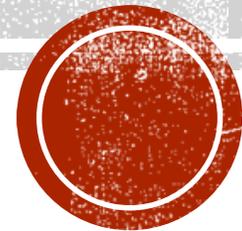


TOUGH CONVERSATIONS:

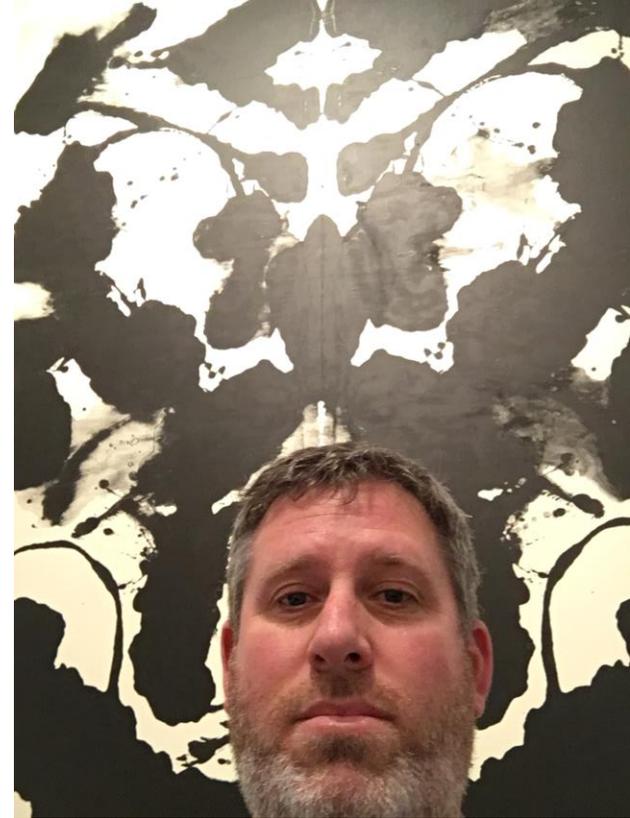
**MAKING THE MOST OF
DIFFICULT SITUATIONS**

Robert Gallen, Ph.D.



A LITTLE ABOUT ME

- Part C EI Provider since 1997
- Licensed Clinical Psychologist
- Director of MS Programs in Applied Developmental Psychology at the University of Pittsburgh
- Associate Professor
- ZERO to THREE Fellow
- Founding President of the Pennsylvania Association for Infant Mental Health



CASE EXAMPLES

- 2-year old with pre-natal drug exposure
- 6-month old with severe brain injury
- 2-year old with probable Autism
- Foster parent with several children



AGENDA

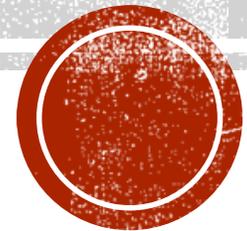
- 1. Defining the problem
- 2. Understanding the Caregiver
- 3. Supporting Emotions
- 4. Motivational Interviewing
- 5. MI in EI
- 6. Special Circumstances
 - **MI and the COS**
 - **April 4**
 - **Practicing Tough Conversations**
 - **May 2 and 3, 2018**

TRAINING CERTIFICATES

- Email a sign-in sheet (a blank sheet of paper is fine) with:
 - **Training name**
 - **Name**
 - **signature**
 - **county**
- Email Shakila at Shakila.dixon@dodd.ohio.gov



1. DEFINING THE PROBLEM



SOMETIMES THIS WORK IS HARD

- Being the bearer of bad or difficult to hear news
 - Delay, diagnosis, etc.
 - Need for intervention
- What do we say?
- How do we say it?



POLL- HOW HARD IS THIS WORK?



POLL: WHAT ARE WE AFRAID OF?

- Hurting caregiver feelings?
 - Strong emotional reactions?
 - Rejection?
 - Loss of ability to help?
 - Other?
-
- You can pick more than one!



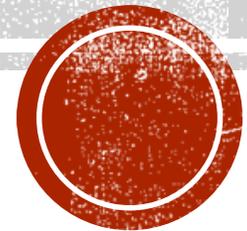
LET'S ADDRESS THE UNICORN IN THE ROOM



- There is no magic secret.
- This is hard to do.



2. UNDERSTANDING THE CAREGIVERS



WHAT WE HOPE FOR



WHAT “KIND” OF BABY IS THIS?

- Babies who are easy to cuddle with, look into our eyes promote...
- Parent self-confidence and self-esteem
- Which give us energy to do this another day



A black and white photograph of a shattered glass surface. The words "DRETTKÄSS" are written in large, bold, black, sans-serif capital letters across the center of the image. The text is partially obscured by a complex network of dark, jagged cracks that radiate from a central point, resembling a spiderweb. The background is a light, uniform color. In the bottom right corner, there is a small, faint logo or mark.

DIAGNOSIS/LABELLING = LOSS

- Bowlby
 - Numbing
 - Yearning and searching for lost figure
 - Disorganization and Despair
 - Reorganization



CAREGIVER COPING STRATEGIES

- Mechanisms that defend caregivers from despair, and thus they are logical
- Critical to survival
- These reactions may make us uncomfortable
- Coping strategies are worthy of our respect and understanding
- If we understand what coping behaviors are and how they help the caregivers, then we can be not offended by them



GUILT

- Rational or not, parents often feel responsible for their child's problems or delays
 - Prenatal substance exposure
 - Autism



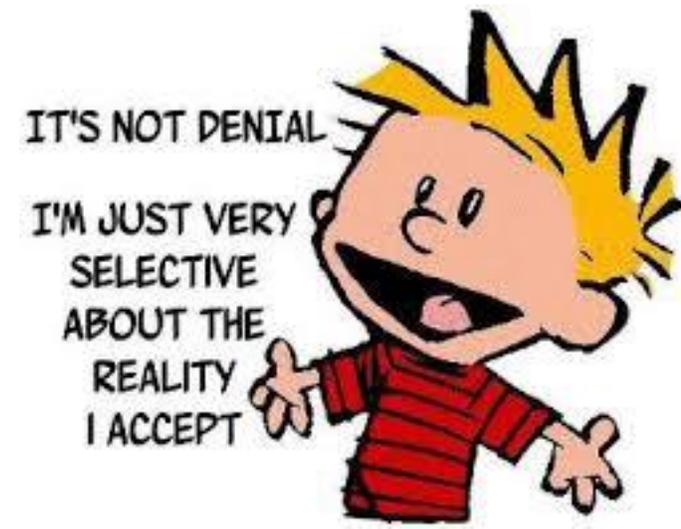
EMOTIONAL DETACHMENT

- Avoiding negative or anxiety provoking situations.
- Emotional numbing
- Dissociation

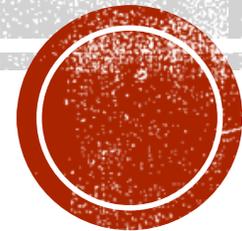


DENIAL

- Unconscious efforts to manipulate, deny or distort reality to defend against unacceptable feelings such as anxiety, or to avoid unwanted impulses.

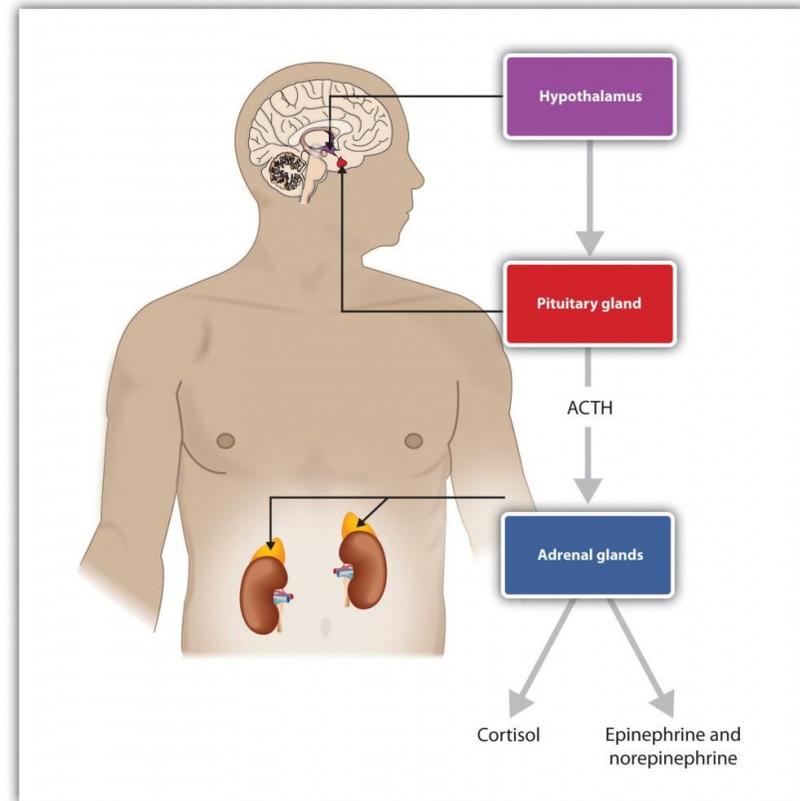


3. SUPPORTING EMOTIONS



STRONG CAREGIVER REACTIONS

- Upset
- Avoidance
- No response
 - Fight, Flight or Freeze



HOW SHOULD WE RESPOND TO STRONG EMOTIONS?

NEVER IN THE HISTORY OF CALMING DOWN HAS ANYONE EVER CALMED DOWN BY BEING TOLD TO CALM DOWN.

Recite

made with ♥ @ Recite.com

- Caregiver sharing (of thoughts, feelings, questions) is a sign of trust in you



BUT DON'T BE OVERWHELMED

- Our role is to serve as a “holding” environment for the caregivers strong emotions
- If we are overwhelmed by them, then we become less able to help.... We may not be perceived as “strong” or “caring” enough
- To “hold” anothers emotions, we have to understand that “big” reactions are usually not about us.



PERSPECTIVE TAKING

- Take other people's point of view
- What might they be feeling?
- What might be the dilemma from their point of view



EMPATHY & UNDERSTANDING

- Understand and share feelings.
- We do not need to fix or solve feelings.. It is the act of understanding, or working to do so, that help's others feel less alone



HELPING OTHERS CALM DOWN



- **Listen** - As human beings we want to have our voices heard. We want someone to understand our feelings.
- **Ask** - Ask if there is anything that you can do to help. Maybe the person will say "no," but you are offering your help in a non-confrontational way.
- **Be there** - Just be there. Sometimes there is literally nothing you can do, but your physical presence is appreciated, whether the person can articulate it or not.
- **Breath**- Breathe and remind the person experiencing panic that they can breathe too. Sometimes we forget that simple fact.

STRIKE WHILE THE IRON IS HOT VS. STRIKE WHILE THE IRON IS COLD



4. MOTIVATIONAL INTERVIEWING



POLL

**HAVE YOU BEEN EXPOSED TO MOTIVATIONAL
INTERVIEWING?**



MOTIVATIONAL INTERVIEWING: WHAT IS IT?

- MI is a conversation between individuals...about change.
- Rather than telling caregivers what to do, the ...provider collaborates in an attempt to strengthen their personal motivation to change.
 - Miller & Rollnick (2013)



IN BRIEF, MI IS...

- **Intentional communication** about change
- A **collaborative** partnership rather than an exchange with an expert
- **Elicitation** of the caregiver's ideas and motivation for change.. Not a prescription for change



STAGES OF CHANGE

- **Change or Acceptance is a dynamic process**
- **It is important to consider where a caregiver/family is “at” in terms of change or acceptance**



WHY DO WE NEED MI?

- Change is slow and hard.
- Many reasons we may not change... Usually the core problem is **Ambivalence.**
 - Feeling “stuck”
 - May Want and Not Want change
 - May want incompatible things
- Anxiety of being “stuck” leads to procrastination (not resistance)
- Help people get “unstuck” by eliciting their ideas and desires for change

- Accepting Help = Change



FINDING OUT YOUR CHILD HAS A DEVELOPMENTAL DELAY



“YOU GET WHAT YOU GET”: UNEXPECTED FINDINGS ABOUT LOW-INCOME PARENTS' NEGATIVE EXPERIENCES WITH COMMUNITY RESOURCES

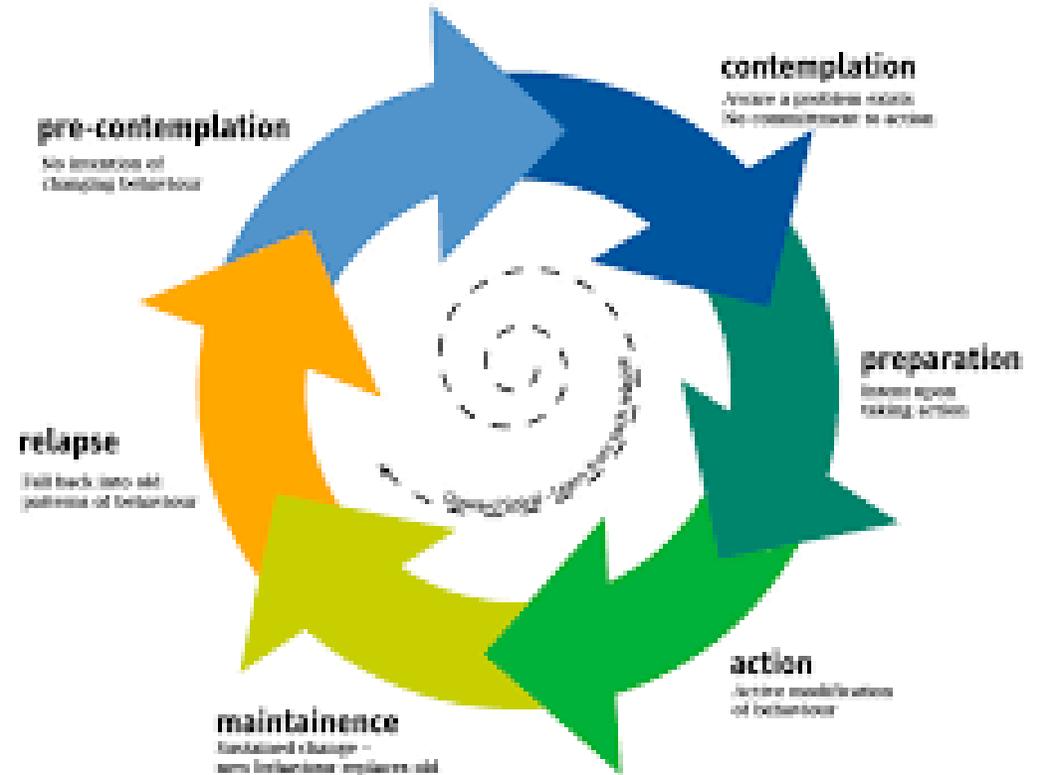
- SILVERSTEIN, LAMBERTO, DEPEAU, GROSSMAN (2008)

- 41 interviews of low-income families
- Interactions with community providers as a series of **trade-offs** and choices between two suboptimal options.
- Engaging in services meant adopting the value systems of others
- Accepting services was perceived as a loss of control over one's surroundings and brought feelings of sadness, helplessness, or stress
- Community agencies seen as judgmental or intrusive
- Some services or advice were perceived as unhelpful because they were too generic or formulaic.
- **It is incumbent upon us to challenge and disprove these perceptions and beliefs**



STAGES OF CHANGE

- **Pre-contemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**
- **Relapse**

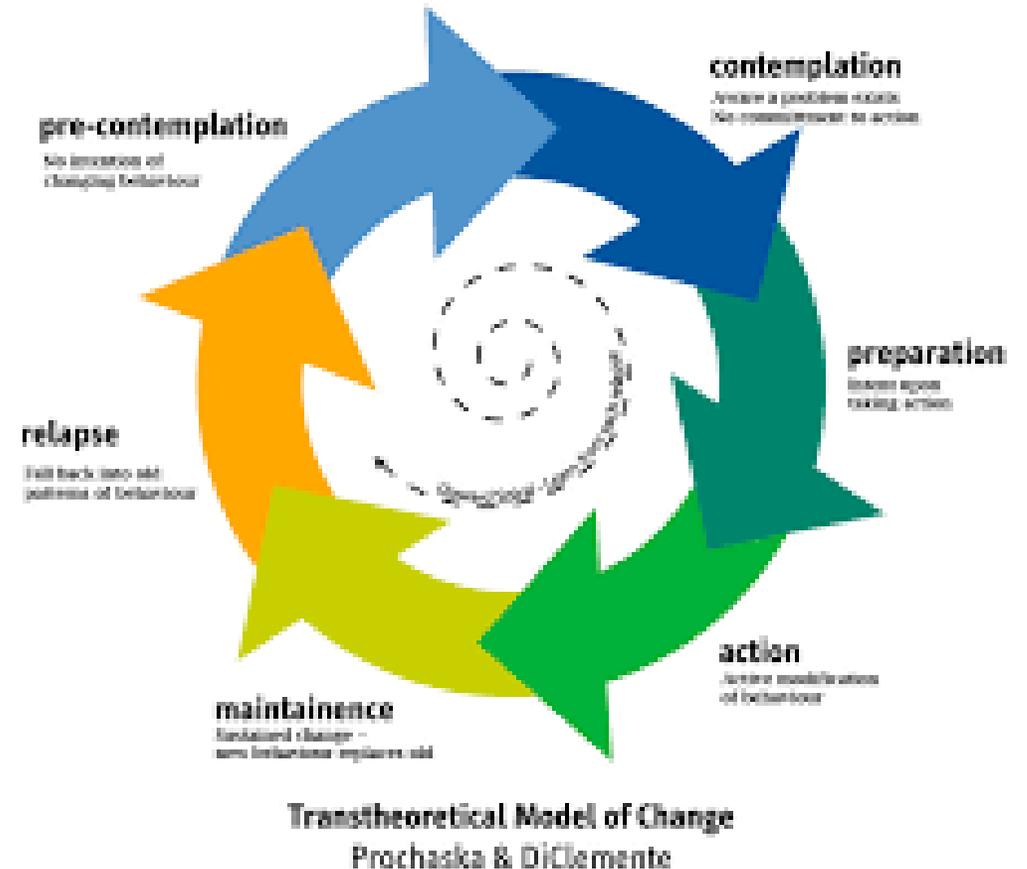


Transtheoretical Model of Change
Prochaska & DiClemente



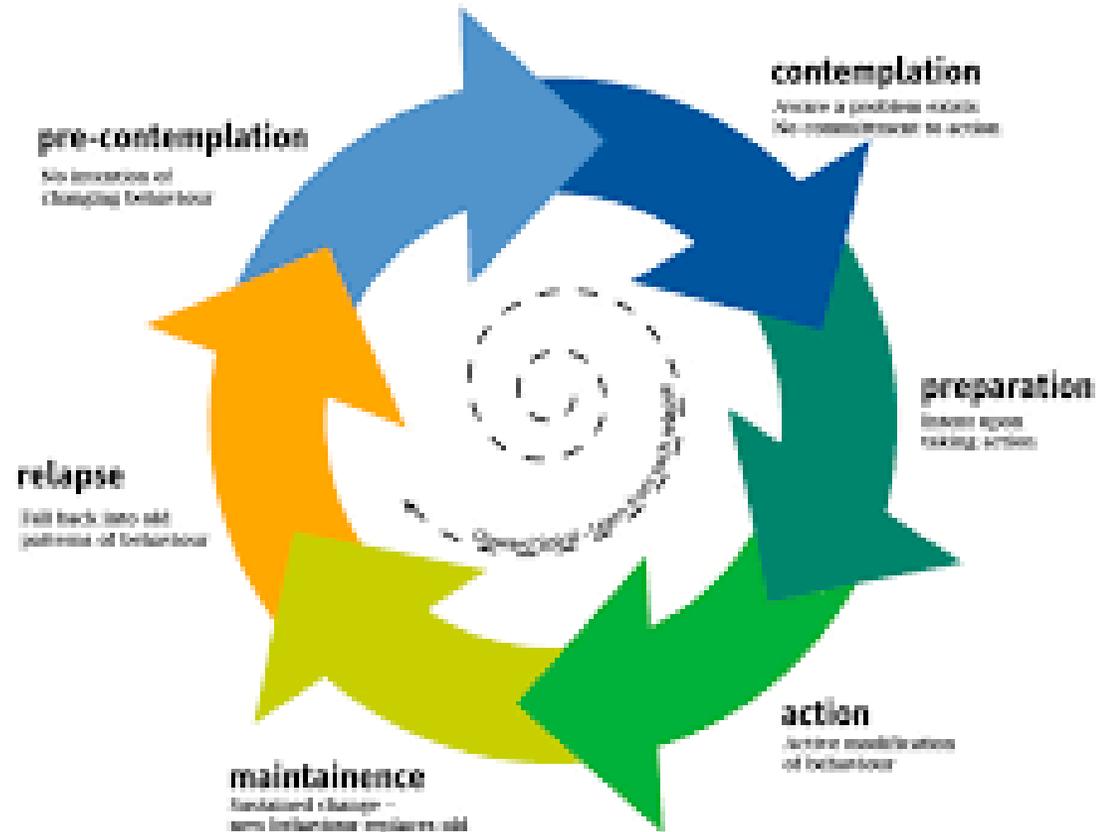
PRE-CONTEMPLATION

- Not yet considering change or are unwilling or unable to take action to change
- Goal:
 - Encourage family to think or talk about problems
 - Build rapport



CONTEMPLATION

- Aware of the consequences of the problem
- Goal: Help client make decision to act

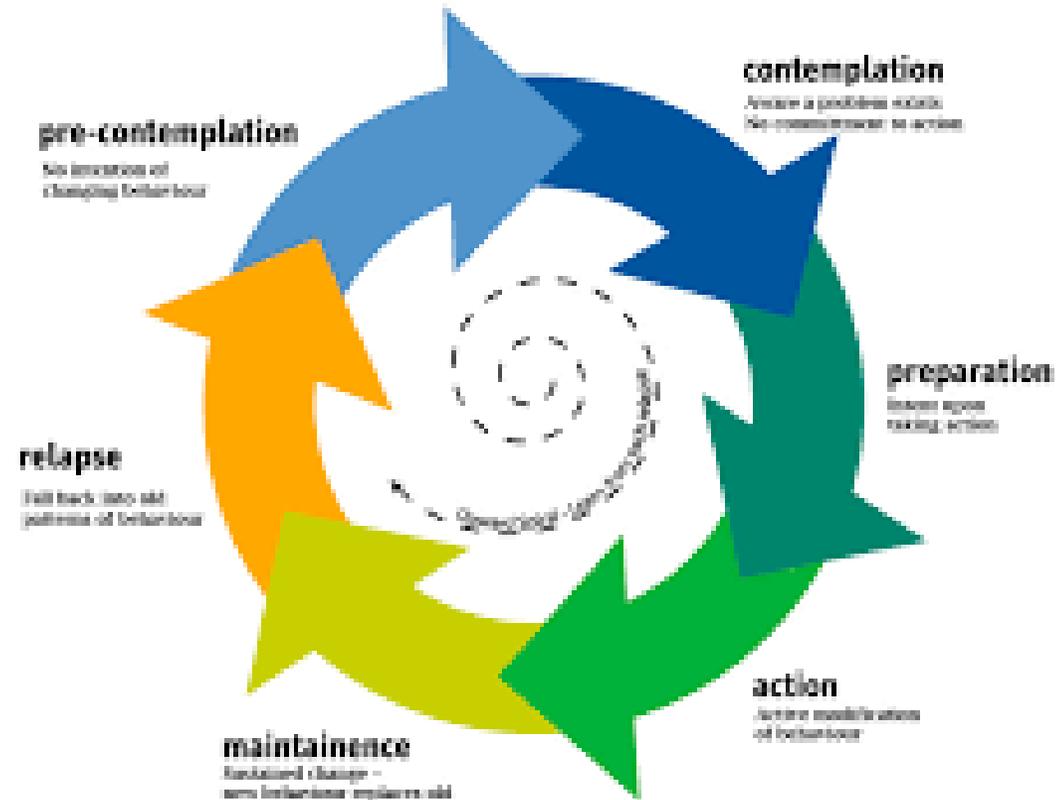


Transtheoretical Model of Change
Prochaska & DiClemente



PREPARATION

- Committed to change in the near future but still considering which actions to take.
- Goal: Help parent prepare a plan for change.



Transtheoretical Model of Change
Prochaska & DiClemente



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

- Collaboration
- Compassion
- Acceptance
- Evocation



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

- **Collaboration**
 - A Relationship between the provider and caregiver that resembles a partnership
- **POLL: Which one is more collaborative?**
- **A:** “Look, your child has a delay and will not make progress unless you accept services.”
- **B.** “It sounds like you feel overwhelmed by this news. I know this is hard to hear and you are already so busy and stressed. I wonder if we can work together to come up with a plan that works for you and keeps stress as low as possible.”



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

- **Collaboration**
 - A Relationship between the provider and caregiver that resembles a partnership
- MI Inconsistent
 - “Look, your child has a delay and will not make progress unless you accept services.”
- MI Consistent
 - **“It sounds like you feel overwhelmed by this news. I know this is hard to hear and you are already so busy and stressed. I wonder if we can work together to come up with a plan that works for you and keeps stress as low as possible.”**



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

■ **Compassion**

- Authentic emotional response when perceiving other’s suffering that results in a desire to help.

■ **POLL: Which one is more Compassionate**

- **A:** “I can tell you are very upset by what is happening with your child right now. I wish there was something I could do to change what has happened here”
- **B.** “We have offered you services but you have not followed through. If you had done what we suggested, Child and Youth Services would probably not be removing your child right now.”



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

■ **Compassion**

- Authentic emotional response when perceiving other’s suffering that results in a desire to help.

■ **MI Consistent**

- **“I can tell you are very upset by what is happening with your child right now. I wish there was something I could do to change what has happened here”**

■ **MI Inconsistent**

- “We have offered you services but you have not followed through. If you had done what we suggested, Child and Youth Services would probably not be removing your child right now.”



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

■ **Acceptance**

- Appreciate what the caregiver brings to the interaction.

■ **Absolute Worth**

- Recognize the potential and worth of every person.

■ **Accurate Empathy**

- Genuine interest in and desire to appreciate and understand the caregiver and their situation

■ **Respecting Caregiver Autonomy**

- Caregivers must make their own decisions and we must accept this.



ACCEPT CAREGIVER NEEDS AND TIMING

- Do not give up hope when caregivers do not follow through, at first...
- Plant seeds of hope in all gardens
 - Use language to communicate hope, change, future possibilities
 - “It sounds like you are not ready to commit to services *yet*.”
 - “When you begin/choose to...”



THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING

■ **Evocation**

- Rather than “prescribing” solutions, elicit them from caregivers;

1. Get their perspectives
2. Why do they want or need to “change”
3. How would they change
4. Their goals and values
5. Why they may not want to change
6. Why they may want to stay the same

■ MI Inconsistent

- “We need to start services immediately so your child can succeed in school. We have all of your services set up for you.”

■ MI Consistent

- “That may have been hard to hear that your child has a delay. What are your thoughts about what we just learned? What are your thoughts about Early Intervention services?”



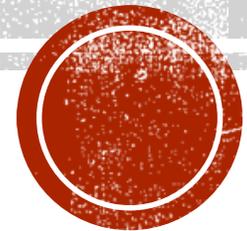
RESIST THE RIGHTING REFLEX

- We are naturally inclined to push back when we feel pushed to do something
- Resist the urge to correct caregiver's actions



MOTIVATIONAL INTERVIEWING

CORE SKILLS



THE “OARS” SKILLS

- **Open Questions**
- **Affirming**
- **Reflections**
- **Summaries**



USE OPEN QUESTIONS TO INVITE DISCUSSION



■ Open Questions

- Broad questions that encourage caregivers to talk about thoughts, feelings, behaviors and/or experiences
- Avoid the “question and answer trap.”
 - “Closed” questions pull for brief answers.
 - These can be OK if they pull for thoughts, feelings, etc.
- **POLL:** Which is the Open question?
- **A:** “Did you play with your child this past week?”
- **B:** “How was your week together?”



USE OPEN QUESTIONS TO INVITE DISCUSSION



■ **Open Questions**

- Broad questions that encourage caregivers to talk about thoughts, feelings, behaviors and/or experiences
- Avoid the “question and answer trap.”
 - “Closed” questions pull for brief answers.
 - These can be OK if they pull for thoughts, feelings, etc.
- MI Inconsistent
 - “Did you play with your child this past week?”
- MI Consistent
 - “How was your week together?”



ELICIT, LOOK FOR, COMMENT ON, AND AFFIRM CLIENT STRENGTHS AND SUCCESSES

■ **Affirming**

- Actively seeks to uncover, recognize, and discuss their strengths and positive actions
- Be genuine and don't over do it

■ MI Inconsistent

- “You are depressed and not sure what to do.”
- This “reflection” focuses solely on weakness and problems

■ MI Consistent

- **Positive Action:** “You allowed us to come into your home and ask you personal questions because you were worried about your baby. You must love your baby a lot to let us come into your home.”
- **Reframe Situation:** “You are feeling depressed and are coping with it pretty well. You are still able to take care of your baby every day.”
- **Elicit from Caregiver:** “What sets you apart from parents who do not seek help when they are struggling?”



USE REFLECTIONS TO EXPAND THE CHANGE DISCUSSION

- **Reflections**

- A response that makes a guess about what the person means.

- **POLL: Which one is a reflection?**

- **A.** “You are not ready to quit drinking completely, and at the same time you are aware that others are concerned with how much you drink.”
- **B.** “Your drinking is bad”



USE REFLECTIONS TO EXPAND THE CHANGE DISCUSSION

- **Reflections**

- A response that makes a guess about what the person means.

- MI Consistent

- “You are not ready to quit drinking completely, and at the same time you are aware that others are concerned with how much you drink.”

- MI Inconsistent

- “Your drinking is bad”



PULLING IT ALL TOGETHER

■ **Summaries**

- “Advanced” reflections
- Synthesize and pull together a group of caregiver statements

■ MI Inconsistent

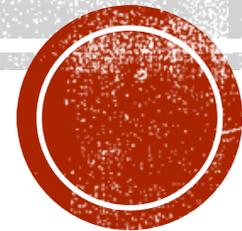
- “So you recognize the way your behavior has damaged your family financially and emotionally and plan to be a responsible mother.”
- This “summary” summarizes statements but does so by labeling behavior in non-accepting way.

■ MI Consistent

- “So one thing you hope would be different a year from now is that you will be spending more time with your kids and want that to continue. You also said you’d like to quit smoking and you think this might be possible if you aren’t drinking at bars. What steps have you already taken toward making the changes that will make all these things possible?”



MOTIVATIONAL INTERVIEWING PROCESSES



MOTIVATIONAL INTERVIEWING

PROCESSES

■ 1. Engaging

- Establish a helpful connection and working relationship
- First impressions are crucial
- Prerequisite for everything that follows

■ 2. Focusing

- Develop and maintain a specific direction in the conversation about change

■ 3. Evoking

- Elicit the caregivers own motivations for change
- The “heart” of MI

■ 4. Planning

- When caregiver achieves readiness they begin the change process



1. ENGAGING: THE RELATIONAL FOUNDATION

▪ **Engagement**

- Establish mutual trust
- Agree on goals
- Collaborate

▪ **Disengagement**

- The Assessment Trap
- The Expert Trap
- The Premature Focus Trap
- The Labeling Trap
- The Blaming Trap
- The Chat Trap



ENGAGING THROUGH LISTENING

▪ **Listening**

- Understand the person's dilemma
- "Healing is not primarily a process of dispensing expertise."

▪ **Nonverbal Listening**

- Undivided attention
- Eye contact
- Facial Expressions
- Body Language



ENGAGING THROUGH REFLECTIVE LISTENING

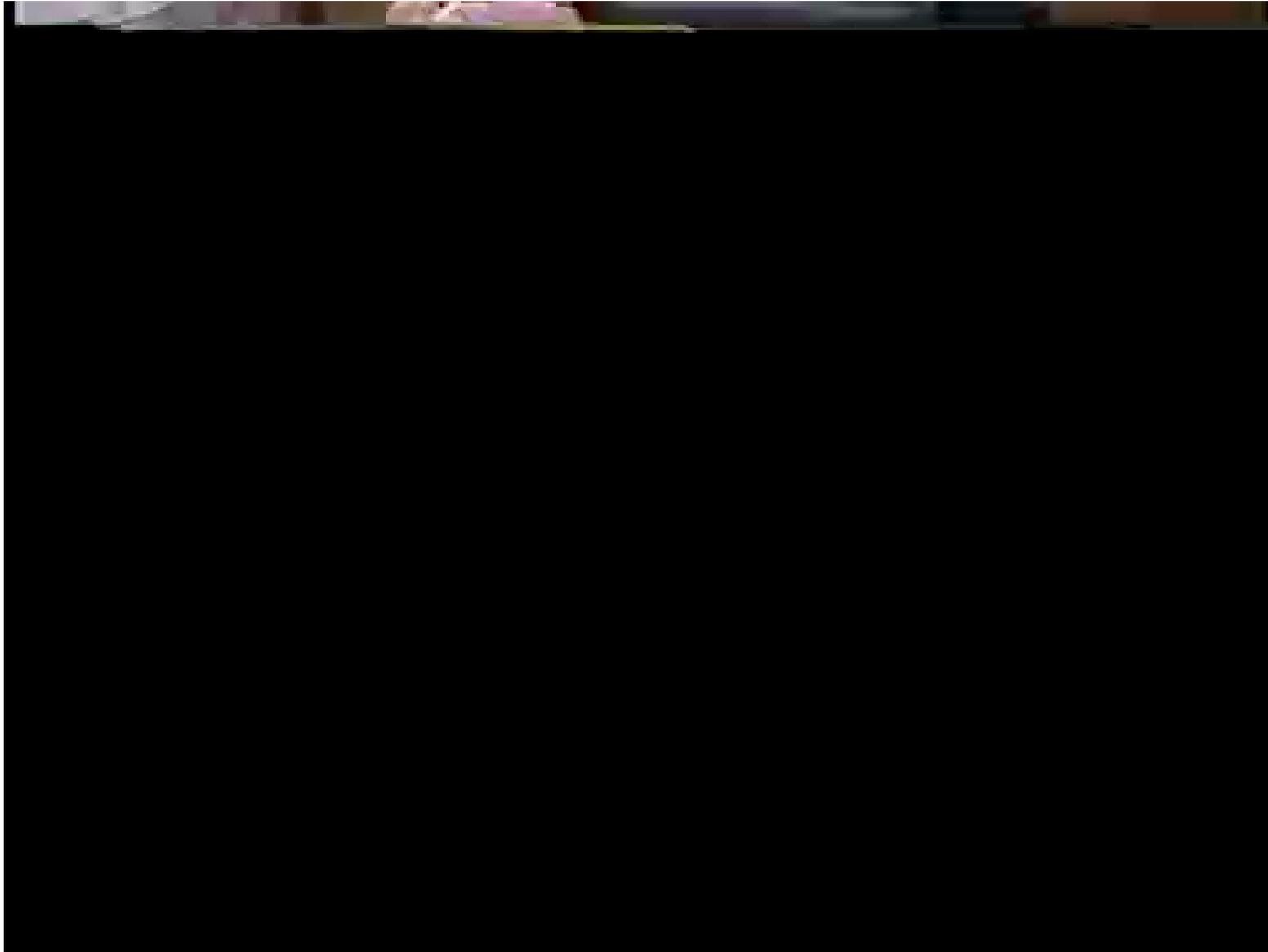
- The essence of a reflective listening is making a guess about what the person means.
- Without judgment
- Listen past anger (it's not about you) in order to understand it
- Listen for the real content in the message (the key information the caregiver wants to convey)
- Listen for the feelings and emotions in the message
- Restate the content and reflect the feelings.
- Allow the speaker the opportunity to confirm or correct your perception.



***IT SOUNDS LIKE YOU ARE FEELING FRUSTRATED
AND ANGRY THAT NO ONE BELIEVES YOU ARE
DOING EVERYTHING YOU CAN TO IMPROVE YOUR
CHILD'S BEHAVIOR.
IS THAT WHAT IT FEELS LIKE?***



EVERYONE LOVES RAYMOND



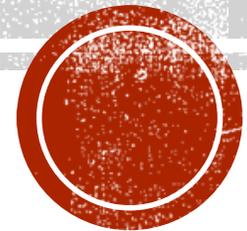
2. FOCUSING : SEEK AND MAINTAIN DIRECTION

■ The Agenda

- Caregivers agenda may include Hopes, Fears, Expectations, Concerns
- EX: CYF Investigation
 - CYF: Protect the child
 - Caregiver: Embarrassment, anger, expectation of being reprimanded, fear of loss of child, freedom, resources (\$, etc.)
- Goal is to direct the **Agenda** toward a focused outcome....
 - Improved child and family outcomes perhaps?



**“IT’S NO USE SETTING OFF FOR A
CLEAR DESTINATION IF THE
CLIENT WON’T GO WITH YOU.”**



2. FOCUSING: FINDING THE AGENDA

- **If the Focus is clear**, then there is little need for more focusing.
- **If there are many possible foci..**
 - Help Structure the Focus, Consider Options, and Zoom In
 - Use **Agenda Mapping**
 - “We could go in a number of directions here. I wonder what makes sense to you?”
 - “I wonder if we could step back for a few minutes and consider what is most important to focus on?”



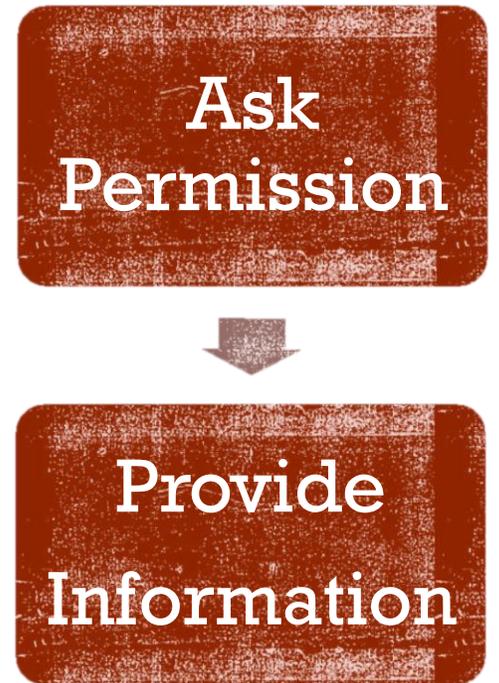
2. FOCUSING: WHEN GOALS DIFFER

- The caregiver decides whether and how to pursue change; that choice cannot be taken away.
- MI is not about persuading people to do something that is against their values, goals or best interest.
- Respect Autonomy and Choice...
- Return to Relationship building as needed



2. FOCUSING: EXCHANGING INFORMATION

- It is easy to overestimate how much information and advice caregivers need.
- **Do's**
 - You have some expertise, and caregivers are the experts on their children and family
 - Find out what information the client wants or needs
 - Match information to caregiver needs and strengths
 - Clients can tell you what kinds of information is helpful
 - Advice that champions their needs and autonomy is helpful



3. EVOKING



- Listen for the Caregiver's Values and Motivations
- Each caregiver has a reason to change (and not change), and those reasons are more likely to persuade them to change than your reasons.
- Be interested in the caregiver's own motivation and values and elicit these to promote motivation to change.
- Your time is better spent eliciting caregiver's motivations than sharing your professional reasons (which can be counterproductive).



3. EVOKING

- **Change Talk** is any self-expressed language that is an argument for change
 - When you hear change talk, become interested in and curious about it.
- **Sustain talk** is conceptually opposite of Change Talk- it is the person's argument against change
 - Ambivalence



3. EVOKING

■ Eliciting Change Talk

■ Ask Evocative Questions

■ **DESIRE**

- What do you want, wish for, hope for?

■ **ABILITY**

- How confident, likely, able are you?

■ **REASONS**

- Why, what for, what reasons are there?

■ **NEED**

- How important, serious, why must?

Avoid questions that pull for **Sustain Talk**

- Why haven't you?
- Why aren't you trying harder?
- What's the matter with you?



3. ELICITING SELF-MOTIVATIONAL STATEMENTS

- Concern and Problem-Recognition Questions

- **Problem Recognition**
- **Concern Questions**
- **Querying Extremes**

- **Problem Recognition**

- “What things make you think this is a problem?”
- In what ways has this been a problem for you?
- How has the problem stopped you from doing what you want to do?



3. ELICITING SELF-MOTIVATIONAL STATEMENTS

■ Concern Questions

- What worries you about the problem?
- What difficulties result from the problem?
- What do you think will happen if the problem does not change?
- How much does this worry you?

■ Querying Extremes

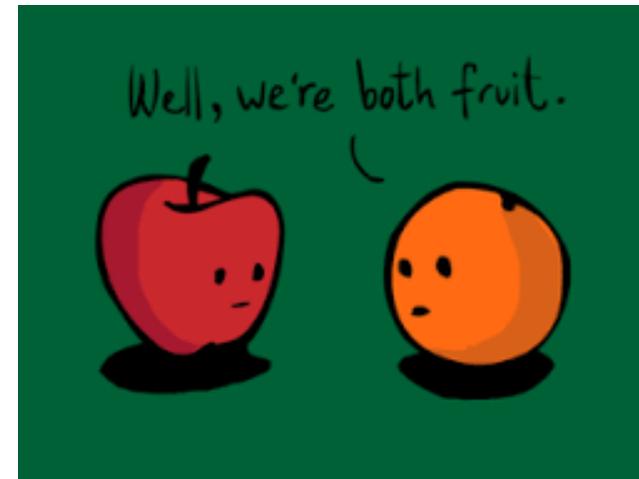
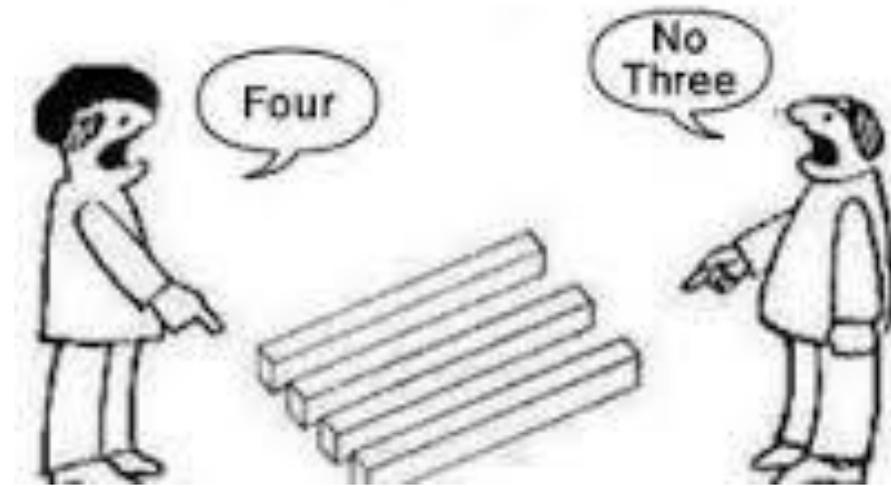
- What concerns you most about this problem long term?
- Suppose the problem continues as is and does not get better. What do you imagine are the worst things that might happen?
- How much do you know about what can happen if the problem does not get better?



EVOKING

- **Developing Discrepancy**

- Changes tends to occur when a person perceives a significant discrepancy between important goals or values and the status quo
- In order to be motivating, a discrepancy needs to be large enough to encourage change but not so large as to be demoralizing
- Process of considering together "why" the caregiver might consider change

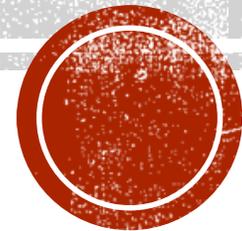


4. PLANNING

- Use the OARS skills to develop plans for change



5. MI IN EI



SUGAR-COATERS AND STRAIGHT TALKERS: COMMUNICATING ABOUT DEVELOPMENTAL DELAYS IN PRIMARY CARE -SICES, EGBERT, MERCER (2009)

- “Sugar Coaters”
 - Most mothers preferred a non-alarmist style of communication
- “Straight Shooters”
 - Some mothers preferred a more direct style and even labels
- **Preparation** was key distinction.
- Preparedness included information about expected developmental skills, suggestions for promoting skills, and a specific time frame for follow-up evaluation.



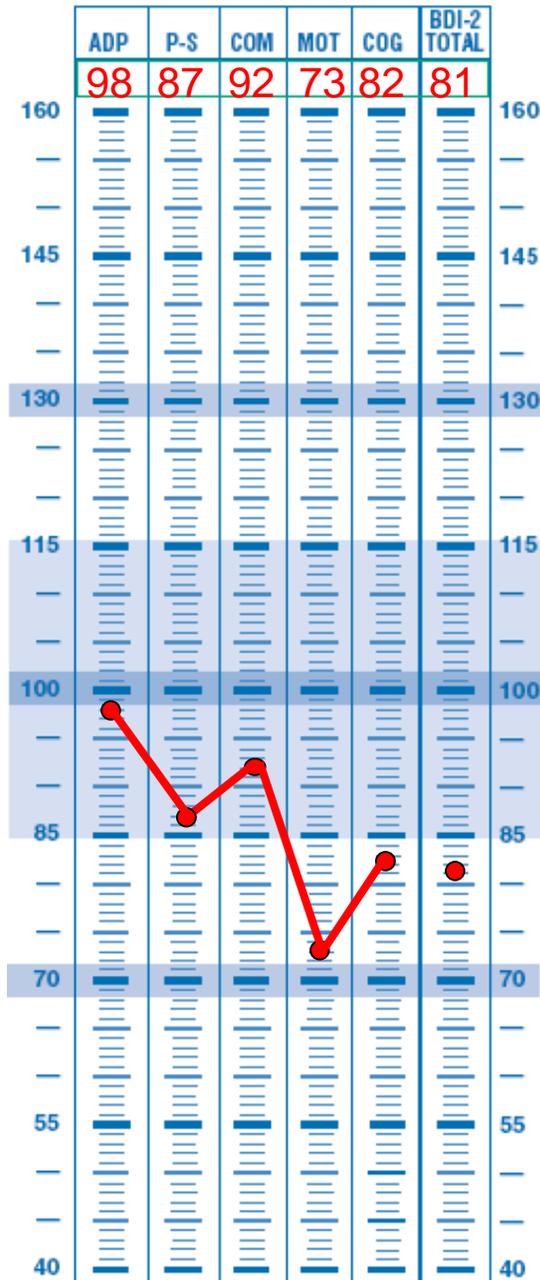
SAYING HARD TO HEAR STUFF



- Acknowledge your own anxiety
- Anticipate and allow upset
- Ask permission
- Stay with the caregiver.. Physically and emotionally.
- “I am a little worried about having this conversation. I worry that what I have to share might be upsetting to you.”
- “It can be hard to hear this news. How are you doing? Is there anything I can do to help?”



Developmental Quotient Composite Profile



BDI-2 Composite Profile

- Be Honest
- Listen Carefully
- Start with Strengths
- Be Direct...
- ..but Gentle
- Use Visuals
- Fact based
- Give Examples
- Give Expectations of what to look for next
- Instill Hope
- Check for Understanding
- Space for Questions
- Offer Help
- Concrete/Written Plans
- Resources
- **COS**



Ohio Child Outcomes Summary (COS) and Descriptors

Conclusion from Decision Tree	Characteristics and Observations	COS Descriptors in <i>Early Track</i>
Completely means:	<ul style="list-style-type: none"> Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area. 	Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome
Between Completely and Somewhat	<ul style="list-style-type: none"> Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child's functioning may border on not keeping pace with age expectations 	Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns
Somewhat means:	<ul style="list-style-type: none"> Child shows functioning expected for his or her age some of the time and/or in some setting and situations. Child's functioning is a mix of age-appropriate and not age-appropriate behaviors and skills. Child's functioning might be described as like that of a slightly younger child*. 	Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome
Between Somewhat and Nearly	<ul style="list-style-type: none"> Child shows occasional age-appropriate functioning across settings and situations. More functioning is not age-appropriate than age-appropriate. 	Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome
Nearly means:	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child of his or her age in any situation. Child uses immediate foundational skills, most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. Functioning might be described as like that of a younger child*. 	Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of this outcome
Between Nearly and Not Yet	<ul style="list-style-type: none"> Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational. 	Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of this outcome
Not yet means:	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child his or her age in any situation. Child's functioning does not yet include immediate foundational skills upon which to build age-appropriate functioning. Child functioning reflects skills that developmentally come before immediate foundational skills. Child's functioning might be described as like that of a much younger child*. 	Relative to same age peers, child's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the this outcome area

The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays.

Adapted from the Early Childhood Outcomes Center and from materials developed by Naomi Younggren, DoD for EDIS May 2011 and Maryland Early Intervention: The Early Childhood Intervention and Education Branch/Division of Special Education/Early Intervention Services/MSDE

- Consider developing a script
- Use visuals
- Prepare:
 - Explain “why” you are doing this and how it helps
- Give examples
- Elicit.. Elicit.. Elicit
- Consider the advantages of using this tool... it builds **discrepancy** if caregivers can identify delay



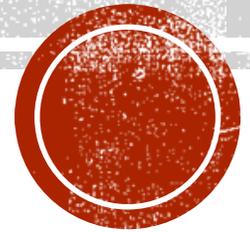


RECOMMENDATIONS FOR PROVIDERS

- **Elicit**
 - -Consider parents level of awareness in planning initial communication about delay
 - Be non-alarmist (support “sugar-coaters”) but gently direct (for straight-talkers) and avoid sugar-coating the news about developmental delay
- **Prepare**
 - Explain the EI and COS processes
 - Explain what a developmental delay is
 - Help parents by giving them emerging skills to look for and discuss at next visit.
- **Anticipate**
 - Parent perception of blame and address this directly
- **Stay Involved and Facilitate Communication between providers**
- **Helps with COS conversations**



6. SPECIAL CIRCUMSTANCES



POLL:

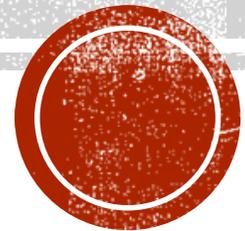
HARD TO REACH OR WORK WITH FAMILIES?

- **What types of families do you find to be the most difficult to work with?**



MOTIVATIONAL INTERVIEWING FOR CHALLENGES

- **Less ready to change**



“HARD CORE” FAMILIES

Interactions may be characterized by;

- Guardedness or reluctance to share information
- Avoidance and a desire to leave the relationship
- Strong negative feelings such as anxiety, anger, suspicion, guilt or despair.



HARD TO ENGAGE FAMILIES

- Sometimes those who need us most seem hardest to reach
 - The problem with “3-strike” rules
 - Remember **AMBIVALENCE**
-
- **Parents reported Ambivalence**
 - Worry and Blame
 - Parents worry that child delay may be seen as evidence of neglect
 - Parents worry that they will be held accountable for child delay



REFRAME RESISTANCE

- **Resistance = Sustain Talk + Discord**
- **Sustain Talk** is a normal part of ambivalence to change
 - Sustain Talk is about the Change Process
- **Discord**
 - Resembles disagreement including arguing, interrupting, ignoring, or discounting you.
 - Discord is about The Relationship.



RESPONDING TO SUSTAIN TALK

- It is not necessary or desirable to evoke or explore all reasons to not change
- **Reflections**
 - C: I don't think that anger is really my problem.
 - P: Your anger hasn't caused any real difficulties for you.
 - C: Well, sure it has....
- **Emphasize Autonomy**
 - C: I really don't want to get on the floor and play.
 - P: And it's certainly your choice. No one can make you do it.
- **Reframing**
 - C: I have been through a lot lately.. I don't know if I can take this on too.
 - P: You are quite the survivor.



RESPONDING TO DISCORD

- Pay attention for signs of disharmony in your relationship with the caregiver.
- **Defending**
 - Blaming
 - Minimizing
 - Justifying
- **Squaring Off**
 - oppositional stance
- **Interrupting**
- **Disengagement**



RESPONDING TO DISCORD

▪ Reflections

- C: How old are you? How can you possibly understand me?
- P: You're wondering if I'll really be able to help you.
- P: It seems like there is no chance at all that I can help you
- P: You're looking for some help now, and you're not sure that I am the right person.

▪ Apologizing..... **Apologies are free!**

- I am sorry, I must have misunderstood you.
- It sounds like I must have insulted you there.

▪ Affirming

- Once you make your mind up about something you can get it done.
- You've really thought this through.

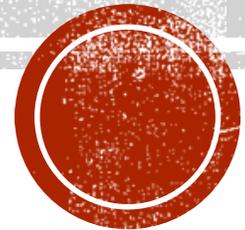
▪ Shifting Focus

- I don't care about labels. What I do care about is you.



APPLYING MI TO TOUGH SITUATIONS

REMEMBER AMBIVALENCE!



NO SHOWS

- MI consistent Referrals
- Giving Information
- Planning
- Emphasizing Autonomy



NON-ADHERENCE

- Evocative Questions
- Asses confidence
- Scaling Questions
 - EX: “On a scale from 1 to 10, how worried are you about this problem right now?”
- Looking Forward
- Revise the Change Plan and Discuss Options
- Emphasize Personal Control



LEGAL INVOLVEMENT

- Give Information
- Emphasize Autonomy
- Initiate Discord



PSYCHIATRIC SYMPTOMS AND DISORDERS: DEPRESSION

- **Hopelessness**
 - Hypothetical questions
 - Planning
- **Lack of Interest in Activities**
 - Looking Back
- **Feelings of Worthlessness or Guilt**
 - Envisioning
 - Affirming
- **Difficulty Concentrating**
 - Summarizing



ANXIETY, TRAUMA, OBSESSIVE- COMPULSIVE DISORDER

- Empathic Listening
- Assessment Feedback
- Evocation
- Offering Choices
- Emphasizing Control
- Planning
- Envisioning



Substance Use

- These individuals often have other concerns
 - Anxiety
 - Trauma
 - Depression

- Engage
- Focus
- Evoke
- Plan



Grandparents

- “I have already put my time in.”
- Anger
- Guilt
- Burden
 - Engage
 - Focus
 - Evoke
 - Plan
- **Attitude adjustment** –Adjusting to the new role of primary caregiver typically takes some effort.
- **Mixed feelings** –increased anxiety and pressure while also appreciating closeness to a grandchild.
- **Sense of purpose** –most grandparents raising grandchildren describe a greater sense of purpose in life because of their caretaking responsibility.
- **Heightened stress** –Often, grandparents raising a grandchild experience significantly more stress than other caregivers
- **Need for support** – The support needs of grandparents raising grandchildren often increase.



CASE EXAMPLES- REVIEWED

- 2-year old with pre-natal drug exposure
- 6-month old with severe brain injury
- 2-year old with probable Autism
- Foster parent with five children



KEY REFERENCES

- Arkowitz, H., Miller, W. R., & Rollnick, S. (2015): *Motivational Interviewing: In the treatment of psychological problems. Second Edition.* Guilford Press.
- Corcoran, J. (2016). *Motivational Interviewing: A workbook for social workers.* Oxford Press.
- Miller, W. R., & Rollnick, S. (2013): *Motivational Interviewing: Helping people change. Third Edition.* Guilford Press.
- Schumacher, J. A., Madson, M. B. (2015). *Fundamentals of Motivational Interviewing: Tips and strategies for addressing common clinical challenges.* Oxford Press.



TRAINING CERTIFICATES

- Email a sign-in sheet (a blank sheet of paper is fine) with:
 - **Training name**
 - **Name**
 - **signature**
 - **county**
- Email Shakila at Shakila.dixon@dodd.ohio.gov

