Finding solutions and giving advice
WACAAP Lesson 2 April, 2020

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Giving advice that people can hear

- **Rationale**
  - Being directive can fail even when people want help
  - Anxiety, ambivalence, shame, loss of control
- Medical provider is usually not the first person in the chain of consultation
  - People come with prior ideas and opinions (about cause, condition, treatment) that need to be incorporated
- People will accept advice they can’t follow
  - Need to actively identify barriers

Presenting your impression of the problem (skills from Motivational Interviewing)

- Make a clear transition from information gathering to summing up
- Ask for permission from all present
- Ask parent/child/youth what they think the symptoms might mean (if you haven’t already)
- Briefly outline your reasoning and ask if you’ve gotten it right
- Make sure to include strengths as well as difficulties
- When possible, present your conclusions as a range of possibilities

If you got it right, ask about readiness to act

- People may be aware of or acknowledge a problem but not yet ready to act on it
- The kind of advice needed depends on this “stage of change”
- Mis-matched advice likely to be rejected
- If ready: ask if they’d like to hear your advice
- If not ready: what would be the conditions under which they’d want to act?

Discouraged or “tried it all” (skill from solution-focused cognitive therapy)

- **Rationale**
  - Need a comeback to “we have tried everything”
  - Running down your list frequently just leads to serial rejection!
- Goal is to encourage reflection and overcome pessimism
  - “Hopelessness” can come from anger, depression, chronic disempowerment
- Regardless of cause, result is distorted view of past and abbreviated search for solutions
  - Often contagious – you feel that way, too
Seeing the situation differently (you and family)
- Looking for the right problem and the right solution
- Ask to briefly hear the story from the top
- Empathize (not necessary to agree with overall assessment but with the difficulty)
- Make “half empty” into “half full” – point out what accomplished despite adversity
- Be alert for another target – maybe it’s something to help another family member that is needed

Making goals more reasonable
- People frequently set themselves unattainable goals
- Not reasonable in a single leap
- Many familiar metaphors
  - Long journey starts with single step
- What is one, small thing that, if you could accomplish it, would make you think you were on your way?

Making goals more precise
- Vague, hard to measure, subjective goals are a set-up for frustration to both sides
  - Change “attitude”
  - Show “respect”
- More concrete goals lend themselves to more concrete and easily formulated advice
- Want each side to propose specific behavior that can be negotiated and observed
  - Behavior framed as a positive vs. “not doing X”

Getting ideas to try
- Go over that problems/events in detail looking for opportunities
- What was the thing that worked best, even if it was only a little
- Ask about exceptions – ever a time when it/things were good for just a bit? What was happening then?

Managing “resistance” to action (more skills from Motivational Interviewing)
- Rationale
  - Even the term “resistance” implies that we push and they react – not a collaborative model
- Best treatment is prevention through asking permission, getting opinions, offering choices
- When it happens “roll,” treat it as normal, have an alternative – don’t push
- Again remember fears of losing control, of having to abandon long-held beliefs, and genuine fear that change could bring more problems

Getting more information
- Possibility that resistance stems from undisclosed experience or opinion
  - Reflect the resistance and wait for an explanation
- Apologize for “getting ahead” and move conversation back to an area of comfort
- Ask what would make them want to act
Agree with a “twist”
- Acknowledge and find a way to agree with the concern
- Ask for permission to give more information
- Give it
- Ask for a reaction
- Don’t necessarily ask for a “decision”
- Emphasize choice
  - People fear losing control of the situation
  - Acute issue in mental health with concerns about commitment, coerced treatment, reporting of abuse or neglect
  - When threats of trauma ongoing some choices could be dangerous

Three strategies from Motivational Interviewing
- Remind about power to choose
- Explore pros and cons
- Puzzle over discrepancies
- Exploring pros and cons

Ask parent/child to list out the pros and cons (or benefits and costs) of acting or not acting
- Goal is not to force an immediate decision
- Goal is lay out dilemma
- “I can see why this is so hard for you.”
- “What might it take to turn some of those cons into pros?”

Puzzle over discrepancy
- Resistance to intervention (or persistence of maladaptive behavior) often doesn’t make sense in light of parent or child’s stated goals
- That’s what makes us so insistent!
- Curiously point out and empathize with this discrepancy
- “I know that you want to be respected; it must be hard for you when you get into those tight situations when you are drinking.”
- Not a warning or a “gotcha!”

Things to try in your upcoming visits
- Asking for permission to ask questions, give your thoughts, or give advice
- What are your favorite ‘sayings’ for how to approach a difficult task?
- How can you help families identify “first small steps?”
- Try helping families describe behavior in terms of what they want to see rather than what they don’t want to see

/wacaaplesson2handout