

## HANDOUT 4 – 1/3

# Active Communication Techniques

### Techniques for active communication with children in distress

1. This handout features seven techniques for active communication with children in distress:
2. Initial contact – introducing yourself
3. Information (asking open-ended and clarifying questions)
4. Active listening
5. Normalisation
6. Generalisation
7. Triangulation
8. Stabilisation

Be aware that not all techniques are always used. Use the communication techniques that are relevant in the **particular situation**. Always start with the initial contact, but other techniques are not necessarily used in the order in which they are presented here.

### Technique 1. Initial contact – introducing yourself

- What is your name?
- Who are you working for?
- Why are you there?

Always begin by explaining who you are and what you are doing there. Speak softly, slowly and calmly. Try to sit down next to the person, or crouch down to talk to the parent or child, so you are at the same level. If it is appropriate in your culture, maintain eye or physical contact, such as holding the parent or child's hand, or having your arm around the person or on his or her shoulder.

Even if the child knows who you are, this does not mean that they know your role or responsibility in a particular situation. Hence, it is important to clarify to the child what your role is, for example: *"When a difficult experience like this has happened, my role is to talk to the children in the camp to see if there is anyone who would like to share their thoughts."*

### Technique 2. Information (asking open-ended and clarifying questions)

Use open-ended questions to better understand the situation. Open-ended questions are questions that normally cannot be answered with a "yes" or a "no." They often begin with "why," "when," "where," "what" and "who." Children are encouraged to tell their story on their own terms and from their own perspective. For example, say, *"Where were you when it happened?"* or *"How come that you did not eat anything today?"* Examples of clarifying questions are *"I am interested in hearing more of your thoughts on..."*, and *"Are you saying..."* *"Do you mean..."*

Open questions are useful in circumstances where the child's story seems incoherent. They can clarify what happened and give you information about their feelings and thoughts. When facilitating psychosocial group activities with children, open questions encourage active participation among children, creative thinking and problem solving.

Be careful not to probe when asking open questions. In a crisis, remember that you are there to help reduce distress, not to probe into the details of what has happened to the child or the adult. Probing can harm the person in the initial phase after a distressful event. Instead, practise your listening skills and focus on the basic needs the child or adult expresses in such circumstances.

### Technique 3. Active listening

There are five elements in active listening:



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### 1. Attentive focus

Do not talk - just listen. Stay quiet and let the child speak without interruption. Use your body language to show that you are listening and concentrating on what the child is saying. Block out any distractions. Create as peaceful a place as possible and turn off your mobile phone or put it on silent.

Be aware of your own body language and the appropriate body language in the cultural context. Make eye contact if this is appropriate in accordance with cultural practice. Sit or stand in a position that puts you at the same level as the child. Be aware of the child's personal space, depending on age, gender and context. You may need to sit in an angle to the child **in order to** avoid being completely face to face with the child.

If you are working with a translator, ensure that the translator is aware of the meaning of active listening and is very precise when s/he translates.

Sometimes certain issues, words and situations may trigger personal emotions that makes listening difficult for you. These may lead to for example judgements from your side. It is important that you recognise and control your own listening barriers and emotional triggers, to succeed in giving the child or caregiver your undivided attention.

### 2. Paraphrasing

Paraphrasing means repeating the key words spoken by the child or caregiver. Act like a mirror – not in a mechanical or parrot-like way, but as a way of using the same type of language as the child. This shows the child that you are listening and concentrating on the information that the child is giving you. It also gives you an opportunity to verify that you have understood the information correctly.

Paraphrasing also means repeating what a child or caregiver has said but with different words. It is important to describe or reflect rather than interpret what you have heard. To reflect a description of a feeling, you might say, *"It sounds like this experience made you feel angry. Is that so?"* Always give the child an opportunity to make corrections if needed. Say, for example, *"What I have understood is..."* and *"did I get that right?"*

### 3. Encouragement

Active listening also includes encouragement. Convey warmth and positive sentiments in verbal as well as non-verbal communication. This helps create openness and a feeling of safety, which is crucial when you want to build trust. Paraphrasing can be used as one way to encourage the child to say more. Raise the tone of your voice at the end of your own sentences so that it sounds a little like a question to encourage the child to continue.

In some circumstances, physical touch may contribute to a sense of encouragement. However, in many cultures or contexts it is inappropriate to give an unknown child a hug (remember that you do not know the child's history). Instead, you may show your empathy by saying for example *"I'm very sorry to hear this"* or *"I will stay next to you all the time while we search for your mother."*

### 4. Summarising

Every now and then, reflect and summarise what the child has told you so far in the conversation. This shows that you have listened and that you are trying to understand. In addition, you are verifying if you have understood the information correctly. Having developed this understanding may help the child get ready for making plans. For example, you can say, *"I would like to summarise what I have understood..."*, or *"Let me briefly review what I have heard you say..."* and *"Please correct me if I left anything out..."*



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### Technique 4. Normalisation

Normalisation and generalisation (see technique 5) are communication techniques that usually work well with children and adults alike.

In or after a crisis, children may be confused about their own reactions and feelings and they may not share this confusion with anyone. Normalisation means that we reassure a child that his or her reaction is common and normal in relation to a distressful event. The key point is that the child should know that his or her reactions are understandable and human, and that the reactions do not mean that there is something wrong with him/her. Children may be confused about their own reactions and feelings and they may not share this confusion with anyone. Tell the child that his or her reaction is very common and the reactions and feelings do not mean that there is something wrong with him/her. Rather, he/she is experiencing a common reaction to an unusual situation.

Normalisation helps the child to link his or her reactions to the situation and understand that there is a reason for these feelings and reactions. This helps the child reduce the sense that the world has turned upside down and gives hope to the child that things can return to normal.

Accept and support all emotions the child may express or show. While you cannot prevent a child from showing strong emotions, you may help the child understand that such emotions are common after bad or unexpected experiences. For example, you can say, *"I can see that you are afraid. Many children experience fear. This is very common after an experience like this."*

Some children react physically to traumatic experiences. If this happens, you can explain, *"It is common for the body to react when you have experienced something frightening. For example, your heart may start beating faster, your mouth may feel dry or your arms and legs may feel numb. You may have pains. You may also feel tired or angry."* The child may feel less worried if he or she understands that his or her body reactions are normal.

### Technique 5. Generalisation

Generalisation is related to normalisation. The purpose of generalisation is to widen the perspective to help the child to realise that many other children share his or her reactions. It is not sufficient for the child to realise that his or her reactions are common and perfectly normal in an unusual situation. It is important to stress that **many other boys and girls are sharing the same feelings and reactions**. This helps reduce the feeling of isolation and can give hope.

You may, for example, say: *"I know a lot of boys and girls who are feeling the same way as you are. Some of them are your age, some are older. I also know some children who are now feeling much better."* Alternatively, you may say: *"I know one girl who is now doing much better after she talked to her mother about what was troubling her,"* or *"Many boys and girls feel the way you do when they experience the things you have experienced. Your reactions are very similar to others in the same situation"*.

### Technique 6. Triangulation

Sometimes children, especially younger children, find it very intimidating and scary to talk to strangers. If a child does not want to talk to you directly, talk to the child through another person, or using a toy or other objects you find suitable (for example, by using a photo, tree, or a person from book). This is called triangulation, because a third person or object becomes part of the conversation, and the three of you form a triangle. This is a non-threatening way of communicating with children who do not trust you yet.