

Having difficult conversations

Tracey Modica

Objectives

- What are the common themes/barriers to having difficult conversations
- Tools to improve engagement to allow difficult conversations.
- How trauma informed practice creates a safe space for difficult conversations.
- Understand rupture and repair and how to maintain engagement

What makes having a difficult conversation difficult.

What practitioners have told us across the partnership.

- Parental engagement and worries about upsetting parents where there are relationships/ effect on relationships with families
- Joining up with other agencies/schools to get a better picture. Unless neglect is obvious, everyone seems to hold small pieces of information that need to be better collated somehow. Our practitioners are finding it difficult to have the necessary conversations with parents to get consent for a MASH referral.
- Naming neglect in the first place with professionals and parents; being too parent focused and not child centred enough
- Challenging parents about concerns - difficulty in using the word neglect
- How to encourage parents to engage in the process and helping them to recognise where they are not meeting their child's/children's needs.

Engagement is key before having a difficult conversation.

Train tracks need to be laid first before a train carriage can move forward



Challenges to engagement

- Power imbalances and unequal distribution of decision-making.
- Distrust of services, often arising from past experiences.
- Communication barriers, including language barriers or limited health/emotional literacy.
- Stigma and discrimination.
- Lack of confidence
- Time constraints and competing priorities for service users and service providers.

Tools to improve engagement to facilitate difficult conversations

Be aware of the Righting Reflex

The **Righting Reflex** refers to the tendency of practitioners to try and actively 'fix' problems in their clients' lives.

"You are aware that breastfeeding would be best for the baby..."

I think you should stop smoking; it would be better for the baby...

"Why don't you try..."

Motivational Interviewing

Rowing with OARS



1. Open questions
2. Affirmations
3. Reflections
4. Summaries

Motivational interviewing

OARS

- **O**pen-ended questions encourage the client to say more than a 'yes' or 'no' response.
- **A**ffirmations recognise and acknowledge positives and can motivate positive change.
- **R**eflections helps the person develop their own understanding from their perspective.
- **S**ummaries essentially pull several things together and help clarify what has been said by the client.

Agenda matching

- Direct
- Guide
- Follow

Elicit-Provide-Elicit framework

Elicit:

- What do you know already?
- What would you like to know?

Provide:

- Keep to the facts, avoiding interpretation.

Elicit:

- Check out the client's interpretation, understanding or thoughts about what you have just discussed.

Change Ruler

“How important is it for you to make this change, from 1 being not important at all, to 10 being very important?”

“What puts you on 3 and not 2?” “What would it take for you to go from 3 to 4?”



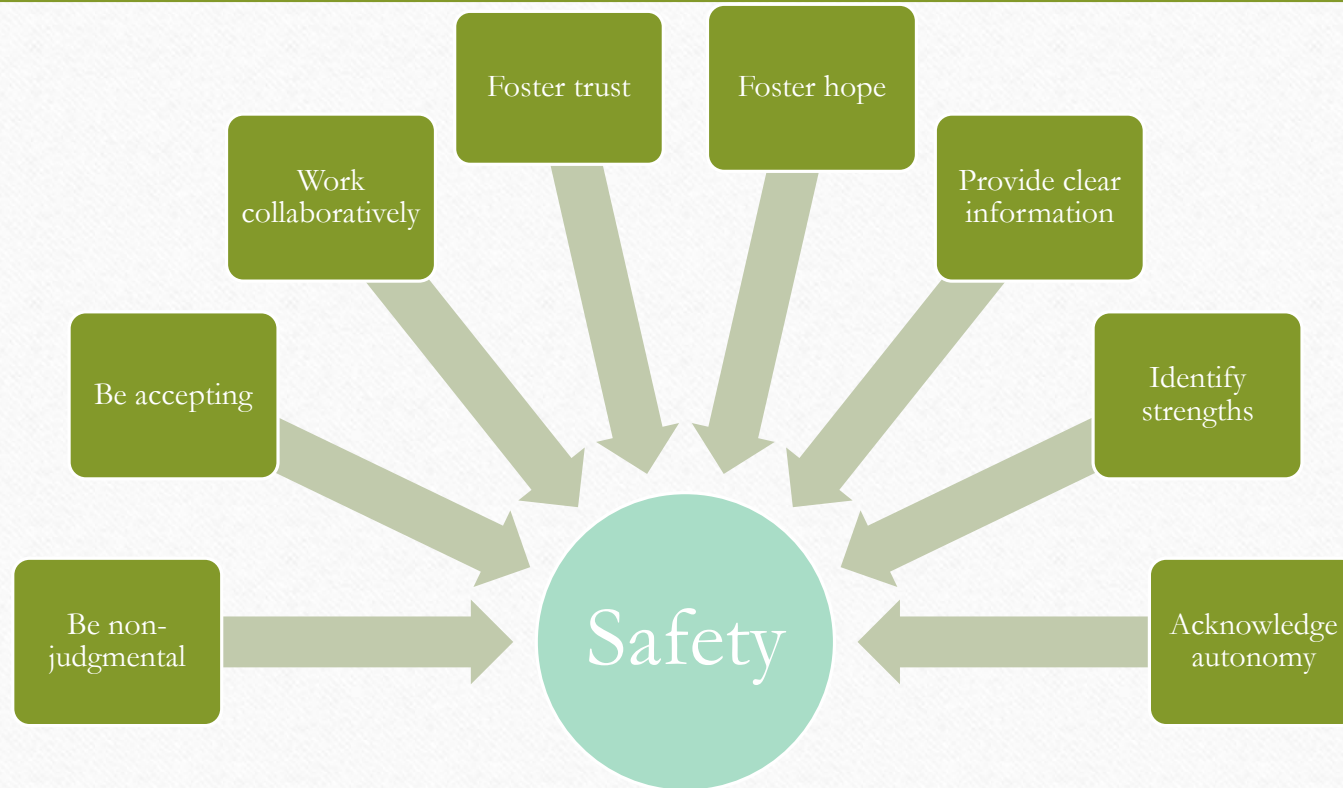
How trauma informed practice creates a safe space for difficult conversations

“Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

- Hopper and others
Shelter from the Storm, 2010



Being trauma-informed in practice



Six principles of trauma-informed practice:

- 1. Safety** - physical, emotional and psychological safety of clients and staff is prioritised.
- 2. Trustworthiness** - transparency exists in an organisation's policies and procedures with the objective of building trust among staff, clients, and wider community.
- 3. Choice** - clients are supported in shared decision making, choice and goal setting to determine the plan of action they need to heal and move forward.
- 4. Collaboration** - value of staff and client experience is recognised in overcoming challenges and improving the system as a whole.
- 5. Empowerment** - efforts made to share power and give clients and staff a strong voice in decision making at both individual and organisational level.
- 6. Cultural considerations** - moving past cultural stereotypes and biases based on gender, sexual orientation, age, religion, disability, geography, race or ethnicity, for example.

Understanding rupture and repair to maintain engagement

- Engagement is not a linear process.
- Clients may become disengaged at any stage and at a variety of levels.
- Expectation that practitioner will make efforts to repair the relationship and use a range of strategies to re-engage the client.
- If a client has no contact with the service, then local protocols need to be followed. At this point, the practitioner will continue to keep the client 'in mind' and make efforts to re-engage by showing this.

Self care



Gentle

REMINDER:

Take care of myself
today.



Questions