

Having Difficult Conversations

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Shara Tarule, APRN

Nurse Practitioner

Howard Center's Chittenden Clinic



SCOPE Vermont Training Series

Supporting Children of the Opioid Epidemic



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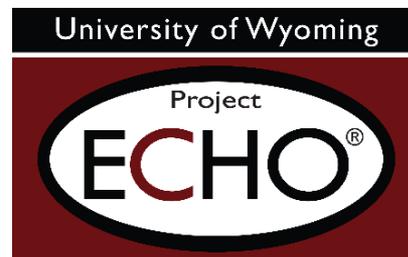
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Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE



This project is supported, in part, by:



Objectives

- Discuss the challenges and potential stigma families face related to parenting, substance use disorder, and NAS
- Describe the strengths-based approach to assist with difficult conversations to facilitate partnerships with families
- Identify methods to maintain and improve engagement with people when having difficult conversations



Difficult Conversations You May Encounter:

- Making DCF Referrals
- Delivering diagnosis and prognosis to biological parents and/or caregivers of children with NAS/prenatal opioid exposure
 - Caregiver doesn't agree that a child's behavior or developmental performance is "atypical"
- Disagreements about treatment plans
- Interactions with colleagues with differing attitudes, interpretations, and expectations
- From the Group Chat:



Preparing Yourself for Difficult Conversations

- Protection through your policies, procedures, and practices (3 P's)
- Know yourself and why you do the work you do
- Practice empathy
- Anticipatory Guidance
- Teamwork makes Dreamwork



Differences in Drugs of Choice and Why I Do This Work



Pejorative Language Contributes to Stigma

- Not *abuser*, a person who uses fill in the blank
- Addict = person with Substance Use Disorder
- Opiate Addict = person with OUD
- Dirty = positive; Clean = negative
- Non-compliance = non-adherence
- Relapse vs. An episode of return to use
- Addiction \neq Dependence
- Pregnant women = people who are pregnant

Broyles, et al, 2014



How To Navigate Difficult Conversations

Some existing resources on discussing developmental disabilities and other health diagnoses with families include:

- CDC Learn the Signs Act Early
- Motivational Interviewing (MI)
- SPIKES protocol for diagnosis conversations
- PAUSE Problem Solving Framework
- Harvard Law School's 5 Negotiation Strategies



CDC's "Learn the Signs. Act Early." (1)

Learn The Signs, Act Early Provides the following points of guidance for discussing developmental concerns with families:

1. Be Prepared and share resources- Build a relationship with parents by discussing developmental milestones regularly. [Consider completing a milestone checklist](#) for the child to help parents see what you are basing you comments on
2. Highlight the child's strengths - highlight met milestones and keep conversation positive

(continued)



CDC's "Learn the Signs. Act Early." (2)

(continued)

3. Encourage parents to share any concerns by being a good listener -
Make eye contact, non-verbal indicators, repeat back to caregivers what they have told you, observe how the caregiver is feeling about the discussing and respond appropriately/acknowledge those feelings
4. Follow up with family - remind family of discussion on development, ask if they had followed up with child's doctor yet



Motivational Interviewing

Defined as “a psychotherapeutic approach that attempts to move an individual away from a state of indecision or uncertainty and towards finding motivation to making positive decisions and accomplishing established goals” (Patterson, 2018) **There are 3 Components:**

1. **Collaboration** - clinician avoids being confrontational or argumentative. Important to see situation from patient’s point of view
2. **Evocation** - Clinician listens more than talks, and identifies the patient’s own perceptions/thoughts rather than stating what they think
3. **Autonomy** - power is placed in the client. Client has responsibility and decision-making ability which the clinician needs to respect



Motivational Interviewing Key Principles (1)

1. **Expressing Empathy** - Clinician needs to build an understanding of the client's issues, struggles, and barriers to improvement. Doing this can reduce the individual's perception of judgement and criticism from the clinician. **(Use of "I Understand" statements)**
2. **Develop Discrepancy** - Clinician helps the client identify the difference between what they are doing and what their goals are. **(Use of questions that will help lead the client to this conclusion)**



Motivational Interviewing Key Principles (2)

- 3. Roll with resistance** - Clinician works to understand the client's point of view and avoids the desire to correct what may be viewed as flawed ways of thinking while offering alternative ways of thinking.
- 4. Support Self-Efficacy** - Clinician works to illustrate areas of strengths and compile examples of where the client was able to meet their goals



SPIKES Protocol for Sharing Bad News

Originally created to help healthcare providers share bad news (e.g., cancer diagnosis). It is now used for a variety of difficult conversations.

S SETTING up the session

P Assessing the patients' PERCEPTION

I Obtaining the patients' INVITATION

K Giving KNOWLEDGE and information to the patient

E Addressing the patient's EMOTIONS with empathic responses

S STRATEGY and SUMMARY



SPIKES Protocol: SETTING up the session

- Provide privacy
- Involve significant family members
- Sit everyone down
- Maintain eye contact
- Be proactive about interruptions and time constraints



SPIKES Protocol: Assessing patient PERCEPTION

- "Before your tell, ask"
 - “What is your understanding of the reason for this evaluation/test/meeting?”
- Correct any potential misinformation
- Review evaluation process



SPIKES Protocol: Obtaining patient's INVITATION

Differentiate whether patient would like more or less details

Would you like me to provide all information or sketch out the results?



SPIKES Protocol: Giving KNOWLEDGE and Information

- Warning statement -
"based on the findings of the evaluation, the team came up with a specific diagnosis"
- Use vocabulary that is understandable by the family
- Avoid professional jargon and being excessively blunt with word choice



SPIKES Protocol:

Addressing EMOTIONS with empathy

4 step empathic response:

- (1) Observe the emotion
 - (2) Name the emotion by using open-ended questions or statements,
 - (3) Identify the reason for the emotion;
 - (4) Provide a pause, then make a connecting statement (connecting emotion with the reason for the emotion)
- It can be difficult to move forward until the emotion is somewhat diminished - must continue to make empathic statements, exploratory questions and validating responses until the emotion has been worked through.



SPIKES Protocol: STRATEGY and SUMMARY

- Have a clear plan help decrease anxiety
- Ask patient if they are ready to discuss treatment and next steps
- Establish as sense of realism and hope
- Use compassion to focus on parent coping and facilitating child's progress
- Offer for future questions to be answered



The PAUSE Problem Solving Framework

The PAUSE problem solving framework for how to work effectively with families while being grounded in relationship and being reflective. This framework is discussed for the use of professionals such as early intervention providers and home visitors.

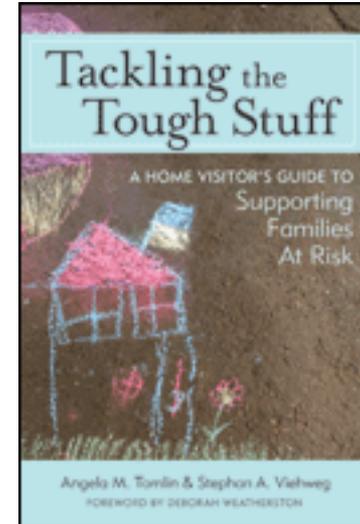
- P** Perceive Observe and listen
- A** Ask questions to learn more out what is happening
- U** Understand each participant's experience or viewpoint
- S** Strategize select and take actions
- E** Evaluate the outcomes using reflective processes



PAUSE Problem Solving Resources

The PAUSE framework is featured in the book, [*Tackling the Tough Stuff: A Home Visitor's Guide to Supporting Families at Risk*](#) (2016) by Angela Tomlin and Stephan Viehweg.

You can read a [free excerpt from the book online](#) that describes the framework and includes example worksheets.



Tomlin & Viehweg (2016)



Harvard Law School Program on Negotiation

5 Conflict Resolution Strategies

1. Recognize we all have biased fairness perceptions
2. Avoid escalating tensions
3. Overcome an “us versus them” mentality
4. Look beneath the surface to identify deeper issues
5. Separate sacred from pseudo-sacred issues



Dancing in the Grey



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