

Building Interpersonal Relationships as a Key to Effective Speaking Center Consultations

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Although much interest has been generated regarding the functions speaking centers serve and the effects consultations can have, minimal research has addressed the dynamics of consultations themselves. This study documents what speaking center clients and consultants identify as barriers in consultations and how they address them. Analysis of qualitative survey data obtained from university speaking center clients and consultants shows that emotional intelligence, empathy, and interpersonal trust serve as necessary underlying components of successful consultations.

With persistent and increasingly urgent demands that students demonstrate effective oral communication, colleges and universities have turned to speaking centers (also known as communication centers) to tutor students who may need special assistance (Hobgood, 2002). These speaking centers often conduct consultations using a peer-to-peer method, with trained student consultants mentoring other students in one-on-one consultations. The objective of speaking centers is to develop public communication competencies, focusing on public speaking and other oral presentation skills.

The communication between consultants (speaking center tutors/mentors) and clients (users of services) determines the success of speaking centers. Ineffective communication within speaking centers can inhibit trust, effective listening, and constructive consultations. On the other hand, effective communication within speaking centers can enable clients to explore their public speaking capabilities while receiving constructive criticism to heighten their speaking potential. While speaking centers strive to use effective

communication, it is impossible to prove the effectiveness of communication without research on the actual communication that occurs within speaking centers. This type of research also shows the effects of communication in the speaking center as a workplace. Studying communication within speaking centers is the only way to measure the success of speaking centers. As speaking centers are becoming more prevalent in colleges and universities, this type of research allows one to look at the communication dynamics that can improve their operation and maximize their effectiveness.

Consultant-client relationships are an integral part of speaking centers. Though this relationship begins to evolve within minutes, it has a critical impact on the success of speaking centers. While some communication barriers may be inevitable, many can be addressed and overcome. If communication barriers are not overcome, the client may feel uncomfortable, unwilling to work with the consultant, and more importantly, unwilling to return to the speaking center for help in the future. Furthermore, communication barriers can diminish the credibility of speaking centers if not addressed appropriately. By studying consultant-client relationships in speaking centers, one is able to look into empirical data that shows what the client and consultant experience and value during consultations. From studying the consultant, one not only identifies communication bar-

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riers during consultations, but ways they are addressed and overcome. Studying an entire staff at a speaking center can align consultants' communication barriers with those of the clients. The data from the clients gives an idea of ways that their needs can be met. Looking at the similarities and differences between the communication barriers of consultants and clients can identify the factors responsible for effective consultations.

Currently, little scholarly research has been done on speaking centers. Searching the Communication and Mass Media Complete database using the phrase "speaking centers" and synonyms yielded only eight articles. Three were announcements of communication conferences, four concerned the services of labs from a specific university, and one dealt with listening. A literature search using the same search terms on the PsycInfo database generated only one hit that was associated with speaking centers. This article was not related to relationships between consultants and clients, but focused on the developmental approach taken within communication labs. The SocIndex database generated zero hits that related to speaking centers. The absence of research on speaking centers is evident in the scant results found on these popular databases. One aspect that the results found in the databases have in common is that none address the dynamics of the consultant/client relationship.

The most informative way to clearly understand the dynamics of speaking center consultations is to collect data directly from the consultants and clients themselves. None of the existing research reports empirical data from consultants and clients. Thus, one could conclude that the data on speaking centers has not yet directly acknowledged the communication patterns between consultants and clients. If consultant-client relationships within speaking centers are underdeveloped or developed poorly, clients will be hesitant to return in the future. Satisfied clients not only may return, but also may recommend

speaking center services to others. Without retaining or expanding their client base, speaking centers will not grow and could become targets of cutbacks when budgets tighten. Speaking centers flourish or flounder from consultant-client relationships, thus researching these relationships is vital to any center's success.

Method

To research communication within speaking centers, surveys of the people involved in the consultations provide the most reliable source of empirical data. Because the surveys were not administered during a class or other timed setting, the surveys gave each consultant, current client, and past client the chance to consider their answers at length and explain them in detail. If focus groups or one-on-one interviews had been conducted, the findings might have been altered due to reactions to the facilitator or to other group members. Qualitative surveys allowed the researcher to get explanations in the words of the consultants, clients, and past clients instead of being paraphrased or put in someone else's words. Overall, the surveys provided an opportunity for genuine and detailed feedback from all participants, who described the dynamics of consultations as they experienced them rather than as a researcher conceived of those relationships.

This study took a qualitative approach because it was not already apparent what factors influenced the development of productive consultant-client relationships. Rather than superimpose the researcher's preconceived notions through predetermined categories, the key factors within consultations arose from the participants themselves. This study sought the point of view of the respondents by noting which themes they identified as important. Asking open-ended questions allowed for gathering the most thorough insights about why and how consultations can succeed.

Three sets of surveys were administered in this study. Because the focus was building

consultant-client relationships by reducing communication barriers, each survey included a brief description of communication barriers. The description outlined the purpose of consultations and the possible communication barriers that arise within consultations. Consultants and past clients were given surveys that had four open-ended questions asking: (1) what communication barriers arise during their consultations, (2) how they approach these barriers, (3) how to prevent the barriers from arising, and (4) what other communication barriers they could face in consultations.

The surveys administered to current clients were structured in a different format from the consultant and past client surveys. The survey for current clients included questions with Likert scale response options assessing the effectiveness of the consultations. These questions were followed by the same description of communication barriers that appeared on the consultant and past client surveys. Following the description was an open-ended question that asked what the consultant did to address communication barriers. Only the responses to the open-ended questions will be discussed in this study, which focuses on the qualitative data. All questionnaires were one page in length and were blank on the opposite side of the page in case further room was needed for participants to explain their answers.

Consultant surveys were distributed to 42 undergraduate consultants from the speaking center at a medium-size (enrollment ~16,000) Southeastern public university. Surveys were placed in the mailboxes of consultants, who were instructed to return the completed surveys to a separate, unmonitored location to assure anonymity. Participation was not mandated, no incentives or rewards were offered, and each survey was completed anonymously. Twenty surveys were returned, representing a response rate of 47.6%. Fifty additional consultant surveys were completed by randomly selected consultants who attended the

2008 National Association of Communication Centers (NACC) conference. These surveys were distributed during the conference by two members of the institution conducting the study, neither of whom was the investigator. Of the 50 surveys distributed at the NACC conference, 26 were returned, representing a response rate of 52%. A total of 46 consultant surveys overall were examined in this study.

The past clients were undergraduate students who had used the services of the speaking center one or two times. These participants volunteered to participate without any incentives or rewards. Ten past clients obtained the surveys, which were completed anonymously. All 10 surveys were completed. Over the course of the spring 2008 semester, 36 current clients also received surveys immediately following one of their consultations. Participation was voluntary, with no incentives or rewards. Clients completed their surveys anonymously and placed them in a secured, unmonitored deposit box outside the consultation room. All 36 surveys were completed, representing a response rate of 100%. A total of 46 client surveys (10 former clients, 36 current clients) were included in this study.

Findings

The surveys were analyzed for recurring themes because thematic analysis “offers an assessable and theoretically flexible approach to analyzing qualitative data” (Braun & Clarke, 2007, p. 77). This approach focused on discovering the patterns within the qualitative data, which was useful in that many of the responses contained similar comments and observations. Thematic analysis could reveal how consultants cultivate an environment that fosters the consultation experience while creating a comfort zone for clients to engage in risk taking with their oral communication. Clients could freely express the grounds for establishing positive relationships with their consultants. There is an obvious and reoc-

curing interdependency between consultant and client expectations. Certain themes recurred in responses, and this study sought how communication theories would explain the emergence of these common threads in the responses. The following sections detail the themes that emerged prominently in the survey responses.

The Emotional Intelligence Factor

Keaten and Kelly (2008) define emotional intelligence as “the ability to recognize, understand, manage, and utilize one’s emotions and the emotions of others” (p. 105). Throughout the surveys, consultants repeatedly mentioned their attempts to perceive how their clients felt within consultations. When asked in a survey how to prevent barriers within consultations, one consultant said, “I try to interpret their emotions to work appropriately.” Responding to the same question, another consultant said, “You have to get a ‘feel’ for your client and gauge what would make them most comfortable.” Emotional intelligence implies that “the emotional expressions of others provide information that we can use to make social interactions more predictable and easier to manage” (Elfenbein et al., 2007, p. 206). This point suggests that whether clients demonstrate willingness or unwillingness to be in consultations, emotional intelligence enables the consultant to establish a means of trust. If consultants understand their clients’ actions, they will better be able to help them within consultations. Specifically, in one survey a client wrote, “She related with my past experiences.” Another client said, “She used personal examples that gave me an idea of what was appropriate.” Here, the consultant evidently was focused on bringing to the surface relatable experiences shared between the consultant and client. Elfenbein et al. (2007) echo this idea by stating, “Individuals high in emotional recognition skill presumably are more accurate in obtaining information about other people’s internal states, and they can

use this information to navigate their social worlds” (p. 206). Emotions are inevitable in consultations, thus it is essential that consultants use more than their knowledge of topics to assist clients. Recognition of the varying emotional states of clients becomes necessary (Robertson, 2007).

Another important skill set for consultants is knowledge and acceptance of self. In his research on emotional intelligence, Rao (2006) states that it is crucial to “‘know thyself’ before you are able to know or to help others...when one knows oneself, it is easier to regulate behavior, as well as to control emotions so they will not interfere with work performance or personal life” (p. 313). In order to correctly acquire and practice emotional intelligence, consultants have to use self-regulation effectively. Consultants must know themselves—their strengths, weaknesses, attitudes, and perceptions—but also be able to regulate their personal beliefs and opinions so that they do not adversely affect their clients. Often clients come in with speeches on sensitive topics. These topics can be tough issues to discuss, especially if the consultant’s views differ from those of the client. If consultants exhibit emotional intelligence, they are able to look specifically at the dynamics of the presentation with an open mind rather than with personal, emotion-driven bias.

With emotional intelligence, consultants also are able to distinctly differentiate their personal lives from the workplace. To encourage this differentiation, some speaking centers mandate disaffiliation in the workplace. This means that consultants who are affiliated with student groups are not permitted to wear their paraphernalia to work. Thus, a member of a sorority cannot wear a shirt with her sorority letters on it, which in turn serves as disaffiliation for clients coming in who may have previous stigma or negative experience regarding a sorority. In essence, there is a “link between emotions and overall productivity of the participants in any service

organization or business” (Taylor, 2005, p. 2). If consultants are able to control their own emotions, they will be better able to address the emotions from their clients, thus increasing the productivity within consultations. This productivity in consultations will increase the chances of clients returning to the speaking center for assistance in the future. Being in tune with such emotions, consultants are better able to assist clients, which in turn produces more confident performance. In a past client survey, a respondent disclosed, “I went [to the speaking center] after a long day of work so I didn’t really want to listen to my consultant.” When asked how this barrier was overcome, the same past client responded, “She kept asking me open-ended questions to be sure I tuned back in. She was very patient with me.” This example shows how the client noticed the consultant’s persistence and desire to help. Such an invitation to participate made a potentially unproductive consultation (due to the unwillingness of the client to be present) very productive.

Current and past client surveys demonstrate desire for behaviors associated with emotional intelligence. When asked what a consultant did to help overcome communication barriers, a client stated that the consultant “connected with me. Told me about her verbal fillers.” Here the consultant adapted to the client’s trouble with verbal fillers (“uh,” “um,” and other vocalizations that disrupt speech continuity) by storytelling. The consultant had to know her own past problems with verbal fillers in order to help the client with the same difficulty. This example supports the importance of consultants knowing about themselves. When asked the same question of how communication barriers were overcome by the consultant, another client noted, “She told me how great of a job I did and helped in probable areas.” In this case, the consultant used affirmation to assist the client in feeling more comfortable and confident as a speaker.

Emotional intelligence is extremely

beneficial when working with culturally diverse clients. A client wrote, “She tried to understand my accent because I am not American and it’s hard to understand me, but she did understand me and I feel comfortable speaking to her.” This example shows how with the use of emotional intelligence a consultant was able to relate to the client in a manner that enabled the client to reach a basic level of comfort. The consultant was able to understand and utilize knowledge of the content of the material in order to assist the student while being patient and understanding that the client was nervous due to the language barrier. With this comfort level reached, a client will become more willing to experience communication situations that will enhance confidence and competence. In the survey, this same client mentioned a desire to return to the speaking center in the future.

Emotional intelligence proves necessary in speaking centers for various reasons. In his research on emotional intelligence, Rao (2006) observes that “whatever the leadership style (coercive, authoritative, affiliative, democratic, pacesetter, and coaching), workplace climate and business outcomes are highly correlated with high EIQ [emotional intelligence quotient] in the leader” (p. 316). Rao (2006) adds that this finding also should apply to student and clinical contexts. This idea suggests that when consultants have high levels of emotional intelligence, the outcome is not only apparent in consultations, but also in the leadership capacity of the consultant as an individual. An important part of being a good leader is being able to negotiate in appropriate settings. Consultants often negotiate with their clients in the sense that their consultations are very “give and take.” Consultants guide clients toward finding appropriate ways to address challenges, giving constructive feedback so that clients take what they learn and apply it to their oral communication skills. While some clients simply take the advice of their consultants, many clients are curious and question or confront their consultants.

Clients are eager to get clarification about their consultants' suggestions and feedback. In an effort to encourage clients to become more competent speakers, consultants have to create an environment that enables their clients to reach a level of comfort with revealing their own weaknesses as performers. Connectivity between consultants and clients can serve as the supporting, and in some cases determining, factor as to whether or not trust is created within consultations.

The Empathy Factor

While emotional intelligence involves self-knowledge and self-control, it has another dimension: empathy. Broome (1991) notes that despite the absence of consensus on a precise definition of empathy, "most approaches associate empathy in some way with the attempt to consider the perspective of the other person(s) in a communication event" (p. 236). Broome (1991) adds that empathy is a learned skill and requires active participation in experiences that connect with others. Research on speech labs shows that when clients feel as if their consultants are relatable or empathetic, they "will perform more positively" (Hill & Courtright, 1981, p. 223). Such relatable behavior can change the communication behavior and outlook of clients (Hill & Courtright, 1981). Empathy is more than a single action. Rather, empathetic behavior encompasses a range of skills, including those associated with active listening: attending behaviors, verifying content, and listening for feelings (Schwartzman, 2007).

These empathetic behaviors build a trusting relationship, as JinJuan Feng, Lazar, and Preece (2004) note: "Communication partners who talked in an empathetic, accurate and supportive way were most trusted by the participants" (p. 103). From this observation, one can conclude that the more empathetic consultants are, the more trust will be created within consultations. Furthermore, Forrester et al. (2008) found that the more empathy is present in communication situations, the

more disclosure will occur. When clients feel they are able to disclose openly, they will be more likely to reveal the underlying causes of their skill deficits or deep-seated fears. Consultants equipped with this information can more accurately diagnose and treat these difficulties.

The survey responses show that empathy is vital to counteract or prevent communication barriers in consultations. Specifically, consultants exhibit empathy by being friendly, telling stories, and explaining the expectations of consultations. In the surveys, consultants mentioned client affirmation, maintaining a positive attitude, and listening to clients as ways they appear friendly within consultations. As for storytelling, a consultant often listens to the client's apprehensions and then tells the client of a time the consultant had to face and overcome the same anxiety. For example, if a client tells a consultant she fears public speaking, the consultant may respond with a story such as: "I understand your anxiety. I used to be very scared of public speaking myself. I hated all the people staring at me and my heart would race. But after much practice and determination, I have not only overcome my anxiety, but I have found my niche in public speaking." When asked how the consultant overcame communication barriers within consultations, a client responded that the consultant "connected with me." Another client wrote, "She was very friendly and made me feel more comfortable." This suggests that the consultant being friendly served as a means of empathy with the client, which in turn positively affected the outcome of the consultation.

In the surveys of past clients, respondents repeatedly stated that their main communication barrier was not knowing what to expect, but that it was overcome when the consultant told them step by step what would occur during the consultation. When asked about barriers, a client stated, "I had never been to the speaking center before and I didn't know what to expect." When asked how this com-

munication barrier was overcome, the client wrote, "When the consultation first began my consultant told me exactly what to expect." This comment supports the idea that structuring client expectations can qualify as a form of empathy because it demonstrates sensitivity to the client's fear of the unknown.

The responses also indicated that clients face the communication barrier of apprehension not only because they don't always know what to expect, but because they fear that their lack of competence in certain areas of oral communication is only felt by them, as individual clients. To overcome these feelings of personal inferiority, some consultants disclose that they have dealt with similar, and in some cases identical, apprehensions. In these instances, a mirror effect may occur, with reciprocal self-disclosures by consultant and client indicating development of mutual trust and deepening the relationship (Won-Doornink, 1979). After consultant self-disclosure, clients may become more willing to expose their vulnerabilities through disclosing information and get help with their specific communication needs. Once clients realize their consultant is empathizing with them, they can gain confidence in their speaking abilities because they now have a role model of someone who experienced and managed their own inhibitions.

The Trust and Caring Factor

Credibility within a consultation requires trust. Credibility is encompassed by competence, trustworthiness, and goodwill (Banfield, Richmond, & McCroskey, 2006). How clients perceive their consultants is tied to whether trust is established within consultations. If consultants "engage in behaviors that communicate such positive intent to the student [client], it is likely that the student will engage in more effort to learn" (McCroskey & Teven, 1999, p. 110). The findings of McCroskey and Teven (1999) in classroom teaching suggest that the more trustworthy and caring consultants appear to be, the more clients will

be inclined to put themselves in the necessary situations of vulnerability (appearing inarticulate, nervous, etc.) to enhance their oral communication skills. Schwartzman (2007) identifies understanding as a major facet of caring. He explains that someone qualifies as understanding if they "recognize the needs, desires, feelings, and thoughts of others" (p. 277). This definition suggests that to show caring behaviors, consultants must make an effort to notice and acknowledge the needs of clients. When asked how communication barriers were addressed in consultations, one consultant wrote, "I ask questions." Asking questions is a form of showing caring behaviors in that it gives room for clients to disclose information that consultants can use to help them. In their research on credibility, Myers and Bryant (2004) found that credibility is linked to one being knowledgeable about the topic at hand. By asking questions to clients, consultants are able to adapt their knowledge of the material to each client, which in turn builds trust because each session is customized to fit the individual.

In the surveys, consultants consistently mentioned that making clients feel more comfortable, maintaining an open mind, and offering encouragement were caring behaviors that they showed in their consultations. Clients responded to these caring behaviors in their surveys. When asked how the consultant overcame communication barriers, one client wrote, "She gave positive feedback." Another client responded to the same question by saying, "She was confident and knowledgeable of material. She also related with past experiences of her own." All clients who wrote feedback that aligned with the quotes just mentioned noted that they had positive consultation experiences. There is a link between students who wrote that they saw the speaking center as effective and the comments listed on the surveys about caring behavior. When asked if they would consider making another appointment at the speaking center for help in the future with oral com-

munication, clients wrote positive feedback. Specifically, one client said, "I will definitely use the speaking center again." Another client answered the same question by saying, "VERY HELPFUL!" When clients recognized caring behaviors from their consultants, their anxiety was minimized, they were more likely to see their consultants as credible, and they were more likely to use the services of the speaking center in the future.

McCroskey and Treven (1999) observe, "We tend to see people who behave responsively toward us as caring about us" (p. 92). The surveys showed a clear relationship between consultants caring for their clients and clients trusting their consultants in return. One client survey included the comment: "She talked very formally, but warmly as if she was a friend trying to help." The consultant balanced professionalism with personal concern. When asked if the consultant was helpful, a client wrote: "She made me feel comfortable enough to perfect my speech a second time" (sic). McCroskey and Treven (1999) explain this boost in confidence by stating, "We certainly are going to listen more attentively to a person who we believe has our best interest at heart than to one who we think might be wanting to put one over on us" (p. 92). By experiencing caring behaviors, clients are more likely to see their consultants as competent.

In the surveys, consultants listed numerous ways they show caring behaviors to their clients to ease anxiety and establish trust. One consultant noted, "I try to be as personable as possible to encourage comfort, then find their way of limiting anxiety and encourage them that getting up there is half the battle." Semlak and Pearson (2008) support this consultant's response by saying, "Credible instructors are perceived to be more engaging than instructors who lack credibility" (p. 77). This remark suggests that engaging in caring behaviors such as exploring clients' anxieties may enhance the credibility of consultants

from the clients' perspective.

Limitations

Several factors besides the actual consultation experiences could have influenced the survey responses. Many clients are very apprehensive when it comes to using the services of the speaking center. Clients may have felt that noting communication barriers within consultations would be equivalent to pointing out negative aspects of their own communication capabilities. In an effort to avoid losing face, clients may have simply pointed out all the positive aspects of the consultation. By doing this, they alleviated the direct connection between their personal communication capabilities and the communication barriers.

Consultants filling out the surveys may have had a biased view in that admitting to the presence of communication barriers may have reflected on their abilities as a consultant. By shedding light on the more positive aspects of the speaking center as well as consultations, consultants could downplay some of their own insecurities within consultations.

Responses to the client surveys were overwhelmingly positive, with virtually all clients agreeing that their consultations were free of communication barriers. When asked to explain their opinion, some responses were: "Good/positive experience!" "I had a very good and beneficial time here...Keep up the great work," and "Very helpful." All of these responses reflect positive experiences, but insinuate that because their consultant was helpful, no communication barriers were present. The first items on the client surveys used phrasing that may have primed respondents to offer positive responses. Examples include: "This session was helpful" and "My consultant seemed professional and knowledgeable." Following these types of questions came two questions about communication barriers. After the clients had answered the first five questions about their actual consultation and noted it as

helpful, they may have felt it inappropriate or inconsistent to then mention the presence of communication barriers.

The current client questionnaires were distributed immediately after the consultation, so the clients may have felt some social desirability bias: they “owed” their consultant something since they were just helped. The past client feedback forms were given randomly to people who had used the services of the speaking center once or twice. If these people recognized the person distributing the surveys as a speaking center employee, they may have felt it would have been inappropriate to write critically on the surveys, so they may not have expressed themselves fully in their answers.

The consultant surveys were put in consultants’ mailboxes, thus they were usually filled out while consultants were in the environment of the speaking center. This setting could have created biases in that they were filling out a survey about a location they were currently in. A Hawthorne effect could have occurred if the respondents altered their comments because they thought they were being monitored (Payne & Payne, 2004). The consultant surveys filled out at the NACC conference may have been biased because those consultants were in a context that fully promoted speaking centers and their services, making it harder to be critical at that time.

Implications

This study has important implications for consultants, for clients, and for speaking centers in general. Consultants may not receive extensive feedback about their capabilities or needed areas of improvement. As times change, so do the needs of clients. Clients become more diverse and their needs may become more acute. Keeping this in mind, consultants not only need to know how to communicate effectively, but they also need to know how their personal behaviors influence the relationships established within consultations. From this study, consultants

are able to see empirical data from clients that state what works best. Consultants may be able to adjust their practices to build more supportive relationships with clients. Overall, this study shows consultants how clients perceive positive relationships are built within consultations, enabling consultants to best help their clients. In addition, clients are able to see their consultants more as partners in building supportive relationships rather than as superiors dictating instructions.

The findings of this study could improve operations of speaking centers by incorporating relationship-building into the structure of consultations. For example, the protocol for consultants to tell clients what to expect at the very beginning of the consultation builds trust, credibility, and confidence. This research demonstrates that speaking centers can gain valuable empirical data using feedback directly from clients and consultants. Often speaking centers only have the feedback from consultants, administrators, directors, faculty, and staff, when in actuality the ones most affected are the clients. The client feedback within this study is a starting point for seeing what clients think of services and most importantly how speaking centers can better serve their clients’ needs.

The results can be generalized to other consultative interactions easily. The study has offered specific factors to prioritize in consultant-client relationships: emotional intelligence, empathy, and trust/caring. With these focal points, participants in consultative and clinical activities can begin to look at the way they incorporate means of fostering these factors in consultations. Whether adjustments occur within consultant training or during the actual consultation, this study serves as a basis for improving interactions in a variety of settings.

Additional research might address the effects that race, gender, ethnicity, and personal communication patterns have on the quality and nature of relationships within consultations. Correlations between consul-

tant demographics and client demographics is a needed area of study. With campuses becoming more diverse, it is essential that speaking centers keep up with a broader range of clientele.

Similar studies should be conducted at institutions of various sizes and with different types of consultation formats to determine whether the same factors undergird a wider range of consultant-client relationships. Future research could focus on other facets of relationships besides those discussed here. Furthermore, which factors prove most crucial in developing supportive relationships? Does any single factor play a decisive role? If not, what other factors are needed and how are they established?

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