

# INTERPERSONAL EFFECTIVENESS WORKSHEET 12

(Interpersonal Effectiveness Handouts 17, 18; pp. 155–156)

## Validating Others

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

Fill out this sheet whenever you practice your validation skills and whenever you have an opportunity to practice even if you don't (or almost don't) do anything to practice. Write on the back of this sheet if you need more room.

Check off types of validation that you practiced (on purpose) with others:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Paid attention.   | <input type="checkbox"/> 4. Expressed how what was felt, done, or said made sense, given the causes. |
| <input type="checkbox"/> 2. Reflected back what was said or done, remaining open to correction. | <input type="checkbox"/> 5. Acknowledged and acted on what was valid.                                |
| <input type="checkbox"/> 3. Was sensitive to what was unsaid.                                   | <input type="checkbox"/> 6. Acted authentically and as an equal.                                     |

List one invalidating and two validating statements made to others.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Describe a situation where you were nonjudgmental of someone in the past week.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a situation where you used validation in the past week.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the person you validated? \_\_\_\_\_

What exactly did you do or say to validate the person? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the outcome? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you feel afterward? \_\_\_\_\_

Would you say or do something differently next time? If so, what? \_\_\_\_\_

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