# Effective Family-Centered Communication Approaches

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# **Session Agenda**

Learning Objective: Develop competence in effective communication methods for brief interventions with families

- Brief Overview of ASHEW Communication (2 mins)
- Why? Family Perspective Interviews (5 mins)
- Effective Communication and Break Out Instructions (6 mins)
- Break Out Rooms (15 mins)
- Reflections with Family Advisors (10 mins)



### **BRIEF INTERVENTIONS**

### **Common Elements**

- Components of therapies applying to group of conditions
- **\*** You're already doing this!

### **Approaches**

Relaxation techniques Reading together Sharing outdoor time Special parent-child time Sleep Family meals Limits on media Active play



### HELP

### HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L<sup>2</sup> = Language, Loyalty
- P<sup>3</sup> = Permission, Partnership, Plan



# NEW MEXICO Q3: PROMPTS FOR YOU TO CUSTOMIZE

Has any major or stressful event happened the last time we've met? In your child's lifetime?

> Is that still bothering them? Do you think that still has an impact on your family?

> > Despite these concerns, What is going well? What are some things you're proud of?



# **FAMILY ADVISOR**





### Melissa Winger, Technical Assistance Project Advisory Council Family Advisor

 Melissa has been a family advisory in Minnesota for various healthcare entities, including AAP SDOH work, inspired by my son Devin who is now 24. Devin has multiple complex medical needs from a chromosome disorder. Having him at 18 years old I hope to share our experiences and insight for future learnings.

### Dustina Haase-Lanier, Oregon Family Advisor

 Dustina is a social worker who specializes in social justice and equity work. Raising 2 sons with special needs, one who is autistic and has a seizure disorder made her a fierce advocate with and within the medical industry. Dustina has been a domestic and sexual violence advocate and activist for 18+ years.

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# WHY? FAMILY PERSPECTIVE

Can you think of a time a provider asked you a question or engaged you in conversation that made you feel like part of the team?

What did they do?



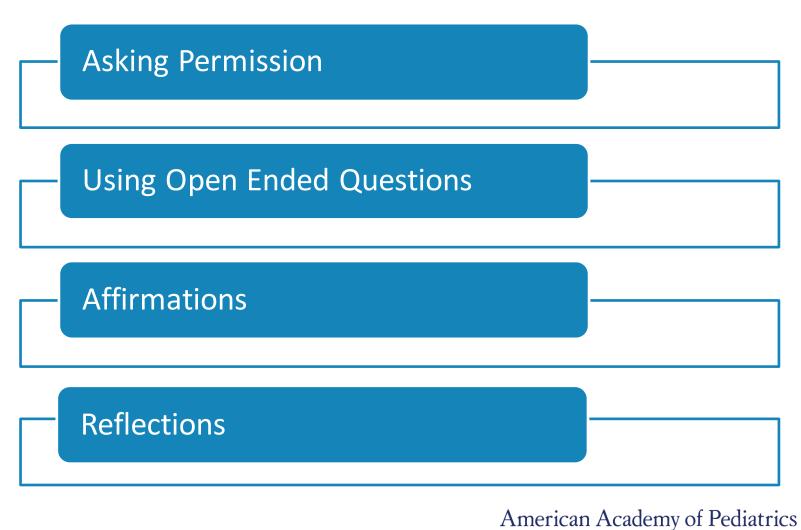
# **BEING PRESENT FOR EACH FAMILY**

- Before entering room
- During the visit
- Wrapping up the visit





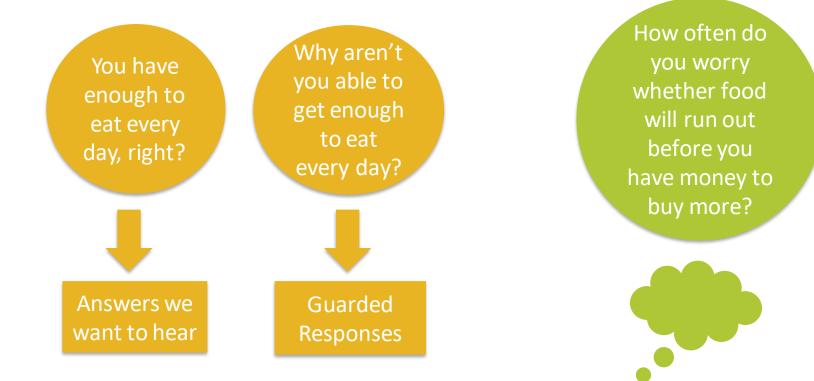
### **SHIFTING POWER TO FAMILIES**





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### **PHRASING QUESTIONS**





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### **THIS IS A SAFE SPACE**

- Communication requires practice to find comfort and a script that works for you
- This is a safe space to practice



Break Out Room Instructions in the Chat Box



### **BREAK OUT EXPERIENCE**



### ASHEW Learning Session 2 Communication Break Outs

### Instructions

- ✓ Choose roles: 1) caregiver and 2) provider
- ✓ Choose one health need scenario to start and role play caregiver using family perspectives and provider responses using effective communication techniques (see page 2 for prompts)
- ✓ As time permits, considering switching roles so both people have a chance to be the provider and the caregiver role or completing other scenarios
- ✓ Included are Getting Started Prompts and Effective Communication Method Examples to assist you

### Scenarios

Mental Health: Six-month old infant is at-risk based on social-emotional developmental screening. Does not show strong attachment or seek caregiver confort. Infant makes less eye contact than expected for their age. Mother's perinatal depression screen indicates the mother is at-risk.

Food Insecurity: Caregiver of 15-month old discloses in pre-visit screening that they have trouble feeding their child at the end of the month due to reduced work hours from COVID-19 impacts.

Housing Assistance: Caregiver of 24-month old does not complete any pre-visit survey or screener and has told the MA that things are going well. However, it is disclosed during the visit the mom is sleeping on a friend's couch.

### **Getting Started Prompts**

### HELP H = Hope E = Empathy L<sup>2</sup> = Language, Loyalty P<sup>3</sup> = Permission, Partnership, Plar

New Mexico Q3 as anything major or stressful happened nee the last time we met? that still bothering you/them?

• Despite these concerns, what is going well?

### Effective Communication Method Examples

### **Asking Permission**

- Is it ok if we talk about XYZ a little more?
- May I share with you...

### **Open Ended Questions**

### Fully Open Questions

- What do you think?
- Tell me about...
- How do you decide when...?
- Help me understand...?

### Key Questions:

- Given what you told me, what do you think you will do next
- Where would you like to go from here?
- What if you tried...?
- What would it take...?
- How, if at all, ...?
- What do you see as your options?

### Affirmations

Changing from I think that... and move to you statement. Example: "I think you are a great parent." versus "You are a great parent."

### Key Questions

- You have...
- You are...
- You feel...
- You believe...

### Reflections

Active listening. Stating back to families what you heard, rather than asking questions. Key Phrases

### • Lboo

- I heard you say...
- In summary, you...
- What I learned is...

Helpful Phrases • It is not your fault. • You are not alone. • There is hope. • You and your child have many strengths.



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### **REFLECTIONS**

What was that experience like for you? What did you learn? How did it make you feel?



# **FAMILY ADVISORS REFLECTION**

- From your perspective, what would you have like to seen, heard, happen in the visit when discussing this?
- What should everyone from the front desk staff to the MA to the provider keep in mind when engaging with any family?

