Contents

Preface xv

SECTION I: GETTING THE JOB 1

1. Resume Preparation and Interviewing 3

   Introduction 3
   Resume Preparation 3
   Types of Resumes 4
   Essential Content of Resumes 6
   Personalized Cover Letters 7
   References 8

The Interview: A Two-Way Fact-Finding Mission 8

   Preparing for the Interview 9
   In the Interview 10
   Questions the Interviewee Might Consider Asking 16

After the Interview 17

   Thank-You Notes 17

Summary 18

References 19

SECTION II: THINGS YOU SHOULD KNOW 21

2. Information to Know (WHO, Health Care Reform, ASHA Documents, Workplace Settings, Malpractice and Liability) 23

   Introduction 23
   Definitions of Impairment, Disability, and Handicap as They Relate to Communication Disorders 23

Definitions Related to ASHA 27

   Health Care Reform 27
   Managed Care Plans 30
   Malpractice 37

   Malpractice Versus Liability 38
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Universal Precautions Against Blood-Borne Pathogens and Other Potentially Infectious Material</td>
<td>47</td>
</tr>
<tr>
<td>Introduction</td>
<td>47</td>
</tr>
<tr>
<td>Blood-Borne Pathogens</td>
<td>49</td>
</tr>
<tr>
<td>Terminology</td>
<td>49</td>
</tr>
<tr>
<td>Hepatitis B and Hepatitis B Vaccine</td>
<td>51</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)</td>
<td>52</td>
</tr>
<tr>
<td>What Should Be in Training?</td>
<td>52</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>53</td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>54</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>54</td>
</tr>
<tr>
<td>Labels</td>
<td>55</td>
</tr>
<tr>
<td>Exposure Prevention</td>
<td>55</td>
</tr>
<tr>
<td>Exposure Management</td>
<td>56</td>
</tr>
<tr>
<td>Special Concerns Related To Speech-Language Pathology</td>
<td>57</td>
</tr>
<tr>
<td>Hand Washing</td>
<td>58</td>
</tr>
<tr>
<td>Summary</td>
<td>61</td>
</tr>
<tr>
<td>References</td>
<td>61</td>
</tr>
<tr>
<td>4. Case Law That Had Implications for Speech-Language Pathologists in School-Based Settings</td>
<td>63</td>
</tr>
<tr>
<td>The Ann Arbor Decision: Social Dialects (1979)</td>
<td>63</td>
</tr>
<tr>
<td>Background Information</td>
<td>63</td>
</tr>
<tr>
<td>The Players</td>
<td>64</td>
</tr>
<tr>
<td>The Issue</td>
<td>64</td>
</tr>
<tr>
<td>The Legal Process</td>
<td>64</td>
</tr>
<tr>
<td>The Rulings</td>
<td>64</td>
</tr>
<tr>
<td>Impacts of the Rulings</td>
<td>65</td>
</tr>
<tr>
<td>Background Information</td>
<td>66</td>
</tr>
<tr>
<td>The Players</td>
<td>66</td>
</tr>
</tbody>
</table>
Public Laws Affecting Educational Settings 82
Public Law 333: Vocational Rehabilitation Amendments of 1965 84
Public Law 89-750: The Elementary and Secondary Education Amendments of 1966 85
Public Law 91-230: The Education of the Handicapped Act 85
Public Law 93-380: Education Amendments of 1974 Section 513: Family Education Rights and Privacy Act (FERPA) 86
Public Law 94-142: Education for All Handicapped Children Act (EAHCA) (1975) 88
Public Law 99-457: The Education of the Handicapped Act Amendment of 1986 93
Public Law 101-476: Individuals with Disabilities Education Act (IDEA) (1990) 95
No Child Left Behind Act (NCLB) 97
Health Care Legislation Impacting Delivery of SLP Services 98
The Social Security Act of 1935 98
Social Security Act Amendments of 1965 99
Social Security Act Amendments of 1972 99
Social Security Act Amendments of 1982 100
Social Security Act Amendments of 1983 100
Medicare Communication Disorders and Services Act (1984) 100
Medicaid Reform 101
U.S. Public Health Service Act (1944) 101
Public Law 101-518: Section 4206 (Patient Self-Determination Act of 1990) 103
Public Laws Affecting Employment of Persons with Disabilities 104
Americans with Disabilities Act (Public Law 101-136) 104
Technology-Related Assistance for Individuals with Disabilities Act Amendments of 1994 (Tech Act) 107
Health Insurance Portability and Accountability Act (HIPAA) 107
Summary 114
References 114
Appendix 5A 117
6. Ethics in Speech-Language Pathology 121
   What Is Ethics? 121
   Why Are There More Ethical Dilemmas in the Current Two Decades Than Previously? 123
   Model for Clinical Ethical Decision-Making 124
   When a Patient Disagrees with the Recommendations 126
   Clinician-Doctor Relationship 127
   Clinician-Patient Relationship 128
   What Happens if the Code of Ethics Is Violated? 128
   Reporting Abuse 128
   Abuse of the Elderly 129
   Abuse of Children 130
   Summary 132
   References 134
   Appendix 6A 135

7. Professional Standards 141
   CARF: Commission on Accreditation of Rehabilitation Facilities 143
   Condensed Steps to Accreditation (from the CARF standards manuals) 145
   The Joint Commission (Formerly Known as the Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) 147
   Position Statement: Helping Health Care Organizations Help Patients 147
   Contact Information 150
   National Committee for Quality Assurance 151
   Summary 151
   References 152
   Appendix 7A 153

SECTION III: WORKPLACE SKILLS 157

8. Clinical Decision-Making 159
   Introduction 159
   Steps to Minimize the Fear of Making Decisions 159
   When Scientific Evidence Does Not Exist to Help with Our Decision-Making 161
   Making the Decision 163
   Critical Pathways 164
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td><strong>Goal Setting: Setting and Achieving Life Goals</strong></td>
</tr>
<tr>
<td></td>
<td>Evidence-Based Practice                                             166</td>
</tr>
<tr>
<td></td>
<td>Framing the Clinical Question                                        167</td>
</tr>
<tr>
<td></td>
<td>Finding the Evidence and Assessing the Evidence                      168</td>
</tr>
<tr>
<td></td>
<td>Decision Trees                                                       168</td>
</tr>
<tr>
<td></td>
<td>How to Make a Decision                                               169</td>
</tr>
<tr>
<td></td>
<td>Ethical Decision-Making                                              172</td>
</tr>
<tr>
<td></td>
<td>Clinical Decision-Making                                             174</td>
</tr>
<tr>
<td></td>
<td>Factors That Can Interfere with Effective Decision-Making             174</td>
</tr>
<tr>
<td></td>
<td>Is Your Decision the Right One?                                      176</td>
</tr>
<tr>
<td></td>
<td>Summary                                                               176</td>
</tr>
<tr>
<td></td>
<td>References                                                            177</td>
</tr>
<tr>
<td></td>
<td>Appendix 8A                                                           179</td>
</tr>
<tr>
<td></td>
<td>Appendix 8B                                                           181</td>
</tr>
<tr>
<td></td>
<td>Appendix 8C                                                           182</td>
</tr>
<tr>
<td>9</td>
<td><strong>Goal Setting: Setting and Achieving Life Goals</strong></td>
</tr>
<tr>
<td></td>
<td>Thermodynamics and Goal Setting                                       185</td>
</tr>
<tr>
<td></td>
<td>Rules for Achieving One's Goals                                       185</td>
</tr>
<tr>
<td></td>
<td>Evaluate Your Motivators                                              186</td>
</tr>
<tr>
<td></td>
<td>In Search of Self-Definition                                          187</td>
</tr>
<tr>
<td></td>
<td>Flextactics                                                           188</td>
</tr>
<tr>
<td></td>
<td>Learn to Thrive on Risk                                               188</td>
</tr>
<tr>
<td></td>
<td>Make Your Life an Open Book                                           189</td>
</tr>
<tr>
<td></td>
<td>Use the Power of Visualization                                       189</td>
</tr>
<tr>
<td></td>
<td>Create a Blueprint for Success                                        190</td>
</tr>
<tr>
<td></td>
<td>Turn Obstacles into Opportunities                                     190</td>
</tr>
<tr>
<td></td>
<td>Flex-Planning Ideas                                                   191</td>
</tr>
<tr>
<td></td>
<td>Summary                                                               191</td>
</tr>
<tr>
<td></td>
<td>References                                                            192</td>
</tr>
<tr>
<td>10</td>
<td><strong>Counseling Patients and Caregivers Living with a Communication</strong></td>
</tr>
<tr>
<td></td>
<td>Disorder                                                             193</td>
</tr>
<tr>
<td></td>
<td>Introduction                                                          193</td>
</tr>
<tr>
<td></td>
<td>Patient Satisfaction                                                  195</td>
</tr>
<tr>
<td></td>
<td>Counseling                                                            196</td>
</tr>
<tr>
<td></td>
<td>Information Counseling                                                197</td>
</tr>
<tr>
<td></td>
<td>Levels of Awareness                                                   198</td>
</tr>
<tr>
<td></td>
<td>The Grief Process                                                     199</td>
</tr>
<tr>
<td></td>
<td>Denial                                                                200</td>
</tr>
<tr>
<td></td>
<td>Guilt                                                                 202</td>
</tr>
<tr>
<td></td>
<td>Depression                                                            202</td>
</tr>
</tbody>
</table>
11. The Supervisory Process 217

Introduction 217
The Purpose and Dimensions of Supervision 217
An Analytical Dimension 219
Supervision as a Collaborative and Cyclical Endeavor 219
Five Components of the Supervisory Process 220
Tasks of Supervision 221
The Supervisory Conference 225
Self-Supervision 227
Self-Supervision Is on a Continuum of Three Stages 228
Utilization and Supervision of Support Personnel 229
The Supervisory Process—Providing Feedback 230
 Purposes of Performance Evaluation 231
Summative Versus Formative Assessment 231
Comparing Evaluative and Objective Feedback 232
Guidelines for Giving Feedback 234
Criteria for Effective Feedback 235
Involving the Supervisee 237
Comparing Oral and Written Feedback 238
What Does the Business World Have to Say About Feedback? 239
What Do Medical Educators Have to Say About Feedback? 241
12. Leadership 263
   Introduction 263
   Shared Governance 264
       Climate of Trust 265
       Information Sharing 265
       Meaningful Participation 265
       Collective Decision-Making 266
       Protecting Divergent Views 266
       Redefining Roles 266
   Are Management and Leadership the Same Thing? 266
   Leadership Behaviors 267
   The Four Leadership Styles 271
       Transformational Leadership 274
       Transactional Leadership 276
       Transcendent Leadership 276
       Situational Leadership 276
   Path-Goal Leadership 277
   Summary 278
   References 279

13. Time Management and Organizational Strategies 281
   The Paradox of Time 282
   Personal Management 283
   Three Main Ways That Time Gets Used Up 286
   Nine Tools and Rules of the Time Management Trade 287
   Myths About Time Management 289
   Organization 291
   Establishing One’s Priorities 291
   Reasons to Be Organized 292
   What Do the Best Time Managers Do? 293
   Strategies Used by Practicing Speech-Language Pathologists 293
   Summary 298
   References 298
   Appendix 11A 299
14. Group Dynamics

   Strategies of Developing a Group 305
   Facilitative Communication Behaviors 306
   Behaviors That Hinder Communication 307
   Group Roles 308
      Work Roles 308
      Group Building and Maintenance Roles 309
      Egocentric Roles 309
   Suggestions for Conducting Small Group Discussions 310
   Team Task Analysis 310
   Summary 311
   References 311

15. Professionalism and Conflict of Interest

   Professionalism Defined 313
   Autonomy 315
   Autonomy and Accountability 316
   Conflict of Interest Defined 318
   Summary 320
   References 321

16. Conflict Resolution

   Introduction 323
   Setting the Stage for Dialogue 323
   Resolving Conflict 325
   Facing Disagreement or Conflict 329
   Summary 339
   References 339

17. Stress and Burnout: How to Recognize It and How to Tackle It

   Introduction 341
   Personal Issues and Problems Due To Stress 341
      Dealing with Stress 345
   What Stressors Are Identified in Different Work Settings? 350
   Burnout 356
   Closing Remarks 361
   References 361

Index 363
Preface

Workplace Skills and Professional Issues in Speech-Language Pathology is, admittedly, a bit of a hodge-podge approach to knowledge needed to succeed in the workplace that oftentimes does not get covered in our curriculum. With the expanding Scope of Practice in our field, and the emphasis on the acquisition of specific knowledge and skills, there is little to no time to address issues such as, “What do I do if I disagree with one of my colleagues?” or “What does the law say about inclusion?” It is those types of questions, which largely have come from my students, that led to my attempts to teach these topics in our weekly “clinicians’ meetings.” I have also heard back from former students saying this knowledge has been useful to them in their professional settings. These letters confirmed that I should put some of this down in print to share with other individuals. The book is geared toward new professionals, but also can be used to teach graduate students about the issues they will face when they enter the work force.

As part of my preparation for the writing of this book, I compiled a survey that was disbursed to practicum supervisors asking them a variety of questions such as, “What is your best organizational strategy?” and “On a scale of 0 to 5, with 0 being the lowest, how would you rank the stress level of your job?” The findings of this survey are found in Chapters 13 and 17. I would like to extend my thanks to my fellow supervisors and friends in the Southeast University Clinical Educators (SEUCE) for helping me disseminate the questionnaire, and also to those who took the time to complete the study and return it to me. The amount of interest shown in this survey further confirmed for me that this book needed to be written.

I would also like to extend my thanks to my family for their interest in this project and their support throughout the writing. My husband, Tim, helped to keep supper on the table and dirty dishes in the dishwasher, and my children all called periodically to inquire about the progress (I’m an empty nester—maybe I should write a chapter...
on the joys and stresses of being an empty nester!). Finally, I would like to thank the staff at Plural Publishing for their support, encouragement, and assistance in this project.

It is my sincere wish that you, the reader, find this information useful as you go through your career.
Standards exist as quality assurance mechanisms to protect the consumer and to ensure quality services and quality products. ASHA sets three types of standards for the following:

1. The provision of services by individuals to persons with communication disorders.
2. The provision of services by programs to persons with communication disorders.
3. The graduate education of persons providing the services.

Standards are needed to help consumers determine the equality of services and products. It is better to develop standards internally as much as possible. Otherwise, external groups may develop standards without having adequate understanding of all the issues involved in developing standards that are in the best interest of the consumer, and standards that place reasonable requirements on the service provider.

Standards include policies and procedures. A policy is defined as “broad, current, comprehensive, inviolate (statements) written to specify responsibility for action” (Bureau of Business Practices, 1988). Procedures are sequences of steps needed to complete a specific activity. Procedures may change frequently; policies are more long-term in nature. A policy and procedure manual is a “consistent guide to be followed under a given set of circumstances” (Rao & Goldsmith, 1994, in Lubinsky & Frattali, p. 233). The manual serves as a framework for management and staff decision making and it organizes and centralizes the policies and procedures governing an organization. It is suggested that the content of a policy and procedure manual in a speech-language pathology practice follow the eight mandatory areas
for review for accreditation by what was formerly known as the Professional Services Board:

1. Missions, goals, and objectives;
2. Nature and quality of services;
3. Quality improvement and program evaluation (effectiveness and efficiency of services provided);
4. Administration (licensure, leave, federal, state, and local regulations);
5. Financial resources and management;
6. Human resources (continuing education);
7. Physical facilities and program environment; and
8. Equipment and materials.

In the spring of 2001, the ASHA Legislative Council dissolved the Council for Professional Services Accreditation (CPSA) and the accreditation of programs providing audiology and/or speech-language pathology services. The standards the CPSA developed were approved in 2000 by the ASHA Standards Council and put into effect in January 2002. These standards, called “quality indicators,” were to help professional services programs to identify and describe indicators of quality, to assist programs in self-evaluation activities, and to provide a guide for the development of policies and procedures to facilitate provision of quality professional services. At the same Legislative Council meeting, a resolution was passed to “develop and disseminate quality indicators by January, 2005.” The document was to be disseminated to programs providing audiology and speech-language pathology services as a resource to assist service programs. It should be noted that, although the 2002 standards are mandatory, the quality indicators document are guidelines, not requirements. The quality indicators apply to all settings and include purpose and scope of services, service delivery, program operation, program evaluation and performance improvement. (ASHA, 2005).

For members of the American Speech-Language-Hearing Association, standards are developed by two councils: the Council on Academic Accreditation in Audiology and Speech-Language Pathology (accredits academic graduate programs dedicated to the preparation of speech-language pathologists and audiologists), and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

Accreditation of graduate programs by the Council on Academic Accreditation (CAA) is based on a review of six areas: (1) structure and
governance, (2) faculty, (3) curriculum, (4) students, (5) assessment, and (6) program resources. Site visit teams consisting of three to four members visit each graduate program every seven years to review the status of the program. The site visit team writes a report in which they state their ability to determine compliance with all the standards set forth by CAA. This report is then filed with the CAA who determines whether or not to accredit the graduate program. Universities have a chance to respond to any concerns stated by the site visit team; this response is also considered by the CAA in making its determination with regard to accreditation of that graduate program.

**CARF: Commission on Accreditation of Rehabilitation Facilities**

CARF began in 1966 as a not-for-profit, private commission for the accreditation of rehabilitation facilities. It is a commission that functions as an international (Canada, Europe, South America, United States) rehabilitation accreditation agency for rehabilitation organizations including Speech-Language Pathology, Physical Therapy, Occupational Therapy, Vocational Rehabilitation, Recreation Therapy, Music Therapy, and Psychological Counseling.

Accountability and quality are the objectives CARF strives to meet. However, their approach allows the care agency seeking CARF accreditation to incorporate CARF’s standards into practices and policies that reflect the vision, mission, and identity as a provider of rehabilitation services.

CARF accreditation is a public acknowledgement that the rehabilitation facility bearing CARF accreditation “strives to improve efficiency, fiscal health, and service delivery—creating a foundation for continuous quality improvement and consumer satisfaction” (http://www.carf.org). Given these commitments that seem to be at the core of CARF accredited agencies, governmental regulators, insurers, and third-party payers are more likely to view CARF-accredited services as a worthy risk. Ultimately, the “greatest value is assuring the persons you serve, and their families, that your services are focused on their unique needs”(http://www.carf.org).

The Aging Services customer service unit focuses on service areas serving older adults across the continuum. In 2003, the Continuing
Care Accreditation Commission (CCAC) combined with CARF; together they are the only accrediting commission for networks of aging services, including Continuing Care Retirement Communities (CCRCs). Providers may become accredited in one or more program areas. The specific areas are adult day care facilities, assisted living centers, continuing care retirement communities which use the CARF-CCAC accreditation program, nursing homes (person-centered long-term care communities), and comprehensive integrated inpatient rehabilitation programs. In any of the settings listed in the previous paragraph, providers also may pursue a specialization in stroke programs and dementia care.

**Behavioral Health** programs include services to persons or families with needs related to mental illness, alcohol or other drug usage, and other addictions, such as gambling. The services may address relationship or adjustment concerns, domestic violence, and other family issues. The services may be designed to prevent potential problems and treat existing ones. Behavioral health programs are provided in a variety of settings ranging from clinics and inpatient locations to the home, school, community, or criminal justice settings.

**DMEPOS** refers to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. This agreement was made in 2006 and fully implemented in February 2007. CARF works with the Centers for Medicare and Medicaid Services (CMS) in its efforts to ensure that Medicare beneficiaries have access to high quality DMEPOS and related services.

**Child and Youth Services** (CYS) programs provide child welfare, protection, and well-being services to children, youths, and their families. Opportunities are maximized for the children/youths served to obtain and participate in the services. Services are provided with recognition that the family (birth, extended, or placement) is the constant in the child’s life.

Parent/professional collaboration is facilitated at all levels of care with the understanding and incorporation of the strengths and needs of infants, children, and youths and their families into the service systems. CYS programs are provided in a variety of settings, ranging from clinics and residential facilities to home, school, community, or juvenile justice settings.

**Employment and Community Services** help people gain skills or supports needed to work and live where they choose. Employment Services help individuals pursue their employment plans, get training if needed, and find employment in a job of their choice. Community
Services help people with a wide variety of needs to receive the services they want and choose so that they can participate more independently in their communities. These services might be options of various living arrangements, participation in day programs and community activities, and support for caregivers, foster families, or host families.

**Assistive Technology Services** help persons in making informed decisions and choices in selection and use of assistive technology devices to increase employment options, independence, and inclusion in the community.

**Vision Rehabilitation Services** provide a comprehensive rehabilitation program, including skills acquisition, psychosocial adjustment, and community reentry.

**Medical Rehabilitation** programs include treatments for people who have had a stroke, brain or spinal cord injury, or pain that cannot be controlled by medication alone. Medical rehabilitation also includes return-to-work programs or occupational rehabilitation, which helps people regain skills they need so that they can return to work after an injury or illness. Medical rehabilitation services might be provided in a hospital, an outpatient clinic, an individual’s home, the work site, or other settings in the community. Medical Rehabilitation programs may serve specific age groups (such as children and adolescents or adults) or all ages.

**Condensed Steps to Accreditation (from the CARF standards manuals)**

The steps to accreditation involve a year or more of preparation before the site survey and ongoing quality improvement following the survey. Following is a condensed version of the CARF standards. One can go on-line to http://www.carf.org or the CARF standards manuals to find more information about each item.

1. **Consult with a designated CARF resource specialist** to provide guidance and technical assistance regarding the accreditation process.

2. **Conduct a self-evaluation.** The organization must implement and use the standards for at least six months before the survey.

3. **Submit the Intent to Survey and nonrefundable intent fee.** The intent survey includes detailed information about leadership,
programs, and services that the organization is seeking to accredit and the service delivery location(s).

4. **CARF invoices for the survey fee.** The CARF fee is based on the number of surveyors and days needed to complete the survey. The CARF-CCAC fee is fixed, with additional fees if more programs are added to the survey.

5. **CARF selects the survey team.** Surveyors are selected by matching their program or administrative expertise and relevant field experience with the organization’s unique requirements.

6. **The survey team conducts the survey** and determines the organization’s conformance to all applicable standards on site by observing services, interviewing persons served and other stakeholders, and reviewing documentation. Surveyors also provide consultation to organization personnel.

7. **CARF renders an accreditation outcome.** CARF reviews the survey findings and renders one of the following accreditation decisions:
   - CARF
     - Three-year accreditation
     - One-year accreditation
     - Provisional accreditation
     - Nonaccreditation
   - CARF-CCAC
     - Five-year term of accreditation
     - Nonaccreditation (www.carf.org).

Approximately 6 to 8 weeks after the survey, CARF notifies the organization of the accreditation outcome and sends it a written survey report and Quality Improvement Plan (QIP).

8. **Submit a Quality Improvement Plan (QIP).** Within 90 days after notification of the accreditation outcome, the organization fulfills an accreditation condition by submitting to CARF a QIP outlining the actions that have been or will be taken in response to the recommendations made in the survey report.
   - CARF-CCAC-accredited organizations must also submit a QIP with the Annual Conformance to Quality Report (ACQR).

9. **Submit an Annual Conformance to Quality Report.** An organization that earns accreditation submits to CARF a signed ACQR
on the accreditation anniversary date in each of the years following the award.

10. **CARF maintains contact with the organization** during the accreditation tenure. Organizations are also encouraged to contact CARF as needed to help maintain conformance to CARF standards. (Copyright CARF © 2007. All rights reserved. Reprinted with permission)

**Contact Information**

CARF International
4891 E. Grant Road
Tucson, AZ 85712 USA
(520) 325-1044 or toll-free (888) 281-6531 voice/TTY
(520) 318-1129 Fax

CARF Canada
10665 Jasper Avenue, Suite 1400A
Edmonton, AB T5J 3S9 Canada
(780) 429-2538 or toll-free (877) 434-5444 voice
(780) 426-7274 Fax
or Ottawa, Ontario, call (613) 726-7922

CARF-CCAC
1730 Rhode Island Avenue NW, Suite 209
Washington, DC 20036 USA
(202) 587-5001 or toll-free (866) 888-1122 voice
(202) 587-5009 Fax

**The Joint Commission (Formerly Known as the Joint Commission on Accreditation of Healthcare Organizations [JCAHO])**

**Position Statement: Helping Health Care Organizations Help Patients**

The Joint Commission is a nonprofit, independent organization that accredits health care agencies throughout the United States. Its mission is “to continuously improve the safety and quality of care provided
to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations” (JCAHO Web site, 2005).

The Joint Commission is governed by “a 29-member Board of Commissioners that includes physicians, administrators, nurses, employers, a labor representative, health plan leaders, quality experts, ethicists, a consumer advocate and educators. The Joint Commission’s corporate members are the American College of Physicians, the American College of Surgeons, the American Dental Association, the American Hospital Association, and the American Medical Association. The Joint Commission employs approximately 1,000 people in its surveyor force at its central office in Oakbrook Terrace, Illinois, and at a satellite office in Washington, D.C. The Washington office is The Joint Commission’s primary interface with government agencies and with Congress, seeking and maintaining partnerships with the government that will improve the quality of health care for all Americans, and working with Congress on legislation involving the quality and safety of health care” (JCAHO Web site, retrieved 10/25/07)

The Joint Commission accredits approximately 15,000 health care organizations in the United States, including the following types:

- Ambulatory care providers
- Behavioral health organizations (addiction services)
- Clinical laboratories
- Health care networks
- Home care organizations (including hospice services)
- Hospitals
  - acute-care hospitals
  - children's hospitals
  - critical access hospitals
  - psychiatric hospitals
  - rehabilitation hospitals/centers
- Long-term care facilities
- Medical equipment services
- Skilled nursing facilities
Time Management and Organizational Strategies

When you kill time, you kill opportunities for success.”

Deep and Sussman (1995)

Smith (1997) writes that there are two sides to time management. One consists of those things that we want to do (e.g., increase our efficiency and effectiveness, spend more time with family), and the other side consists of those things we would like to avoid doing (e.g., being late to meetings, wasting time, forgetting obligations).

**Task Block 1:** List four things you wish to do, and four things you prefer to avoid doing.

In her writing about time management, Smith (1997) says there are two different kinds of time, and the most successful managers of time have developed an appreciation of the varieties of demands on their time. The two kinds of time are “the time that they must plan, control, and use in the most efficient way possible, and the time during which they can be free from the pressure of time” (Smith, p. 19). That being said, to be a good time manager, one must develop a constructive attitude about time by taking charge of one’s life and taking responsibility for how one’s time is used.
The Paradox of Time

Time management is important at work because we are operating in a finite period. Leaving work undone can leave us frustrated at the end of the day and results in either carrying the task forward to another day, or working late. If we work late, fatigue may become an issue leading to a struggle to maintain the desired standard. These factors combined can produce a lower quality of work than we typically produce, thereby creating stress (Smith, 1997).

Question 1: What results occur when you leave work unfinished, and how does this make you feel?

Smith (1997) warns that we need to avoid activity traps, one of which is the presence of activities that can act as barriers between an individual and his or her goals and objectives. When activities beyond one's control interfere with finishing a task and/or achieving personal goals and objectives, the stage is set for increased stress levels. In fact, it can become a vicious cycle because barriers to completing a task can create a crisis that needs managing, and crisis management, in and of itself, can lead to additional stress!

Working in a state of crisis management typically leads to making mistakes and, in general, performing poorly on the job. Smith (1997) suggests the following steps to resolve a state of crisis:

1. take “time out to consider the real purpose of your job, and what your priorities should be in relation to this purpose” (Smith, p. 15)
2. identify “the causes of those problems and involving others in finding long-term solutions to them” (Smith, p. 15) instead of dealing with problems as they occur
3. trust others which may require an investment of time in the beginning but will ultimately save time.

Another “activity trap” is being at everyone's beck and call (Smith, 1997). Compulsively looking after others fosters dependency in coworkers/supervisees instead of developing independent decision-making. Likewise, when a supervisee seems to be in over his or her head, the supervisor may be tempted to take over the task. This may
save time in the short-run, but in reality, teaching the employee how to handle the task will save time for the employer in the long run. To resolve this activity trap, Smith suggests the following:

1. set limits on how much you are willing to get involved in solving problems other people are facing (p. 16)
2. give others responsibilities and teach them new skills so they can become more independent
3. offer support and guidance to others; do not take over their responsibilities and tasks

A third activity trap defined by Smith (1997) is being on a treadmill, or doing the same thing over and over. Not having variety in assignments and duties can lead to the development of feeling that one’s talents are not being utilized adequately, and feelings that work-related tasks are not challenging enough to keep him or her interested in coming to work. This activity trap can lead to frustration, and frustration leads to stress in the workplace. One way to help resolve this particular trap is to sit down with your supervisor and/or supervisees and clarify “the purpose and responsibilities of your job” (Smith, p. 16).

To summarize Smith’s (1997) concept of the “activity trap,” it “means that we simply carry on doing things out of a misplaced sense of responsibility or out of habit. It means responding to a situation without thinking of the consequences of our actions” (p. 16). Breaking out of the activity trap requires that one focus on those goals he or she desires to achieve, set priorities and, then, decide how to use the time that is available most efficiently to achieve those goals in order of their priority.

**Personal Management**

According to Butler and Hope (1995), personal management, not time management, is the issue. Good personal management results in good time management. According to them, the key principle of time management is “to spend your time doing those things you value or those things that help you achieve your goals.” For example, if you are an altruistic person, you value spending time assisting others because one of your goals is to share your talents in helping others. Spend time
doing what you value and what will help you reach your goals. If you only do the tasks that are the “most urgent;” you will end up with distress and dissatisfaction.

Butler and Hope (1995) suggest an activity that is included here as Task Block 2. The point of Task Block 2 is not to think about your own death, but about the kind of person you want to be and the kinds of things you wish to achieve. The idea of thinking about this is to clarify what you would like them to say, not what you guess they would say. This statement will help you center your life around what you believe, not what others expect of you. It may change with time and circumstances, but the basic blueprint should be consistent across time.

**Task Block 2**: Imagine your own funeral three years from today. What would you like people to say about you? (Note: This is not the same as “What do I think they would say about me?”) Based on your answer to this question, write a statement, for your own personal use, about your values and goals.

**How do you act in accordance with your values and goals?** We all probably will go through times when we may have to earn a living doing something we do not enjoy. It is sometimes helpful to rethink your plan of action in order to determine if there are alternative ways to reach our goal while honoring our values. To help you implement your plan, it is helpful to draw a pie chart indicating what percentage of time you will dedicate each week addressing your goals and values. The pie chart is further addressed in Task Block 3.

According to Butler and Hope (1995), the idea is that each of the activities that occupy your week can be classified in two ways: in terms of how important they are and how urgent they are” (p. 37).

Next, take your list of activities and tasks and list each one on a grid such as the one in Table 13–1.

The goal is not to spend time only on those things that are important, and more time on not urgent/important than on urgent/important. As you cut out the “not important” activities and tasks, spend more time engaging in “important/not urgent” activities. Develop a timetable to accomplish the tasks and activities. However, the timetable should not provide you with a rigid list of musts, but should be a helpful guide to make sure that, by and large, you spend your time following pursuits that fit with your goals and values (Butler & Hope, 1995).
A pie chart with an actual account of how you are spending your time can also be a helpful tool. How can you reconcile the differences between how you want to spend your time and how you actually spend your time?

Task Block 3 can take a bit of time to implement, but in the long run will provide valuable information that can be used to develop a time management program that helps you function in a more efficient and effective manner at work and at home.

**Task Block 3:** Keep a time diary for one week. Include the following information:

1. Note the activity/task, start time, finish time, and any comments.
2. Define life areas and determine the amount of time allocated to each one:
   a. Paid work
   b. Home and family
   c. Study time
   d. Unpaid work
   e. Leisure
   f. Maintenance (taking care of self, others, and your home)
   g. Sleep
3. Evaluate your data. Are the items that consume the most of your time in accordance with your goals and priorities? Develop a timetable that shows you where you are spending the bulk of your time.
4. Make a plan for how you are going to use your time based on the information you have gathered. Sometimes a pie chart such as Figure 13–1 can be used to indicate what percentage of time you will dedicate each week addressing your goals and values.

### Table 13–1. Task Classifications to Facilitate Time Management

<table>
<thead>
<tr>
<th>Urgent</th>
<th>Not urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>Important</td>
</tr>
<tr>
<td>Urgent</td>
<td>Not urgent</td>
</tr>
<tr>
<td>Not important</td>
<td>Not important</td>
</tr>
</tbody>
</table>
5. Develop a second timetable that can be used as a guide to make sure that you are spending your time to follow pursuits that fit with your goals and values.

Three Main Ways That Time Gets Used Up

Many of us spend our lives dealing with crises and problems. To be an effective manager of time, one needs to plan ahead instead of constantly running from one crisis to another (Smith, 1997).

Often, we respond to the demands that others place on us. Sometimes, this is necessary in our work to “keep the boss happy.” However, it frequently results in stress and losing sight of what we want to do with our lives (Smith, 1997). When this happens, it may be necessary to meet with the person who is placing the demands to discuss a
timeline for completing the job without seriously compromising the tasks in which we are currently engaged. For example, when meeting with the “demander,” one can say, “I’m currently engaged in this project, but I recognize the urgency of your request. If I stop what I am doing now to help you, could I have time set aside tomorrow to finish my task?”

As previously mentioned, Butler and Hope (1995) make the point that we will go through times when we may have to earn a living doing something we do not enjoy, or meeting the demands of others. When this happens, one may need to ask him or herself, “Given my current circumstances, are there other ways of achieving my goals?”

We do things out of habit, including dealing with crises and problems. Habits are routines, and repeated patterns of behavior. Having habits is not always bad; one just has to be sure that the habits he or she has are useful (Smith, 1997, p. 30).

Nine Tools and Rules of the Time Management Trade

Butler and Hope (1995) have developed a list of rules and tools that can be used as mechanisms to manage time effectively.

1. Use your starter motor: Butler and Hope surveyed university students and found that the primary difference between average students and good students was in the ability of the student to settle down quickly to the task at hand. Frequently, we spend the time when we should be getting on with a task in limbo, meaning we do not start the task, but we do not enjoy our leisure time because we know the task awaits us.

2. Butler and Hope caution us not to let routine become our master. When used well, routine can release energy and time, not consume it. If one skips a routine once, then it is easier to skip it a second time, and it just does not get done (think about exercising).

3. Whenever we agree to do something more frequently than we should, the “yes” becomes a “no” to something else. Sometimes saying “Yes” leads to opportunities and unexpected treasures. “But the mistake most of us make is to say yes to too many things, so that we live according to the priorities of others rather than according to our own” (Butler & Hope, p. 40). You have to learn
to be assertive in saying no if the task will take away time from those things that are more important to your values and goals.

4. Distant elephants: At a distance, even large elephants look small. Similarly, a task that appears small and does not need to be done in the immediate time can take on a larger slice of our time if we say “yes” to too many requests made by others. Thus, if asked to complete an activity that is not important to you, no matter how long you have to complete the task, the task can take on the proportions of an elephant. The closer we get to the deadline, the larger the task becomes. Of course, sometimes saying “yes” leads to opportunities and unexpected joys. But, if we say “yes” too frequently, we begin to spend our time according to the priorities that others have instead of according to our own priorities.

5. Salami: Just as a butcher cuts a log of salami into smaller pieces, the salami principle holds that large tasks should be broken up into a series of small tasks. A small task is much less daunting than a large task. When faced with a large task, many of us never start them, or we start them but become disheartened and give up before we finish the task. Also, it is easier to predict how long it will take to do small tasks than one large one.

6. The Curse of Perfectionism: The time comes when there is not much to gain by putting in more effort. It is important to recognize when a task is done the best it is going to be, and to move on. For example, my daughter’s first-grade teacher was a stickler for handwriting skills. In order to match her teacher’s expectations, my daughter put in painstaking effort to have perfect handwriting. However, she put so much effort into being perfect with her script that she could not complete the task. The moral of the story is that perfectionism can result in slowness in completing a task and cause a task to be half-finished.

7. Once Past the Desk: Butler and Hope (1995) state that one should “either deal with the task straight away, or decide when to deal with it and put it aside until that time. The successful application of this technique requires a certain discipline. The discipline is made up of four steps, all of which should be taken with deliberation, at least until they become a habit” (p. 42). They posit that there are four steps to keeping items from piling up on the desk:

a. Quick assessment of what you will need in order to deal with the matter
Chapter 16

Conflict Resolution

No man resolved to make the most of himself can spare time for personal contention. Still less can he afford to take all the consequences, including the vitiating of his temper, and the loss of self-control. Yield larger things to which you can show no more than equal right; and yield lesser ones, though clearly your own.

Abraham Lincoln

Introduction

In the workplace, it is almost inevitable that times of conflict between two or more employees will arise. Although conflict typically has a negative connotation, conflict often can lead to creative problem-solving. Rasberry and Lindsay (1994) write that, “conflict can add to a greater understanding and identification of problems. It can increase alternatives and involvement. Conflict stimulates interest and interaction. Hoffman, Harburg, and Maier observed that conflict encourages creative thinking, commitment, and quality decision-making” (p. 458). The purpose of this chapter is to discuss how to transform conflicts into opportunities.

Setting the Stage for Dialogue

Cloke and Goldsmith (2000) stress the need to set the stage for dialogue as a critical component of conflict resolution. This can be accomplished by choosing a neutral site (go for a walk; eat lunch with
your opponent) in which to engage in a conversation. In the conversa-
tion, one should be open and friendly instead of accusative and hos-
tile. Honesty is a key factor; encourage your opponent to be honest in his or her assertions and responses and vow that you will also be honest in your assertions and responses.

When facing a conflict, many of us have a fight-or-flight response. If we engage in the “fight,” there is a strong possibility that the levels of hostility and resentment will remain high, leading to a counterpro-
ductive environment in which to try to resolve the presenting conflict. Again referencing Cloke and Goldsmith (2000), successful conflict resolution requires that you clear your mind of everything you think you already know about the conflict, and listen empathetically to your opponent. Specifically, they recommend the following approaches and actions:

1. Learn from your conflicts by listening to them
2. Think of conflict as a request for communication
3. Use active, responsive, and empathetic listening
4. Understand others
5. Control your emotional responses
6. Don’t take the conflict personally
7. “The largest part of your own anger often has nothing to do with the person to whom you are directing it, but everything to do with their actions and behaviors” (p. 15).

It also is important at the beginning of the resolution meeting that all individuals involved clearly state their emotional needs and self-interests, and listen carefully to those expressed by others. All participants should ask for what they want or need. You cannot “give up your anger and negotiate as equals” unless you do so. “Giving in to anger only encourages the conflict, cheapens the victory, and makes the other side look good, or permits them to dismiss your integrity and willingness to listen” (Cloke & Goldsmith, p. 15).

Look below the surface of what is being said to resolve the underlying reasons for the dispute. These reasons typically revolve around “communication breakdowns; poor performance; failure to follow policies and procedures; competition for scarce resources; misunderstandings about procedures, responsibilities, values, or goals; personality conflicts; and failure to cooperate” (Rasberry & Lindsay, 1994, p. 459). The issue being argued often is not the source of the
conflict. “Issues that lie beneath the surface need to be brought into the open for conflicts to be resolved” (Cloke & Goldsmith, 2000, p. 15). Start with yourself and ask yourself what you can do to respond more appropriately and powerfully to your opponent’s actions.

**Task Block 1:** Recall an experience you have had as a member of a group where there were conflicts among the members. How was the conflict resolved?

**Resolving Conflict**

A key factor in successfully resolving a conflict is the ability to separate the person from the problem, the future from the past, and positions from interests. When the problem becomes an “it” instead of a “you,” conflict transforms into opportunity. Debating can inhibit the process and make achieving a resolution much more difficult. Therefore, the participants should identify the interests of each individual, then begin dialogue to discuss these interests and determine why those interests are important. When individuals conflict over a position, there are very few possible resolutions; dealing with interests opens up multiple opportunities for resolution. Interests will enhance the choices you have, and assist you in looking toward the future (Cloke & Goldsmith, 2000). Cloke and Goldsmith remind us that we cannot change the past; the future is the sole component of conflict over which you have any control.

The next step is to brainstorm all potential solutions to your conflict, listing as many as possible, and ask the other person(s) to work with you to develop criteria to reach a resolution. Together, all involved persons can search for alternatives that will benefit all those who are affected by the decision/resolution. This is more likely to produce a compromise as opposed to a victory/defeat resolution that leaves half the persons involved with an unhappy and frustrating conclusion (Cloke & Goldsmith, 2000).

There are two types of strategies in conflict resolution: “outcome-directed strategies (who gets what) or goal-directed strategies (what would benefit both)” (Rasberry & Lindsay, 1994, p. 463). Rasberry and Lindsay cite the work of Filley who devised three forms of conflict strategies. The first is win/lose. In this scenario, individuals in the
conflict seek to "make points" with those in charge, or to win an argument. Such individuals do not have the organization's goals at the forefront of the decision-making. The win/lose strategy often leads to deadlock and lack of resolution in the best interest of the organization. Filley (1977) provides four examples of win/lose situations. One is the dominance of power or authority in which things get done because an individual or group in a position of authority exerts this power through statements such as "I'm the boss and this is the way we are going to do this task." Another consequence of a win/lose strategy to conflict resolution is that not everyone will support the decision and may even go so far as to sabotage the implementation of the decision. A third approach is majority rules, which often involves taking a vote that results in a "winner" and a "loser." A fourth win/lose approach to conflict resolution is railroading, which usually involves coercion or applying pressure via undesirable consequences if the individual does not "go along with" our own point of view on the issue at hand.

Filley's second strategy is lose/lose which implies that there is no winner. However, it can also be thought of as compromising because each side of the conflict loses something it wanted.

The win/win strategy is the most desirable of the three, and it is one of two types: integrative and consensus. An integrative approach "focuses on a series of steps. It stresses goals and values and de-emphasizes solutions and win/lose tactics" (Rasberry & Lindsay, 1994, p. 466). Resolution by consensus focuses "on solving the problem rather than on the solution itself" (Rasberry & Lindsay, 1994, p. 465). When using consensus, the group proposes and analyzes several options to solving the issue at hand and eventually proposes a variety of solutions that could meet the needs of all involved individuals.

Successful resolution of conflicts is much more probable when the participants negotiate collaboratively rather than aggressively, and when they look for values, standards, or rules that will help resolve the dispute fairly, to everyone's mutual satisfaction (p. 16). When working collaboratively, participants are more likely to agree "on a set of shared values, standards, or mutually acceptable ground rules" (Cloke & Goldsmith, 2000, p. 16).

Use informal problem solving, mediation, and other conflict resolution techniques to overcome impasse, clarify areas of agreement, and reach closure. Let go of your judgments about your opponent(s) and focus instead on improving your own skills at handling their
difficult behaviors. Then let go, forgive yourself and the other person, and move on with your life. “Your judgments about people are often distractions, ways of admitting you don’t know how to respond skillfully to their behaviors” (Cloke & Goldsmith, 2000, p. 17). Rasberry and Lindsay (1994) note three techniques for resolving conflict: negotiation, mediation, and arbitration. In negotiation, it is possible that those in command may use covert or overt power plays in order to accomplish their goal. They also may bluff their way into dominance. In many ways, negotiation is a “bargaining process.” Three types of negotiation include overt and covert negotiation, and bluffing. In overt negotiation, the negotiating group/individual makes promises, threats, or clues to communicate its stance. In covert negotiation, the negotiator tries to “subvert or contain the opponent” (p. 471) through the use of secretive maneuvers. Bluffing involves “creating a perception of power and its use” (p. 471). When using a bluff, the negotiator typically misrepresents the facts or prevaricates, and it is more effective in short-term negotiation than in long-term. Furthermore, it is easy to cross the line into unethical behaviors such as coercion and harassment when bluffing.

Rasberry and Lindsay propose the following steps to effective negotiation:

1. Do not confuse people with the problem. Keep them separate.
2. Avoid positional bargaining. Determine underlying interests, and then focus on them.
3. Do not select a solution while under pressure. This may limit its creativity and value. Consider as many possibilities as you can.
4. Agree on criteria or standards for measuring the effectiveness of the solution. Insist that objective standards be used. (p. 473)

In mediation, a third party who is neutral to the conflict acts as a “go-between” among the arguing factions. “Mediators must determine the problem, gather information necessary for its resolution, get and maintain involvement of the disputing parties, defuse emotions, analyze the complaint and determine alternatives” (Rasberry & Lindsay, 1994, p. 474). A mediator explains each side’s perspective to the other side(s) and promotes efforts to achieve reconciliation between all parties involved.

An arbitrator is an appointed individual who, after hearing all sides of the conflict, is bestowed with the decision-making authority.
Typically, an arbitrator is called in when negotiation and mediation have failed. The arbitrator is selected by the involved parties and has legal authority to resolve the dispute. While a mediator tries to resolve the difference between the warring factions, an arbitrator makes the decision, which is then communicated to the conflicting parties (Rasberry & Lindsay, 1994).

The point is not to avoid conflict but rather to turn it into collaboration and an opportunity. Do not surrender just so the conflict will go away. This can lead to a buildup of resentment and frustration because it fits in with the “someone won and someone lost” attitude, which is counterproductive and does not lead to a satisfactory resolution. Instead, recognize the larger organizational and social issues that express themselves through conflict, and discover how your committed actions and acceptance of responsibility contribute to a more peaceful world (Cloke & Goldsmith, 2000).

Rasberry and Lindsay (1994) propose a six-step problem-solving model. The first step is to define the problem in terms of what the symptoms and effects are on all involved, and then to state the problem. The effects of the problem often result in conflict that will need to be managed through careful and decisive conflict resolution. The second step is to analyze the problem. In order to analyze the problem, it is necessary for each side (and/or the leader[s]) to gather the facts, to ascertain possible etiologies, then to set criteria to measure the extent of the problem. Third, possible solutions to the problem should be proposed. If the problem involves a difference of opinion between “sides,” conflict arises. In this case, ideas to solve the problem should be generated. Each party involved should be willing to compromise (discussed elsewhere in this chapter) in order to reach a resolution in how the problem will be solved.

The fourth step is to select the solution. In this step, all possibilities for solving the problem are evaluated against the criteria to choose the best option. The plan is then implemented (step 5), with authority being delegated to various individuals or groups of individuals. Finally, the plan should be evaluated to see if there are any new problems, or if the plan needs to be revised in any manner. Rasberry and Lindsay point out that individuals or groups of individuals may be at varying stages of the problem-solving process at any one time, and that the steps are not necessarily sequential. Brainstorming often results in ideas that could be part of a stage not yet reached, or part...
of a stage already implemented. They write that “sharing perceptions, knowledge, and hypotheses helps to create understanding and support for the solution” (p. 427).

Cloke and Goldsmith (2000) stress the importance of searching for completion. “Summarizing what the other person said, asking them to feed back to you what they think you said, and making sure nothing is held back are useful strategies in allowing you to end the conversation and walk away feeling something has been transformed” (pp. 17–18).

**Facing Disagreement or Conflict**

Conflict at home and/or work is inevitable. What defines our integrity is how we deal with the conflict. Goodwin (2006) proposes four steps to provide guidance in dealing with conflict and finding the best solution for all involved. The first step is, “Don’t put the other person down” (p. 156). It is critical that the issue be the object of one’s focus, not the person. It is easy to make a demeaning or condescending comment in the turmoil of an argument. However, “it is important to preserve the integrity and self-respect of all parties” (p. 156).

A second step is to “search for common ground” (Goodwin, 2006, p. 156). This necessitates that those in the midst of a conflict should try to see things from the other person’s perspective” (p. 156). If the combatants can do this, they can hear what others have to say and find a foundation on which to build a solution.

Goodwin (2006) writes that the third step toward resolving a conflict is to “not expect behavioral changes” (p. 156). Conflict resolution needs to occur so that those involved can agree on what has to be done; they do not necessarily require a behavioral change.

Finally, Goodwin (2006) notes that one should not feel like he or she lost the argument just because he or she agrees to a compromise. “The goal is to find the best solution to improve productivity (reach agreed-upon goals), not to discover who might be right or wrong” (p. 156).

Indeed, compromise is often the best solution for all involved. Compromise is effected when each side of the conflict gives up and/or gains something. Through a problem-solving/decision-making
approach such as compromise, a decision can be made with which each side is comfortable that the final conclusion is satisfactory, even though it may not represent everything each side wanted.

There are common phrases that reflect conflict as war versus conflict as opportunity, and conflict as a journey. Cloke and Goldsmith provide several examples of phrases that fit into the category of war, opportunity, or journey.

As war (p. 25)

“Your position is indefensible.”

“We shot down that idea.”

“We’ve got a battle on our hands.”

“He dropped a bomb on me.”

“I won.”

As opportunity (p. 27)

“This difficulty presents us with a real challenge.”

“Your feedback has given me some ways to improve.”

“We now have a chance to make things better.”

“What are all the possibilities for solving this problem?”

“Let’s work together to find a solution.”

As a journey (p. 29)

“Your idea points to a solution.”

“This isn’t getting us anywhere.”

“Where do you want to go with that?”

“Let’s do it together.”

“I think we’ve arrived at an agreement.”

“Let’s search for common ground.”

There are reasons we choose one strategy over another (Verbatim lists from pages 40–42). One strategy is to avoid or dodge the conflict. There
are several reasons one would choose this strategy, even though it does not resolve the conflict. Specifically, Cloke and Goldsmith (2000) enumerate seven reasons for avoiding or dodging conflict:

1. You regard the issue as trivial.
2. You have no power over the issue and cannot change the results.
3. You believe the damage due to conflict outweighs its benefits.
4. You need to cool down, reduce tensions, or regain composure.
5. You need time to gather information and cannot make an immediate decision.
6. You can leave it to others who are in a position to resolve the conflict more effectively.
7. You regard the issue as tangential or symptomatic and prefer to wait to address the real problem.

Reasons for Accommodating or Giving in to the Conflict

1. You realize you were wrong or want to show you can be reasonable.
2. You recognize that the issue is more important to others and want to establish good will.
3. You are outmatched or losing, and giving in will prevent additional damage.
4. You want harmony to be preserved or disruption avoided.
5. You see an opportunity to help a subordinate learn from a mistake.

Reasons for Aggression or Engaging in the Conflict

1. You want to engage in quick, decisive action.
2. You have to deal with an emergency.
3. You are responsible for enforcing unpopular rules of discipline.
4. You see the issues as vital and you know you are right.
5. You need to protect yourself against people who take advantage of collaborative behavior.

Reasons for Compromise or Negotiating the Conflict

1. Your goals are moderately important but can be satisfied by less than total agreement.
2. Your opponents have equal power and you are strongly committed to mutually exclusive goals.
3. You need to achieve a temporary settlement of complex issues.
4. You need a quick solution and the exact content does not matter as much as the speed with which it is reached.
5. Your efforts at either competition or collaboration have failed, and you need a backup.

Reasons for Collaborating or Using Teamwork to Resolve the Conflict:

1. You believe it is possible to reach an integrative solution even though both sides find it hard to compromise.
2. Your objective is to learn.
3. You believe it is preferable to merge insights that come from different perspectives.
4. You need a long-range solution.
5. You want to gain commitment and increase motivation and productivity by using consensus decision-making.
6. You want to empower one or both participants.
7. You see it as a way to work through hard feelings and improve morale.
8. You want to model cooperative solutions for others.
9. You need to help people learn to work closely together.
10. You want to end the conflict rather than paper it over.
11. Your goals require a team effort.
12. You need creative solutions.

A key to successful conflict resolution is to employ effective communication approaches for speaking with others. The following methods to encourage others to listen to you are suggested by Cloke and Goldsmith (2000, pp. 65–66).

1. **Before you speak, draw out the other person’s ideas.** Start speaking by listening, so your ideas will be targeted and presented to your listener effectively. This does not mean watering down what you want to communicate, merely recognizing there are a multitude of ways you can say what you mean so the other person will be interested.
2. **Discover and manage your listener’s expectations.** Make sure you do not base your comments on false expectations regarding
what the other person wants or is willing to do. Do not encourage others to have false expectations for you.

3. Choose an appropriate form of speaking. Decide what you want to communicate, and choose the form of communication that does what you want. If you want to make a declaration, make it an “I” statement rather than an accusation. Make sure your questions are genuine and not disguised statements. Be clear when you make a promise that you mean it.

4. Speak respectfully, responsively, and emphatically. Make sure you speak respectfully to the other person, especially when you disagree with them or disapprove of their behavior. Make sure you are responsive to the issues they have with you, and speak as you would want someone to speak to you.

5. Put the listener at ease. Speak informally, or in a way that relaxes the listener and encourages their trust in what you have to say.

6. Demonstrate you have heard the other person’s deeper needs and feelings. Make reference as you speak to their issues and feelings, which may not be apparent at first glance. Demonstrate you are paying attention to what they have been telling you by summarizing their remarks without watering them down.

7. State your interests rather than your positions. Rather than repeating what you want, explain in a personal way why you want it.

8. Anticipate objections and address them before they are raised. Try to anticipate what the other person will say in response. Address those issues preventively before they do, as a way of demonstrating you understand their concerns.

9. Acknowledge differences and restate issues positively. Acknowledge your differences openly and state them neutrally, then restate the issues positively so they can be resolved. Afterward, test for understanding, agreement, and disagreement.

10. Clarify and emphasize your agreements. Do not lose sight of what you actually agree on. Start by thanking the other person for agreeing to discuss their issues openly with you. If they have done so, emphasize earlier points of agreement, whatever they are. There have to be some things you agree on, even if it is only your agreement to talk directly with each other rather than ignore the problem or take it to someone in authority.

11. Focus on developing solutions. Address problems that can be solved rather than attempting to assign blame for unsatisfactory conditions.