relationship enhancement. *Behavior Therapy* 35 (summer), 471–494.
- Childress, H. (2004). Teenagers, territory and the appropriation of space. *Childhood: A Global Journal of Child Research* 11(May), 195–205.
- Dindia, K., & Baxter, L. A. (1987). Strategies for maintaining and repairing marital relationships. *Journal of Social and Personal Relationships* 4, 143–158.
- Fitzpatrick, M. A., & Caughlin, J. P. (2002). Interpersonal communication in family relationships. In *Handbook of interpersonal communication*, 3rd ed., (pp. 726–777), M. L. Knapp & J. A. Daly. (eds.). Thousand Oaks, CA: Sage.
- Gibbs, N. (2005). Parents behaving badly. *Time* (February 21), 40–49.
- Hocker, J. L., & Wilmot, W. W. (2007). *Interpersonal conflict*, 7th ed. New York, NY: McGraw Hill.
- Iverson, J. M., & Goldin-Meadow, S., eds. (1999). *The nature and functions of gesture in children's communication*. San Francisco: Jossey-Bass.
- Kenrick, D. T., Neuberg, S. L., and Cialdini, R. B. (2007). *Social psychology: Goals in interaction*, 4th ed. Boston, MA: Allyn & Bacon.
- Knapp, M. L., & Vangelisti, A. (2009). *Interpersonal communication and human relationships*, 6th ed. Boston, MA: Allyn & Bacon.
- Mancil, G. R., Conroy, M. A., Nakao, T., & Alter, P. (2006). Functional communication training in the natural environment: A pilot investigation with a young child with autism spectrum disorder. *Education and treatment of children*, 29, 615-633.
- Martin, C. A., Drasgow, E., Halle, J. W., & Brucker, J. M. (2005). Teaching a child with autism and severe language delays to reject: Direct and indirect effects of functional communication training. *Educational psychology*, 25, 287-304.
- Willson, R., & Branch, R. (2006). *Cognitive behavioural therapy for dummies*. West Sussex, England: Wiley.
-