

## **Finding the Words, Finding the Ways**

By:

Mary Claire Heffron, Ph.D. and Lucia Milburn, Ph.D.  
Early Intervention Services Unit  
Division of Developmental and Behavioral Pediatrics  
Children's Hospital, Oakland

This article describes the basic concepts in a communication framework that we have developed at Children's Hospital in the Early Intervention Services Programs. The framework has been designed to help clinicians from many disciplines begin to conceptualize ways of being and speaking with parents in a way that are the supportive of the parent-child relationships. We have used this framework to orient and train new staff in our programs and in the community programs where we have been invited to train others.

Early Intervention services rely on clinicians from many disciplines to support the diverse needs of infants, toddlers and their families. These needs vary from setting to setting and family to family. Many individuals who develop an avid interest in early intervention have had little or no formal training in how to develop a relationship with a family, how to communicate about difficult or sometimes painful issue(s) or how to get their wealth of important knowledge across to families from a variety of backgrounds. Some, who may have academic knowledge and understanding of the importance of relationships, may not have had the chance to learn about this work in a hands-on manner.

Social workers, therapists, and psychologists, who have had more formal training in the process of communication and development of the working alliance with individuals, may still find themselves perplexed. These individuals often raise questions about how to work with intervention models where relationships between children and parents, not an individual adult or individual infant, is the focus of the work. Early interventionists who are well trained in specialty areas of child development may find themselves frustrated by the challenge of forming a relationship with adults through which their services are to be delivered. We have come to think of these potential communication challenges as the problem of the plexiglas shield. The information and the help are available, but difficulties finding the words and the ways can keep the parent from receiving the help they need for their children, themselves and their family. A non-discipline specific barrier can separate the intervenor and the family.

Well-meaning and knowledgeable early interventionists find that these barriers, the Plexiglas shield, can keep them from delivering needed services in an effective manner. Staff can see the needs and concerns of the baby and family, but are often perplexed about the inability to communicate in a way that will engage the family and cause the plexiglas barrier to lower, so that services can be provided in a way that is relevant to the family.

Knowledge and information are important, but effective service delivery depends as much on the process of how the information is delivered as on the knowledge itself. Delivering services effectively relies on many things such as developing a dyadic and relationship based focus, building a strong working relationship with a foundation of trust and good communication, a strong attunement to the needs of the parent, careful listening, and an ability to monitor your feelings and perceptions and observe the relationships going on around you. While dyadic processes are key to child development, the intervenor must also learn to negotiate family relationships which are complex and compelling.

In order to train staff with very different backgrounds we have come up with a basic model of communication that is useful for staff working in many different fields of infant family work. The basic communications framework that we have developed consists of three major categories: *How to be*, *How to Understand*, and *How to Influence*. All interventions are intended to strengthen the competence and confidence of parents, which will build insight about their relationships with their children.

- **How to Be** - The foundation of this set of techniques is the attitudinal premise that how you are as important as what you do. This fundamental stance must include a basic respect that is demonstrated in courtesy, awareness of self, and an acceptance of a wide array differences in values and childbearing practices. Staff are faced with the daunting task of maintaining their knowledge, skills, and learning to use these skills in a way that encompasses a collaborative way of working with parents that is culturally relevant.

Staff must also learn to use their self-awareness to monitor a complex array of emotions that arise when working with children and families. Self-awareness is needed to maintain a focus on relationships, context, and the whole family especially, when the needs of the infant or the adults are particularly compelling. Reflective supervision and team support enhances the challenge of self-awareness. A second fundamental concept in this category is a parallel process or the idea that relationships influence relationships. Relationships that are built with a parent can indirectly influence relationships with children even without comment, direction or instruction.

- **How to Understand** - Staff working with infants, toddlers and families have the job of observing interactions between infants and families. This task extends to attempting to understand the perceptions, needs and behavior. This process also can help parents understand their children's internal experience as well. Discussion based on questions can also help parents explore their own inner worlds and build more understanding of their own attitudes, feelings, and beliefs. Extending observations through use of inquiry is fundamental to good infant family practice across disciplines.

The challenge of using inquiry is shaping questions that do not make parents feel uncomfortable and finding questions that help parents think about things that they may not have considered. A key to using inquiry well is linking inquiry with empathy, careful attention, and more curiosity so that parents come to belief that the intervenor has a genuine interest in them and their ideas. Indirect or "gottcha" questions such as "don't you think it would be a good idea if?" are contraindicated, as they do not support genuine exploration. Also questions must be based on a genuine curiosity, not just a polite introduction for the clinician to follow in with their own ideas or advice

- **How to Influence** - Staff in training and skills enhancement sessions frequently ask how to bring up issues that are hard to raise with a parent because of fear of offending or even worse of damaging the working relationship. These kinds of sensitive issues include everything from turning off a TV to introducing new ways of interacting that will promote certain aspects of development. Sometimes these needs to communicate relate to something that this is unsafe in the environment or a practice that is detrimental to the child's health.

In this model of communicating, staff is coached in how to carry out a model of intervention where hard to discuss issues and affects can be discussed in relative safety. Staff is encouraged to understand how their ability to form a working relationship and also to understand the particular needs, perceptions and context of an infant and his family earns them the chance to address issues more directly. The model includes diplomatic direct ways of talking about hard to discuss issues.

Each one of these techniques itself is complex and related to the others. The listing of these techniques that our teams use in training and supervision sessions is included in this article. The compilation of this list is not meant to provide a cookbook approach to relationship-based work of early intervention, but rather to provide some words and ways that staff can use in their complex tasks of forming relationships and delivering needed services.

## A. **Relationship-Based Approach Techniques - A Basic Communication Model**

### *Category I: How to Be*

1. **Be aware of your own feelings:** so that you don't accidentally act them out. For example: if you feel very critical of a parent who slaps her child's hand in front of you, but you don't want to respond by criticizing her, then notice how you are feeling. Remind yourself that you will have opportunities later on to influence the way she disciplines her children. It may be important to comment on your feelings if you can do this in a way that is not reactive or critical. "I was a little concerned when you slapped his hand because he looked confused. I wonder if he understands that is something he can't touch?"
2. **Be respectful and follow the parent's lead. Stay attuned to their words, affect and behaviors:** listen to their concerns rather than bringing up your own. "So it sounds to me from what you are saying like your main concerns are around sleeping and eating. It sounds like this is keeping you from getting any rest yourself." Staying with a parent who is depressed or angry can often be hard. Resist the urge to cheer up the parent, or to switch the subject. Your attention can contain the emotions, and your responses can hand them back in a more manageable form. "I hear that you are having a very hard time coping since David left you, but I also want to comment, that despite this, you are still able to attend to Johnny."
3. **Be empathic:** be careful not to label emotions for parents or confuse your emotions with theirs. "This sounds rough to me, but how has it been for you, knowing that you must give him medication so many times each day?"
4. **Be aware that there are multiple ways of seeing and experiencing reality:** determined by culture, past experience and current situations. For example, cultures vary in terms of whether they believe a baby should sleep alone in a crib. "When did you other kids move into their beds? I know families do this in different ways."
5. **Think about all family and household members:** even if they are not present. "Have you had a chance to talk with your husband about the baby's hearing problem? Would you like to try to schedule a visit when he could be here?"

6. **Normalize:** “lots of babies his age have trouble sleeping. I know that it is very hard because of your other kids. If you would like, we can work on some strategies to help him sleep for longer stretches.”
7. **Attribute positive meaning to the parent:** note what the parent does do for the child, and comment on the positive things. “I can see how much she loves it when you play peek-a-boo with her.”
8. **Resist the urge to do it for the parent:** emphasize the parent’s relationship with the child (and de-emphasize your importance to the baby). “I have brought some toys with me today that I thought she might like. Would you like to play with her with this rattle and see if she does?”
9. **Remember and use information from past conversations:** “how wonderful that your brother is coming to visit. I know he is one of your most favorite people in the world.” or “I brought the jack-in-the-box toy this week because of how much she enjoyed finding the hidden toys last week.”
10. **Think about reasons why and ways that a parent might show resistance:** for example, if a parent is not home several times when you have scheduled appointments, you might wonder if she is not comfortable with how your meetings have been going. You might say something like, “Let’s take some time today to think about how to make these meetings as useful to you as they can be. Are there things that you would like to change about how we spend our time together?”

Adapted from Mary Claire Heffron, Ph.D. by Lucia Milburn, Ph.D., Early Intervention Services, Child Development Center, Children’s Hospital Oakland, Oakland, California

## **B. Relationship-Based Approach Techniques:**

### ***Category II: How to Understand***

1. **Listen carefully and attend with your whole self:** if appropriate, restate or rephrase to make sure you have understood. “So if I am understanding correctly, what you are saying is that it is very complicated to figure out just why she doesn’t eat better. You think it may be partly medical and partly behavioral, is that right?”
2. **Ask open-ended questions:** “can you tell me more about that?” or “What has this experience been like for you?”(versus closed questions like “Were you angry?”)
3. **Tease out the concern:** this is a technique that can be used when parents are minimizing a previously raised concern or when you may have made a family uncomfortable. “Last week you were worried about Maria’s shyness around strangers. Is this something you wanted to discuss now a little more?” (In other words, bring up a possibly uncomfortable subject and then ask an open-ended question about it.)
4. **Be tentative when appropriate:** tentative statements tend to reduce resistance, increase exploration of possibilities, and model openness to more than one possibility. “I am not sure what would work to get him to stop tantrums. I would like to hear a little more from you so that we can think together about some possibilities.” Or “One idea I have is that he may be feeling jealous of the new baby. Do you think that might be affecting?”
5. **Seek to understand before you begin to try to influence** fix, remedy or encourage. Ask and listen. Listen and ask. Gather information about related subjects. “How did your other daughter respond to your return to work when she was this age?”
6. **Voice something you have noticed about the parent-child situation:** that you wonder about. “I notice that she takes your hands and puts them to her face. Tell me about that, what is she trying to communicate?”

Adapted from Mary Claire Heffron, Ph.D. by Lucia Milburn, Ph.D., Early Intervention Services, Child Development Center, Children’s Hospital Oakland, Oakland, California

### C. Relationship-Based Approach Techniques:

#### *Category III: How to Influence (Diplomacy Skills)*

1. **Give specific feedback designed to shape behavior:** “I notice that when she’s down on the floor with you, she tolerates being on her tummy for a long time.”
2. **Be tentative when making observations or giving suggestions:** “you know, I don’t really know what would help, but something that has worked with other children who are having trouble sleeping through the night is cutting back on nap time.”
3. **Encourage an experimental attitude:** “let’s try putting the toys closer to him and see if that cuts down his frustration.” or “I wonder what would happen if you told him you were leaving before moving out of the room?”
4. **Encourage a broader perspective:** consideration of multiple possibilities or a different perception of a behavior. “I hear you saying that he is just a bad kid, but do you think that the acting out might be his way of responding to the changes that have been happening lately?”
5. **Encourage self-reflection and observational skills:** “how did he do this week with the napping? Were you able to be as patient as you were hoping to be?” or “Which one of these rattles do you think he likes the best? How can you tell?”
6. **Keep family-child interaction central:** when discussing a child’s behavior or development, relate it back to parent-child interaction or family interaction. “Now that he is walking, how has that changed how he plays with you?”
7. **Ask, don’t tell, and ask questions with information:** “did you know that there is a bus that goes there directly?” or “Would you be interested in checking out the parent group we have for first-time parents?”
8. **Voice anticipated concern and caring coupled with suggestions:** “I know how much you want for Paul to do well with his surgery. One thing you might consider is trying to spend as much time as you can with him while he is there. I think it would be easier for him to be immobile if you were there with him.”
9. **Use direct communication or spotlighting to address areas of concern that the parent has not brought up:** couple these direct statements with empathy, concern, and offers of help with problem solving. “I noticed that Johnny is still very anxious because of the new baby. I felt a little concerned about this because I know you are working so hard to make it easier for him, but I wonder if you wanted to talk about this today?”
10. **Use your own worries about the parents’ concerns as a prelude to your statement:** I have been worried about how to bring this up, because I know it is a hard subject for you, but I also know that you care about Jaime so much, but I am concerned because he is still not speaking any single words.” I wonder if you would be willing to talk about having him seem for another hearing test?”

Adapted from Mary Claire Heffron, Ph.D. by Lucia Milburn, Ph.D., Early Intervention Services, Child Development Center, Children’s Hospital Oakland, Oakland, California