



Heartland Mediators Association

Newsletter for Midwest Mediators

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2012 Heartland Mediators Association

A Message From HMA President: Thanks for a Great Year

HMA Members:

It has been a great pleasure to serve as the Heartland Mediators Association Board President this past year. I hope to see you all at the HMA Annual Meeting (noon, April 26, KSU Olathe campus).

The Conflict Coaching program on April 26 and 27 will be fascinating and an opportunity to hear from a true expert in a developing field.

It really is an exciting time for mediators, with opportunities to grow and expand our skills and areas in which we serve.

Thanks so much for an outstanding year!

Kathy Perkins

Annual Meeting in Olathe Offers Conflict Coaching Skill Building April 26-27

Conflict Coaching is the fastest-growing area in the dispute resolution/conflict management field and HMA will be sharing this expertise during its 2012 annual conference April 26 and 27 at K-State Olathe.

Dr. Tricia S. Jones, in her first time presenting in the Kansas City area, will bring us this two-day conference about Conflict Coaching, a one-on-one process in where a coach works with a client to help the client gain a better understanding of their conflict and to identify and develop strategic options.

Jones co-author of the 2008 "Comprehensive Conflict Coaching Model" will introduce and show applications of coaching for mediation during the workshop. There will also be a book signing and reception Thursday at 5:30 pm.

Sessions Thursday begin at 12:30 pm and Friday at 8 am. Sessions include the introduction and looking at the conflict on Thursday. Friday's sessions offer a look beyond the conflict and communication skills to be used in coaching.

Lunch Friday is provided. HMA will have its annual meeting during lunch where new and outgoing Board Members will meet with members.

Helping a client understand conflict requires that the conflict be considered through three major perspectives of identity, emotion and power. In this section, the importance of these perspectives and how they interact is discussed, and participants are invited to engage in short activities to help them understand how a conflict coach works with a client on these issues. In addition to helping a client understand his or her own identity, emotion and power concerns.

HMA will offer 14 Approved KS CME Hours and 11.7 Approved MO CLE Hours for this conference. All approved mediators must have Con-

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Opportunity Abounds for HMA Membership

By Kathy Perkins
www.kathy-perkins.com

There is a wealth of opportunity for dispute resolution professionals to assist with conflict in healthcare. If a malpractice case is filed, the use of mediators is fairly well established. But mediators and attorneys for the parties often observe that litigation resulted from something that could have been cleared up early or could have been resolved more easily earlier through better communication. In other words, a cause or catalyst for the litigation was poor communication on the part of the health care provider. It is also the case that not everybody with bad results - or even victims of error - sues. While this may partially be related to the temperament of the patient, studies suggest that the doctor's "bedside manner" may play a greater role.

These observations suggest a need for health care providers to find a way to improve communication/understanding; and identify potential conflict and address early on.

Annual Meeting

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tinuing Mediation Education hours to continue their approval.

Registrants may go on-line with this link below to sign up for the conference: http://www.heartlandmediators.org/index.php?option=com_content&view=article&id=70&Itemid=75

You may also go to the HMA Web Site: <http://www.heartlandmediators.org/>

Fees are \$125 for the full conference for members signing up before April 14 and \$145 after that date. Non-Members are \$195 before April 14 and \$215 after. Student may attend the entire conference for \$75.

Those who wish to come to Thursday only pay \$55 for HMA Members (\$75 after April 13). Non-members fee is \$75 (\$95 after April 13).

Friday only attendees pay \$85 for members (\$105 after April 13) and \$135 for non-members (\$155 after April 13).

The conference will add tools for anyone who faces conflict in their work and allow for greater confidence in working with people. The two-day conference also offers the opportunity for us to network and develop new acquaintances who are in the same arena of assisting those in conflict.

Providers of health care services, whether family physician practices, hospitals, surgery centers, dental clinics, community mental health providers, or specialty groups could benefit from a systemic approach to conflict resolution that underlies the entire provider/patient relationship. Drawing upon models for addressing workplace claims of illegal harassment, the approach would include provider training on improved patient communication; an accessible, timely and responsive complaint process; and access to a neutral facilitator.

There is a wealth of opportunity for dispute resolution professionals to assist the healthcare providers with reducing claims by improving communication. As a starting point, what can doctors learn from the experience of mediators?

1. Patients (and their family members) don't always understand you.
2. Patients need your respect more than you need theirs.
3. Patients are intimidated when they are with you for a lot of reasons including diminished capacity, anxiety about their health and the future, your approach and demeanor, the setting, etc.
4. Patients want and deserve the truth.
5. Numbers 1, 2, 3 and 4 are very important and have a direct effect on whether or not you are sued. In other words, the decision about whether or not to be a plaintiff may have roots in dislike, mistrust, disrespect or confusion. Even if the conflict doesn't lead to litigation, it may have expensive consequences such as loss of patients or damage to reputation.

An effective model for early dispute resolution would include these elements:

Train physicians – and their staff and other providers who have patient contact – on communication techniques to improve patient understanding; projecting empathy and concern; and understanding the impact of information on patients and families. Conflict coaching skills – the subject of HMA's upcoming program – could be extraordinarily useful.

Commit TO patients on what they can expect from provider, and FROM patients that they will seek clarification if they don't understand and that they will bring issues of concern to the provider's attention.

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Mediator Has Scenic Journey

When asked to write on my background and how I got into mediation, I started thinking about where I'd been and where I'm going. The journey has been a long and scenic ride. Sometimes the scenery resembled a landfill, however.

I had wanted to go to law school so much when I got out of college in 1975, but the job market was scary and being the oldest of four really-close-in-age girls my parents could see that despite all our summer jobs and part-time work in the winter, there were not going to be enough funds to add the burden of graduate school.

Being cut loose from the family coffers, and being highly debt-averse, I went to paralegal school instead and started working with a lawyer in my hometown in northwestern Illinois. I hated it.

So I switched gears within a year and started working for corporations and soon ended up at McDonnell Douglas in St. Louis where I stayed for more than 16 years working on government contracts for fighter jets and other military gear. While there, I gained a great education in nego-

Opportunity

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Capture complaints early.

Seek feedback from patients to ensure understanding and determine if there are concerns.

React quickly through follow up, contacting the patient by telephone or in person.

Offer creative solutions which might include forgiving part of bill, a "free" follow-up consultation, paying for a second opinion, an apology, etc.

Refer for facilitation utilizing a neutral individual such as a mediator or ombudsperson.

Dedicate the necessary staffing and other resources to ensure success. And be assured that success will positively affect the bottom line through reduced litigation.

I invite mediators who have facilitated communications between doctors and patients/family members or are aware of effective dispute resolution programs in healthcare settings to email me with your experiences or ideas.

Kathy Perkins is outgoing President of Heartland Mediators Association.

tiation and federal contracting and worked with the company's lawyers extensively as well as with industry association lawyers in Washington, D.C. Lawyers had managed to resurrect their tarnished reputation with me. I dared think I might now be able to go to law school.

When I was accepted at St. Louis University School of Law at age 40 (what was I thinking?!), I met my classmate and soon-to-be best friend Becky Magruder. She told me she wanted to be a mediator. I had no idea what mediation was but proceeded to learn from her from then on.

Upon graduation, I joined Bryan Cave LLP as a litigator. While I enjoyed working at "The Cave" I soon began to feel litigation was not for me. I really enjoyed those cases that were of a "counseling" nature because they gave me an opportunity to help find solutions. I really hated going to court because it meant a fight.

Mediation continued to be a draw and after my initial training in 2000 with CDR Associates in Boulder, CO, I was convinced someday I would be a mediator. Even though initially I only did some pro bono mediations and small claims work, I used my mediation skills everyday, even after leaving Bryan Cave and going in-house.

Now, I have my own mediation practice in Highland, Illinois. I'm using all of the skills I learned at McDonnell Douglas and as a lawyer. I love working with people in a small town and I love helping resolve conflicts in a constructive way. While there is a lot more for me to learn, my small town and rural practice gives people access to constructive conflict resolution. There has been a lot of acceptance of mediation so far, and I hope to continue to spread the word and do the work in my little corner of southwestern Illinois.

Kathleen L. Hammock has her own firm, Hammock Law LLC, and may be reached at www.hammocklaw.com or (314) 517-6252.

**We Want to Know How
You Became Interested
in Conflict Resolution**

Send your stories to Janet
at hmaorganization@everestkc.net

Conflict Workshops Important Training

HMA presented mediation training to 35 attendees Feb. 17 at the Topeka and Shawnee County Public Library in Topeka. The workshops blended together with the first workshop, 'Bullies, Batterers and Brooders: Exploring Conflict Styles', presented by Robert R. Williams, M.S. and the second workshop on 'Motivations of Batterers' presented by Dorthy Stucky-Halley MSW, Mickey Hanna and Steven M.S. Halley LSCSW.

In 'Bullies, Batterers and Brooders: Exploring Conflict Styles', the attendees completed a conflict styles evaluation to make the attendees aware of the strengths and weaknesses in each conflict styles category: competing, collaborating, compromising, accommodating and avoiding.

Being aware of one's own conflict style helps individuals manage conflict by seeing one's own strengths and shortcomings. Each individual should be able to adapt and move in and out of all the styles based upon what is needed.

Williams gave the definition of conflict: "Conflict is a part of discord caused by the actual or perceived opposition of needs, values and interests. A conflict can be internal or external. The concept of conflict can help explain many aspects of social life such as social disagreement, conflicts of interest, and fights between individuals, groups or organizations."

The group discussed what drives conflict – anger drives conflict and fear drives anger. This transitioned to 'Motivations of Batterers'. The lead presenter was Dorthy Stucky Halley in the Kansas Attorney General's office, Director, Victim Services Division, with Steve Halley, from the Family Peace Initiative (FPI), YMCA and Mickey Hanna, a HMA member and co-facilitator at FPI.

The objectives were to discuss characteristics of battering behavior, identify indicators for lethality and risk and understand how this impacts the response to battering (offender accountability and victim safety).

They mentioned 'illegal' battering behaviors and 'legal' battering behaviors. I thought it was interesting to see the list of legal battering behaviors: threats to commit suicide if they leave; threats to report to CPS; causing fear by looks, actions, gestures; displaying weapons; put down's, name calling, mind games; controlling who they see, where they go, etc; using jealousy to justify actions; minimizing, denying, blaming others for their abuse; using the children; preventing access to money or ability to earn money.

It was mentioned not all persons convicted of a domestic violence offense are batterers. Situation violence vs. resistive violence vs. self-defense vs. battering. The common characteristics of batterers: control

over partner (behavioral); entitlement (attitudinal); selfishness and self-centeredness; possessiveness; confusion of love and abuse; manipulative; contradictory statements and behaviors; externalization of responsibility; denial, minimization, blaming the victim; serial battering.

It is necessary to understand the different types of batterers; they have different motives, different behaviors, and different dangers. All batterers seek to dominate and control their victim.

Why they want to dominate and control, however, is quite different. Batterers have different motives and applications for aggression: survival-based, entitlement-based and sadistic. In the survival-based category is a sub-type called Borderline which describes "cyclical or emotionally volatile batterers" who have fearful attachment issues and have borderline personality traits or disorders.

The five biggest childhood contributors to wife assault, ranked in order of importance: 1. being shamed by their father; 2. being rejected/abandoned by their father; 3. being physically abused by their father; 4. being verbally abused by their father; 5. feeling rejected by their mother. A child experiencing the first four might experience rejection or inconsistency by mother.

Separation violence means leaving is dangerous: 73 percent of victims seek emergency medical attention after separation; victims are most likely to be killed when attempting to report or leave; 65 percent of DV homicide victims had separated from their abusers prior to their deaths; separation violence may happen when the victim is preparing to leave, is leaving, or for many months or years after leaving.

The correlation between child and partner abuse is high: 49-70 percent of batterers physically abuse children; 50 percent of incest perpetrators also batter the child's mother; daughters of batterers 6.5 x more likely to be victims of father-daughter incest; batterers tend to be self-centered; not child-centered; impact of psychological abuse varies with each child.

Battering parents need intervention by those with a thorough knowledge of the issues.

If you missed the presentation on 'Motivation of Batterers' I would highly recommend you contact Dorthy Stucky Halley, Director, Victim Services Division in the Kansas Attorney General's office. She will be happy present to an organization that could benefit from her research and material. Her contact information is: dorthy.halley@ksag.org (785) 368-8445.

Janet Lhuillier is Executive Director of Heartland Mediators Association.