



Texas Psychological Association

**A Legislator's
Guide to
Communicating
with Challenging
Constituents**

www.texaspsyc.org

INTRODUCTION

Constituents contact their legislators for many reasons. At times, a constituent wants to meet you simply because you are his/her legislator. Other times they look to you for understanding and to address their concerns when they feel as if they have been treated unfairly. In these situations, constituents usually know what they want, and the interaction will be straightforward.

There will be occasions where constituents may be upset, which may create a difficult situation for you or your staff. How you respond to a constituent will depend upon the nature and level of his/her distress. For example, individuals with low levels of concern are likely to benefit from a timely, caring, yet general response from you; constituents with higher levels of distress will likely need a more specific response.

In an effort to assist you and your staff to effectively communicate with your constituents under these circumstances, the Texas Psychological Association (TPA) is providing you with this helpful guide. This guide includes suggestions for interacting with constituents in general, as well as recommendations for interacting with specific types of constituents in more complex situations.

We sincerely hope both you and your staff find this a useful resource for many years to come.

If you would like any additional information, please feel free to contact TPA at 888.872.3435 or www.texaspsyc.org.

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ENHANCING COMMUNICATION WITH CONSTITUENTS

Not all constituents who want to speak with you are distressed. Sometimes one has difficulties communicating his needs or lack confidence in the ability to express his concerns. Meeting with a legislator or legislative staff member can be very stressful for constituents. There are some communication skills that may be helpful in conveying your understanding and interest in him and his issue; in turn, conflict with the constituent will be minimized, and it will be easier to have a non-stressful conversation.

Below are some general suggestions for enhancing communication with these constituents:

Short Beginning Phrases

Use what, how, and why questions to engage your constituent in a discussion.

Examples: "What can I do for you today?" "How can I help you?" "Why have you come today?"

Short Phrases

Short phrases can help the discussion progress.

Examples: "I see." "I understand." "Tell me more." "That's interesting."

Paraphrasing

Rephrasing the constituent's message in your own words conveys that you are listening. It also encourages the constituent to further elaborate his concern and ensures you are understanding him correctly.

Examples: "Let me see if I understand... (paraphrase)." "You seem to be concerned about... (paraphrase)." "I'm hearing that... (paraphrase)."

Clarifying Facts

This often goes along with paraphrasing to help you gain a better understanding of the constituent's concern. Additionally, it may help you focus a vague presentation.

Examples: "Do you mean... (facts as you understand them)?" "Are you saying that... (facts as you understand them)?" "(Facts as you understand them) ...Am I getting that right?"

Feeling Description

Reflecting the emotional part of the constituent's message further shows that you understand his or her concerns and are listening.

Examples: "From what you say, it sounds that you are (frustrated/upset/etc)." "I can see that (constituent's concern) makes you (angry/stressed/etc)." "I can tell that you are feeling (annoyed/mad/etc)."

The Environment

Where the interaction occurs can contribute to, or interfere with, communication.

Examples of communication enhancers:

Moving to a quieter room, removing distractions, reducing barriers between you and the constituent (e.g. desks and tables)

Examples of communication detractors:

Putting a barrier between you and the constituent, glancing at paperwork/cell phone/computer/etc while the constituent is speaking



GENERAL GUIDELINES FOR INTERACTING WITH CHALLENGING CONSTITUENTS

Here are some broad concepts to keep in mind when conversing with specific types of challenging constituents.

- Whenever possible, offer to speak directly with the constituent. Your receptivity can have a positive effect on your interaction.
- Try to see the issue from the constituent's point of view without necessarily agreeing or disagreeing. Paraphrasing, clarifying and rephrasing will help convey that you understand her perspective.
- Let your constituent know that you care about how she feels.
- Offer to assist your constituent in reasonable ways. However, involve yourself only as far as you can; be cognizant of how your limited resources will affect how much you can help your constituent. Extending oneself to others always involves some risk, but it can be a gratifying experience if kept within realistic limits.
- Inappropriate behavior should not be ignored. It is within your rights to set boundaries with your constituent; she can be told that such behavior is inappropriate and that you cannot assist her when she is acting in an inappropriate manner.

THE SUSPICIOUS PERSON

Typically, this individual is a tense, anxious, mistrustful loner who has few friends. This person tends to interpret minor oversights as significant personal rejection and often overreacts to insignificant occurrences. He sees himself as the focal point of everybody's behavior, and everything that happens has special meaning to him. He is overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underlie most of his behavior.



- Express compassion, without inappropriate closeness. Remember, suspicious individuals have trouble with closeness and warmth.
- Be firm, steady, punctual and consistent.
- Be specific and clear in your communication.
- Stay in an open area where there are other people.



- Assure the person that you are her friend. Agree that you are a stranger, but even strangers can be concerned or helpful.
- Be overly warm, nurturing or flattering.
- Challenge or agree with any mistake or illogical beliefs.
- Be cute, humorous or ambiguous in any way.



THE ANXIOUS PERSON

Danger is a key theme in the thoughts of an anxious individual. Unknown and unfamiliar situations raise the anxiety levels of this person. Often, striving for perfection or to please everyone creates feelings of anxiety. This individual often has difficulty making decisions. He may be very concerned about speaking with you, fearing that he will make mistakes or you will not accept him.



- Let him openly discuss his thoughts and feelings. Oftentimes, this alone will relieve a great deal of pressure.
- Reassure when appropriate.
- Remain calm.
- Be clear and explicit.



- Overwhelm with information and ideas.
- Use rapid-fire questioning.
- Make the situation more complicated.
- Get trapped into making decisions for him.

THE DEMANDING PERSON

Typically, the amount of time and energy given to this individual is never enough. She may seek to control your time or be persistent in seeking your attention. She may consider your time and attention as a reflection of her worth.



- Reflect her desires while asserting your own scheduling needs. *“I understand that you’d like to speak with me right now. However, my schedule does not permit me to speak with you at the moment.”*
- Use the broken-record technique (repeating the same message). *“I’m sorry. I wish there were more I could do, but there is not.”*
- Ignore persistent demands after other strategies have been tried.



- Allow the constituent to disrupt your plans (e.g. cancelling another appointment to accommodate them).
- Chastise or lecture her.
- Reward the constituent’s persistent manner with extra attention.

Anxiety disorders affect about 40 million American adults in a given year.²



THE VERBALLY AGGRESSIVE PERSON

An individual may become verbally abusive in frustrating situations that he sees as being beyond his control. The constituent's anger and frustration may become redirected toward you. Typically, the anger is not directed at you personally.



- Acknowledge the constituent's anger and frustration. *"I can see that you're very upset."*
- Rephrase what the constituent is saying and identify the emotion. *"I can see how frustrated you are because you feel that your rights are being violated and no one will listen."*
- Calmly listen and allow the constituent to get his feelings out and tell you what is upsetting him.
- Reduce stimulation and create a calm environment. If it does not compromise your safety, invite the constituent to your office or another quiet place that is comfortable.
- Help the constituent problem-solve and deal with the real issues when the individual becomes calmer and receptive to feedback.
- Tell him that you are not willing to tolerate verbal abuse. *"When you yell at me, I find it difficult/impossible/hard to hear what you are trying to say."* *"Please use a calmer voice. I cannot understand you when you're shouting."*
- Ask the individual to please move back if getting physically too close. *"Please stand back; you are too close."* *"I don't feel comfortable/safe/at ease when you stand that close. Please move a few steps back."*

THE VERBALLY AGGRESSIVE PERSON



- Get into an argument. This increases the likelihood that the argument will escalate into something very difficult to diffuse.
- Get into a shouting match. It's tempting to raise your voice to try to be heard when someone is yelling at you.
- Become hostile or punitive. Example: *"You can't talk to me that way!" "Shut up!"*
- Press for explanations or reasons for the behavior. Example: *"Tell me, why are you so disrespectful?"*
- Look away and not deal with the situation.

BIPOLAR DISORDER

Individuals with bipolar disorder experience extreme mood changes called "mood episodes." These episodes range from a "manic" high to a "depressive" low. One sign of bipolar disorder is extreme irritability.²



THE VIOLENT OR PHYSICALLY DESTRUCTIVE PERSON

Violence, because of emotional distress, is becoming a growing concern in the work environment. Typically, violence occurs when the individual is completely frustrated and feels unable to do anything about the situation. The saying, “an ounce of prevention is worth a pound of cure” best applies here.



- Prevent total frustration by quickly and calmly acknowledging the intensity of the situation. *“I can see you are really upset and really mean business. You have some very serious concerns on your mind.”*
- Explain clearly and directly what behaviors are acceptable and unacceptable. *“You certainly have the right to be angry, but it is not okay to threaten me/yell/hit/break things.”*
- Stay in an open area where there are other people.
- Get necessary help if needed (e.g. other staff, police, etc).



- Ignore warning signs that the individual is about to explode.
- Common signs are:
 - Yelling
 - Screaming
 - Clenched fists, or
 - Statements like, *“You’re leaving me no choice!”*
- Threaten, dare, taunt or push the person into a corner.

THE PERSON IN POOR CONTACT WITH REALITY

This individual has difficulty distinguishing her fantasies or perceptions from reality. Her thinking is typically illogical, confused and disturbed. She may coin new words, see or hear things that no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior. Generally, this individual is not dangerous and is very scared, frightened and overwhelmed.



- Respond with warmth and kindness, but with firm reasoning. *you, and it seems real to you, but I don’t (hear the voices/see whatever/etc).”*
- Remove extra stimulation from the environment and/or see her in a quiet atmosphere (if you are comfortable doing so).
- Acknowledge your concerns and state that you would like to help her. *“It seems that it’s hard for you to deal with everything that is happening, and I’m concerned. I’d like to help.”*
- Acknowledge the feelings or fears without supporting the misconceptions. *“I understand you think they are trying to hurt*
- Reveal your difficulty in understanding her, when appropriate. *“I’m sorry, but I don’t understand. Can you repeat that or say it a different way?”*
- Focus on the here and now. Switch topics and divert the focus from the irrational to the rational and/or real.
- Speak to her healthy side, which she has. It’s okay to joke, smile or laugh when appropriate.



THE PERSON IN POOR CONTACT WITH REALITY

DON'T

- Argue or try to convince the constituent of the irrationality of her thinking; it will make the individual defend her position more.
- Play along. “Oh yeah, I (hear the voices/see whatever/etc) too!”
- Encourage further elaboration of her irrational beliefs.
- Demand, command or order.
- Expect customary emotional responses.

Schizophrenia is a chronic, severe, and disabling brain disorder. While there are many different kinds of symptoms, a few common signs of schizophrenia are:

- Believing that what other people are saying is not true (delusions).
- Disorganized speech and behavior.
- Hearing, seeing, tasting, feeling or smelling things that others do not experience (hallucinations).²

MENTAL HEALTH FACTS

HOW COMMON IS MENTAL ILLNESS?

Nationally, 46.4% of adults experience mental illness in their lifetime, and 22.6% of adults experience mental illness annually.⁴

COMORBIDITY

Often times mental disorders are comorbid. Comorbidity refers to the co-occurrence of disorders within the same individual. For example, a person may suffer simultaneously from both anxiety and depression or substance abuse disorder and bipolar disorder.³

COMMON SYMPTOMS OF DEPRESSION²

- Feeling hopeless, worthless or helpless
- Irritability
- Loss of interest in hobbies
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.



THE PERSON UNDER THE INFLUENCE OF DRUGS OR ALCOHOL

This individual may appear with a variety of unexpected and confusing behaviors and reactions depending on the substance he is using. Typically, drugs and alcohol impact an individual's ability to control his impulses and emotions, accurately assess his behaviors or the behaviors of others, and make rational judgments. Often times an individual under the influence may look like the persons described above (anxious, aggressive, suspicious, or in poor contact with reality). However, due to the chemical effects of drugs and alcohol, he may be more volatile and less receptive to the techniques previously described.

DO

- Remember that the person may genuinely have a reduced ability to control his or her behavior. An individual under the influence may react more quickly and intensely than normal so remaining aware and cautious is especially important. Stay alert!
- Convey safety and concern by remaining calm and acknowledging that the person has strong emotions about an issue. Persons using drugs and alcohol may misinterpret your words, cause you to feel angry or scared, and the situation may escalate quickly. Above all it is important to stay calm! Often times remaining calm and simply listening will help the person to calm himself naturally. *"I can see that you care a lot about this issue. I'm going to stay quiet now and listen."*

DO CONTINUED

- Respond with warmth and kindness, but remember that attempts at reasoning may be ineffective.
- Express concern and a desire to help, but gently convey that you cannot discuss the issue until the person is sober or calm. An individual under the influence has difficulty with memory and may not realize you've already attempted to respond to his concerns. It is best to not engage in further conversation about the issue, as doing so will not be helpful or productive. *"I want to be able to help you, but I'm not able to until we can speak calmly. I apologize but I cannot talk about this topic anymore today."*
- Call security or authorities for assistance if the individual continues to escalate or you begin to feel threatened.

DON'T

- Argue or try to convince the individual of the irrationality of his thinking. This will often increase the intensity of his feelings.
- Discuss the issues at length. If the person is in a blackout you may spend hours conveying information to someone who will not remember a single second of your interaction.
- React with anger or defensiveness.
- Underestimate the volatility of persons under the influence. Those using alcohol or stimulants (cocaine, methamphetamine, etc.) may be especially quick to react with violence.



TEXAS MENTAL HEALTH CRISIS

WORKFORCE SHORTAGE

A national study found that 66.8% of primary care physicians were unable to refer their patients to a high-quality mental health specialist. This unavailability was most often attributed to inadequate health coverage or a shortage of mental health providers.⁴

SOURCES:

California Psychological Association (1999). *A Legislator's Guide: Communicating with Distressed Constituents* (3rd ed.). Sacramento, CA: Sandra Harris

² National Institute of Mental Health (2015). *Mental Health Information*. Retrieved from <http://www.nimh.nih.gov/health/topics/index.shtml>

³ National Institute of Mental Health (2015). *Mental Health Information*. Retrieved from <http://www.nimh.nih.gov/health/topics/ncsr-study/questions-and-answers-about-the-national-comorbidity-survey-replication-ncsr-study.shtml#q6>

⁴ Texas Department of State Health Services. (2014). *The Mental Health Workforce Shortage in Texas*. Austin, TX: Texas Department of State Health Services

OBTAINING FURTHER ASSISTANCE

The Texas Psychological Association (TPA) is available to you and your staff for information and consultation about handling difficult situations with constituents or others. Consultation with a psychologist member of TPA is confidential and is just a phone call away (512) 528-8400.

Psychologist members of TPA are licensed to practice in the state of Texas and have doctoral degrees— a Ph.D. (Doctor of Philosophy), Psy.D. (Doctor of Psychology), or Ed.D. (Doctor of Education). Obtaining a doctoral degree requires a minimum of 4-6 years graduate education and training plus a minimum of 2 years additional supervised experience (pre-doctoral internship and postdoctoral fellowship). A year of supervised postdoctoral experience is required prior to eligibility to take a national written proficiency test and an oral examination. To maintain licensure, psychologists must obtain 20 hours of professional development each year. **No mental health profession has more education and training in psychology than psychologists do.**

TPA's psychologists adhere to the highest standards of ethics and practice as required by the American Psychological Association's ethical guidelines and the Texas State Board Examiners of Psychologists (TSBEP).

Through a scientific base of knowledge, psychologists have contributed greatly to understanding human behavior, alleviating pain and suffering, and to human health and well-being.





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