



Facilitating Change Conversations That Help Introduction for Trainers

Key Messages

- Many barriers can negatively impact a family's engagement in growth and change. Depression is a very common barrier in the Early Head Start/Head Start population (depression affects 52 percent of mothers in Early Head Start). Untreated depression in parents can lead to poor outcomes for their children, as well as for the parents.
- Understanding the stages of change and the ambivalence that accompanies change improves staff members' ability to support a parent's progress toward his or her goals.
- Strategies such as viewing parents as experts in their own lives, working collaboratively with parents, and respecting parents' autonomy all enhance relationships with families and increase motivation for growth and change.
- Specific conversational skills such as asking open-ended questions, engaging in reflective listening, soliciting permission, and summarizing enhance staff members' ability to support families in progressing toward their goals.

Learning Outcomes

Participants will

- Gain increased understanding of factors that make it difficult for families to engage in Early Head Start/Head Start
- Gain strategies for improving their ability to develop positive relationships with families
- Gain strategies for having more-helpful conversations that facilitate growth

Handouts

- **HO #1:** Talking about Depression with Families: A Resource for Early Head Start and Head Start Staff
- **HO #2:** Tips for Collaborating with Families
- **HO #3:** Convert Closed-Ended Questions to Open-Ended Questions
- **HO #4:** Evaluation Form

¹Administration for Children and Families, U.S. Department of Health and Human Services. "Depression in the Lives of Early Head Start Families." Available at http://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf. Accessed January 16, 2015.

Trainer Notes

Overview

This training package includes the following: key messages, learning outcomes, PowerPoint slides, notes and a script for each slide, descriptions of activities and discussions, suggested agenda, and associated handouts, including an evaluation form. The training consists of a presentation focused on developing conversational skills that build enhanced relationships with families and facilitate growth and change. Materials from this training can be used in part or in whole. For example, sections of the training can be conducted separately.

Requirements for Trainers

The primary goal of this training package is to provide Early Head Start/Head Start trainers and those in Early Head Start/Head Start who are responsible for professional development in their programs with a packaged training on enhancing conversational and relationship skills. When Early Head Start/Head Start staff members engage families using strategies that build collaboration, support families' autonomy, and respect and value parents' expertise, staff members will develop more meaningful relationships with families, relationships that result in growth and change. These training materials draw heavily from the motivational interviewing literature and are intended to be a guide for trainers, including mental health consultants, community mental health providers, and other professionals familiar with motivational interviewing.

Agenda	Slide #
<ul style="list-style-type: none"> ● Welcome, learning objectives, agenda 	Slides #1-3
<ul style="list-style-type: none"> ● When conversation works well <ul style="list-style-type: none"> ● Activity: toughest conversation discussion ● Video 	Slides #4-6
<ul style="list-style-type: none"> ● Family engagement and barriers to engagement <ul style="list-style-type: none"> ● Family involvement and family engagement ● Barriers to engagement ● Depression as a barrier 	Slides #7-18
<ul style="list-style-type: none"> ● Exploring perspectives and expectations 	Slides #19-21
<ul style="list-style-type: none"> ● Partnering with parents <ul style="list-style-type: none"> ● Relationships are central ● Group reflection and discussion Principles of partnering 	Slides #22-26
<ul style="list-style-type: none"> ● Exploring change and strategies to support change 	Slides #27-44
<ul style="list-style-type: none"> ● Summary/wrap-up 	Slides #45-46

It is critical that trainers using this package have at least a basic knowledge of both Early Head Start/Head Start and the core concepts related to motivational interviewing. Trainers are not expected to use these training materials verbatim. The training can be much more engaging when trainers make it their own by substituting pictures from their programs and including their own stories and examples from their experiences working with children and families.

Intended Audience

The script is written for mental health professionals, early education professionals, and family service professionals with a strong background in engaging families (ideally with familiarity with motivational interviewing concepts). The PowerPoint slides are written for a general audience. The training can be delivered to families, early education staff, family service staff, and community groups.

Participant Learning Objectives

One of the goals of these training materials is to help participants to understand the many factors that can make engaging in change difficult for families. Participants in this training will enhance their ability to develop positive relationships with families, which in turn can enable families to make meaningful change in their lives. Participants will learn specific strategies for having more-helpful conversations with families and as well as others in their lives. Skills such as reflective listening, asking open-ended questions, summarizing, and seeking permission are universal skills that can improve the quality of all communication.

For more information and additional ideas about promoting families' growth and change, see the motivational interviewing resources on the Early Childhood Learning & Knowledge Center website.

²Early Childhood Learning and Knowledge Center, <http://eclkc.ohs.acf.hhs.gov/hslc>. Accessed April 25, 2015.



Welcome, learning objectives, agenda

Slide 1.

Facilitating Change: Conversations That Help

Introduce the title of the presentation.

Introduce yourself.

Either by asking for a show of hands or by having individuals introduce themselves, have participants share their roles in Early Head Start/Head Start.

Ask how many participants have received training in motivational interviewing.

Explain that although this training is not specifically a motivational interviewing training, it will review many motivational interviewing concepts and explore how strategies in motivational interviewing might be helpful in Early Head Start/Head Start.

Invite participants with significant motivational interviewing experience to share their knowledge and experience with the group throughout the training.

Learning Objectives

Participants will

- Gain increased understanding of factors that make it difficult for families to engage in Early Head Start/Head Start
- Gain strategies for improving their ability to develop positive relationships with families
- Gain strategies for having more-helpful conversations that facilitate growth

Welcome, learning objectives, agenda

Slide 2.

Learning Objectives

Invite participants to share their expectations for the training. Tell participants whether you believe you will be able to meet those expectations.

Agenda

- When conversation works well
- Family engagement and barriers to engagement
- Perspective taking
- Partnering with families
- Exploring change
- Summary-wrap-up

Welcome, learning objectives, agenda

Slide 3.

Agenda

The previous slide highlighted the learning objectives. This slide describes how we will achieve those objectives.

Invite participants to make the training relevant by sharing examples from their own experience.

Toughest Conversation: Pair Discussion

- Reflect on the toughest successful conversation you ever had with a family.
- What did you do to contribute to the success of the conversation?
- What did the family do after the conversation that let you know that it was successful?

When conversation works well

- **Activity: toughest conversation discussion**
- **Video**

Slide 4.

Toughest Conversation: Pair Discussion

Reflect on the toughest successful conversation you ever had with a parent.

We ask this question because sometimes we have to have tough conversations with families, and these conversations can make us uncomfortable. We are going to talk about the strategies that lead to successful conversations with families.

Another reason we ask about your experiences is to practice the critical skill of self-reflection. Self-reflection is one of the most important skills for developing positive relationships with families, relationships that facilitate growth and change.

Additionally, we ask you to reflect on a successful conversation because your strong communication skills and positive relationships have already contributed to your successes. We are modeling the strategy of focusing on strengths. For trainers and supervisors, as well as for staff members who work directly with families, focusing on what someone is doing well or has done well is an important skill. Reflecting on when conversations go well helps us to identify what works and why. We can easily get discouraged when our work challenges us. Paying attention to successes is an important way to highlight participants' existing skills.



When conversation works well

- Video

Slide 5.

When a Conversation Works Well

This is a short video of a typical routine in Early Head Start. The video captures an interaction with a family dropping off a child at the program. Arrivals and departures are two of the many regular routines in a typical Early Head Start day. Watch the video with the questions on the next slide in mind. As you watch the video, pay attention to how the caregiver engages the family. Notice how the family and child respond.

This video is part of the infant/toddler training modules of the Center on the Social and Emotional Foundations for Early Learning (video 2.4 in the most recent edition of the modules). All the videos are available online and can be downloaded and used free of charge (http://csefel.vanderbilt.edu/resources/training_infant.html).

Discussion

- How did this caregiver engage the family?
- What was the experience like for the family?
- What was the experience like for the child?
- How might this interaction help to build the relationship with the family?

When conversation works well

- **Activity: toughest conversation discussion Video**

Slide 6.

Discussion

Facilitate a discussion with the group by exploring the questions on the slide.

Use the bullets below to supplement the conversation.

This is a great example of a caregiver engaging a family and respecting, honoring, and incorporating their culture into her caregiving practice.

How did this caregiver engage the family?

- She stops what she is doing and greets the child by name.
- She elicits information about how his morning has been so far.
- She gets down on the child's level and makes eye contact with the child and his parents.
- She is warm and engaging.

- She expresses interest in what he has experienced since she last saw him and asks questions of his parents to clarify.
- She helps the child say goodbye when his parents leave.
- Through these things, she lets his parents know that she has a genuine interest in their little boy.
- She acknowledges both the dad and the mom (that is, she does not just talk to the mom).

What was the experience like for the family?

- The family likely felt supported.
- The family seems to feel secure and nurtured and to feel that the caregiver is genuinely interested in their thoughts and ideas. She demonstrates interest in what went on when she was not around.
- The mom notes that it is hard for her to leave her child; however, the caregiver seems to be able to make the mom feel more comfortable by showing how much she cares for the child.
- What was the experience like for the child ?
- Perhaps the child was as comfortable as possible since the parents were comfortable. The parents likely passed on their positive and comfortable feelings about the care to their child.
- The child also likely felt nurtured and supported.
- Having daily interactions like this would go a long way in laying the foundation for possible future conversations about difficult or sensitive topics. It seems likely that this caregiver would easily be able to talk about what she is doing in the environment to support the child's development and what kinds of strategies she is using to teach skills; and it seems that this caregiver has a positive relationship that could facilitate conversations about developing a more intensive plan if necessary.

**Family Involvement and
Family Engagement**

Family Involvement <ul style="list-style-type: none">• A necessary first step to engagement: families have to show up to have interactions that lead to engagement	Family Engagement <ul style="list-style-type: none">• Can lead to more involvement (that is, more showing up)• With engagement, the quality of involvement changes, which in turn creates the potential for change, for new behaviors beyond just showing up
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<http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family>

Family engagement and barriers to engagement

- **Family involvement and family engagement**
- **Barriers to engagement**
- **Depression as a barrier**

Slide 7.

Family Involvement and Family Engagement

Throughout the years, Early Head Start and Head Start have focused on involving parents. In fact, parent involvement and the two-generation approach are what distinguish Head Start from many other early-childhood programs.

In recent years, Early Head Start and Head Start, with the help of the training and technical assistance network (including the National Center on Parent, Family, and Community Engagement), have been shifting emphasis from parent involvement to parent and family engagement. We need family involvement—having parents come to events, help with projects, or even volunteer in the classrooms—as a necessary first step. However, ideally, we want a family’s involvement to lead to more-meaningful engagement. When families are engaged with us in a real relationship, the potential for growth and change is greater. For more information about family engagement, including resources and materials, see the National Center on Parent, Family, and Community Engagement section of the Early Childhood Learning & Knowledge Center website (<http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family>).

Engagement Is a Relational Process

- Engagement is relational.
- Engagement includes specific qualities of the relationship—safety, trust, encouragement, mutual respect and caring, and hope.
- The experience of engagement leads to changes in attitude and motivation and to a sense of positive possibility.
- The experience of engagement leads to changes that promote positive family and child outcomes.

Family engagement and barriers to engagement

- **Family involvement and family engagement**
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Slide 8.

Engagement Is a Relational Process

All changes occur in the context of relationships. When we think about changes we have made in our lives, we often think of people who supported us, believed in us, and encouraged us.

When we are able to truly engage families in the program and in a relationship with us, we provide them with a relationship characterized by trust, safety, caring, and mutual respect. For many families we work with, this type of relationship may be very different from the types of relationships that they have had in the past. For some parents, our relationship with them can serve as a new model for relationships.

When We Actively Engage Families, All Will Benefit

- **Children** will be healthier and more ready for kindergarten.
- **Families** will be more engaged in your program and in the public school.
- **Programs** will achieve higher levels of quality.
- **Communities** will provide stronger support to the next generation.

Family engagement and barriers to engagement

- **Family involvement and family engagement**
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Slide 9.

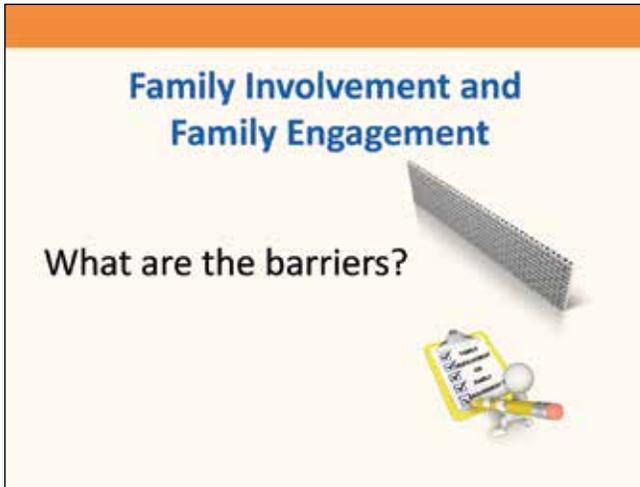
When We Actively Engage Families, All Will Benefit

Review the information on the slide.

Emphasize that the way we interact with others can have a powerful impact at every level of our work. There is no doubt that when families and children feel supported, safe, and nurtured, our programs are stronger.

Healthy, supported children and families and stronger programs create stronger communities.

When families feel supported and make meaningful positive changes in their lives, children benefit by being healthier and ready for school.



Family engagement and barriers to engagement

- Family involvement and family engagement
- Barriers to engagement
- Depression as a barrier

Slide 10.

Family Involvement and Family Engagement

It is not always easy to engage families. Sometimes there are barriers to involving and engaging families.

Ask participants to describe some of the barriers that they believe get in the way of both involving and engaging families. Note the barriers on chart paper.

Barriers to Involvement and Engagement Are Different

Barriers to Involvement

- Lack of transportation
- Lack of child care
- Work obligations
- Scheduling conflicts
- Bad weather

Barriers to Engagement

- Fear
- Distrust
- Feelings of being unwelcome, disrespected, or at risk of being overpowered
- Misunderstandings
- Cultural beliefs about parent and teacher roles
- Power imbalance

Family engagement and barriers to engagement

- Family involvement and family engagement
- Barriers to engagement
- Depression as a barrier

Slide 11.

Barriers to Involvement and Engagement Are Different

Review some of the barriers to involvement and engagement.

Often barriers to involvement have to do with logistical issues such as scheduling conflicts and lack of transportation or child care. However, parents often do not show up even if we provide child care, arrange transportation, provide food, or set up a meeting based on the parent's schedule. Why?

In these situations, the issue may be barriers to engagement. Families may be concerned, or even suspicious, about our approach. They may worry that we will judge them or disapprove of their behaviors. Families may have had

previous experiences with other “helpers” or with schools or institutions that did not treat them with respect, so they might expect that you will also treat them poorly. It may take a significant amount of time for you to show, through your actions and interactions, that you can be trusted to treat a family with respect.

Some families may misunderstand what the program is. How many families enrolled in Early Head Start/Head Start thinking it was just a child care or child development program? Many families may not be clear about what you and the program expect from them in terms of their involvement and engagement. Some families may have beliefs about the role of a teacher or home visitor that may differ from our own. Some cultures view teachers as experts, and families from such cultures may think that they should not share their opinions and beliefs with a teacher or other Early Head Start/Head Start staff members.

When an Early Head Start/Head Start staff member works with a family, there is an inherent power imbalance simply by virtue of the staff member being a professional in the program. It is our job to minimize that power imbalance and help parents to feel that they have the power and ability to make decisions about their own lives.

It is necessary to uncover both the barriers to involvement and the barriers to engagement. By being authentic, warm, and sincere and by using open-ended questions, we can try to understand each family's unique interests and circumstances regarding their involvement and engagement.

Other Barriers for Families

- Poverty
- No maternal or paternal leave
- Little support from other family members or neighbors
- Challenging relationships with their own families
- Domestic violence
- Mental health concerns
- Substance abuse

Family engagement and barriers to engagement

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Slide 12.

Other Barriers for Families

Here are some additional barriers that may impact a family's interest in engaging or ability to engage with us.

At a large Early Head Start conference, Brenda Harden Jones, an expert in family engagement in Early Head Start, gave a keynote in which she spoke about "poverty as a great dis-equalizer." She explained that families in poverty often have a host of issues that are compounded by the stress of poverty and lack of resources.

Larger, systemic issues that may impact family involvement and engagement include inflexible work situations, limited or no family leave, and limited resources and support networks.

For some families, personal or interpersonal issues may get in the way of their engagement. For example, domestic violence and mental health problems certainly can contribute to isolation or make it difficult for families to reach out or respond to others' attempts to engage them.

Depression: A Major Barrier

- More than half (52 percent) of Early Head Start mothers reported enough symptoms to be considered depressed.
- A substantial percentage (18 percent) of Early Head Start fathers also reported enough symptoms to be considered depressed.
- More than 20 percent of Americans will experience a depressive episode in their lifetime.

"Depression in the Lives of Early Head Start Families." Available at <http://www.acf.hhs.gov/programs/opre/resource/depression-in-the-lives-of-early-head-start-families-research-to-practice>

Family engagement and barriers to engagement

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Slide 13.

Depression: A Major Barrier

Now we are going to focus more on the barrier created by mental health issues in general and depression in particular, because depression is such a common concern in Early Head Start and likely also in Head Start. What we may view as a parent's disinterest, apathy, disengagement, or even irritability could be depression.

How many of you are familiar with a study that found that 52 percent of mothers with children in Early Head Start had enough symptoms to be considered depressed? The same research revealed that 18 percent of fathers met the same criteria for depression. In the years since the research was conducted (in 2002), the economy has been difficult, and many Early Head Start programs have reported anecdotally that they believe the numbers for fathers might be higher today.

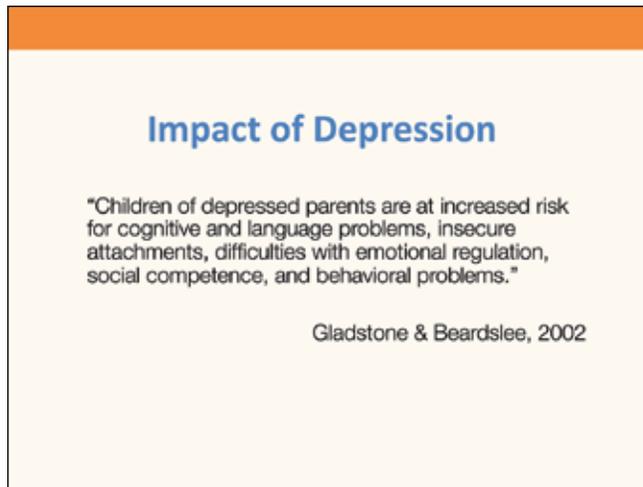
Depression is one of the most common mental health problems in the United States today.

In the United States, more than 20 percent of people will experience major depression at some point in their life. Depression is even more prevalent in populations that have experienced significant adversity, such as those served by Early Head Start, owing primarily to the significant adversity in the lives of the families in such populations. (Chazan- Cohen, Ayoub, Alexander Pan, Roggman, Raikes, McKelvey, Whiteside-Masell, & Hart, 2007).

On the positive side, research has shown that Early Head Start programs make a difference for parents experiencing depression, although that difference may not be immediately evident. Specifically, one study found that Early Head Start had no effect on maternal depression during participation in the program, but 2 years after completion of the program, mothers who had been in the program showed fewer symptoms of depression than mothers who had not been in the program. This is an important point for multiple reasons. First, with increased awareness about the prevalence of depression and intentionality, Early Head Start programs may be able to assist families experiencing depression to feel relief earlier. Additionally, Early Head Start staff members need to know that their efforts to engage families really do make a difference, although that difference may not become evident until after a family has transitioned from the program. (Chazan- Cohen, Ayoub, Alexander Pan, Roggman, Raikes, McKelvey, Whiteside-Masell, & Hart, 2007).

Chazan-Cohen, Rachel; Ayoub, Catherine; Alexander Pan, Barbara; Roggman, Lori; Raikes, Helen; McKelvey, Lorraine; Whiteside-Mansell, Leanne; and Hart, Andrea. "It Takes Time: Impacts of Early Head Start That Lead to Reduction in Maternal Depression Two Years Later." *Infant and Mental Health Journal* 28 (March/April 2007): 151–170. Available at <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1046&context=famconfacpub>. Accessed July 29, 2013.

School readiness begins with health!



Family engagement and barriers to engagement

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Slide 14.

Impact of Depression

This presentation includes a section focused on depression as a barrier not only because it is very prevalent among families in Early Head Start/Head Start but also because a parent's depression has significant consequences for children. Children of depressed parents are at increased risk for cognitive and language problems, difficulties with their attachments to their parents, difficulties in regulating their emotions, and social and behavioral problems. These risks can impact children's development, resulting in life-long risks for health and social problems.

According to a 2008 study, infants and toddlers whose mothers are severely depressed are almost three times as likely to suffer accidental injuries as children in the same age group whose mothers are only moderately depressed (http://www.sciencecodex.com/study_confirms_link_between_mothers_depression_young_childrens_injuries).

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734122/pdf/jsn046.pdf>.

Maternal depression can impair parental safety practices and health management practices (such as breastfeeding, preventive health measures, and management of chronic health conditions).

Chung, Esther K.; McCollum, Kelly F.; Elo, Irma T.; Lee, Helen J.; and Culhane, Jennifer F. "Maternal Depressive Symptoms and Infant Health Practices among Low-Income Women." *Pediatrics* 113 (2004): e523–e529.

Henderson, Jennifer J.; Evans, Sharon F.; Straton, Judith A. Y.; Priest, Susan R.; and Hagan, Ronald. "Impact of Postnatal Depression on Breastfeeding Duration." *Birth* 30 (2003): 175–180.

Gladston, T.R., & Beardsless W.R. (2002). Treatment intervention and prevention with children of depressed parents: a developmental perspective. In: S. H. Goodman, & I.H. Gotlib (Eds), *Children of depressed parents*. Washington, DC: American Psychological Association.

Kavanaugh, Megan; Halterman, Jill S.; Montes, Guillermo; Epstein, Mike; Hightower, A. Dirk; and Weitzman, Michael. "Maternal Depressive Symptoms Are Adversely Associated with Prevention Practices and Parenting Behaviors for Preschool Children." *Ambulatory Pediatrics* 6 (2006): 32–37.

Paulson, James F.; Dauber, Sarah; and Leiferman, Jenn A. "Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior." *Pediatrics* 118 (2006): 659–668.

Sills, Marion R.; Shetterly, Susan; Xu, Stanley; Magid, David; and Kempe, Allison. "Association between Parental Depression and Children's Health Care Use." *Pediatrics* 119 (2007): e829–e836.

What Does Depression Look Like?

- Depressed or irritable mood
- Decreased interest, pleasure, or both
- Significant weight change
- Changes in activity level
- Fatigue or loss of energy
- Difficulty sleeping
- Feelings of guilt or worthlessness
- Concentration problems
- Suicidal thoughts

Family engagement and barriers to engagement

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Slide 15.

What Does Depression Look Like?

Review the symptoms of depression.

The purpose of reviewing the symptoms of depression is to raise awareness regarding what depression looks like. Many EHS/HS programs use a depression screening tool to determine if further assessment may be needed. The mental health consultant in your EHS/HS program can also help your program develop strategies for discussing depression with families.

Refer to Handout 1. Talking about Depression with Families: A Resource for EHS/HS

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/how-to-talk-to-families-about-depression.pdf>

How Depression Can Impact Family Engagement

Depressed parents may

- Have low energy, feel tired
- Have low self-esteem
- Appear “checked out,” as if they do not care
- Isolate themselves—not attend meetings, socializations, or appointments
- Reject your attempts to engage

Family engagement and barriers to engagement

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Slide 16.

How Depression Can Impact Family Engagement

In the last slide, we reviewed the symptoms of depression. Now let’s think about what you may see as a home visitor, teacher, bus driver, or family advocate. It is easy to make assumptions about why a parent appears to be rejecting your efforts to engage him or her. Remember, that for a person experiencing depression, just getting out of bed each day can seem like an almost impossible task.

Using Your Relationship

- You do not have to be a therapist to be therapeutic.
- Re-think the "expert role." In order to teach someone, we must first learn from them.



Gerard Costa

Family engagement and barriers to engagement

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Slide 17.

Using Your Relationship

It is important to understand that we do not expect Early Head Start/Head Start staff to become therapists. However, we know that the relationship you have with families, including families affected by depression, can make a critical difference in supporting them. As we think about how we engage families, we can consider these lovely quotes from Gerald Costa, a fantastic therapist and infant mental health expert: You do not have to be a therapist to be therapeutic” and ”Re-think the ‘expert role.’ In order to teach someone, we must first learn from them.”

The point is that when we are intentional about how we are with families and use our relationship to understand, support, and nurture their own expertise, we can make a great impact on their well-being and ultimately their children’s well-being.

The second half of the presentation will focus on concrete skills to help us support families’ self-efficacy—that is, their feelings of competency in their own lives.

What Caregivers and Staff Can Do

- Learn to recognize the symptoms of depression.
- Know about the circumstances of the families in the program.
- Get support if you have concerns about a family or child.
- Provide a high-quality Early Head Start/Head Start program.

Family engagement and barriers to engagement

- **Family involvement and family engagement**
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Slide 18.

What Caregivers and Staff Can Do

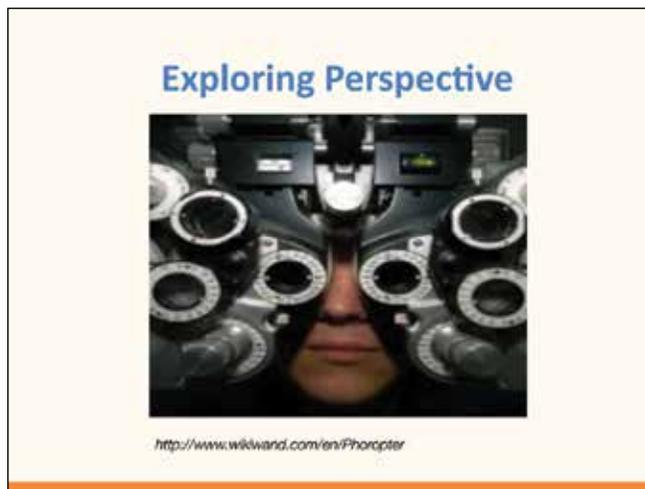
So what can Early Head Start/Head Start programs do to support families experiencing depression?

Be aware of the symptoms of depression so that if a parent does not respond to attempts to engage him or her, you can consider the possibility of depression.

Know the circumstances of each family in the program to help you determine each family's unique needs.

Build relationships with community mental health partners, so that you can refer families to services that can support them long past the duration of Early Head Start/Head Start services. Providing referrals is one of the most important roles we can play in a family's life.

Provide a high-quality Early Head Start/Head Start program. Research has shown that full implementation of the Head Start Program Performance Standards results in better outcomes for children and families.



Exploring perspectives and expectations

Slide 19.

Exploring Perspective

So far, we have talked a great deal about the value of engaging families in meaningful ways and forming trusting, nurturing relationships with them. That will continue to be a theme throughout the remainder of the presentation. One of the important ways that we can engage families is by understanding their perspective, that is, where they are coming from.

How many people have been to the eye doctor? This is a picture of a phoropter, an instrument used to determine what lens will give you the best vision if you need prescription glasses. It might be helpful to use this machine, which contains multiple lenses, as an analogy for the multiple lenses through which we can view families. Changing lenses, or changing our perspective on a family situation, can make a big difference in how we form a relationship with a parent. To switch perspective, we may first have to reflect on the perspectives that we bring to a situation. Thinking about our own beliefs, values, culture, gender, education, and experiences helps us to identify our own perspectives on a situation. It can be hard to switch perspectives and see a situation from someone else's perspective. However, if we can adopt a family's perspective, we will be in a much better position to support the family members on their own journeys.

Perspective Taking



Exploring perspectives and expectations

Slide 20.

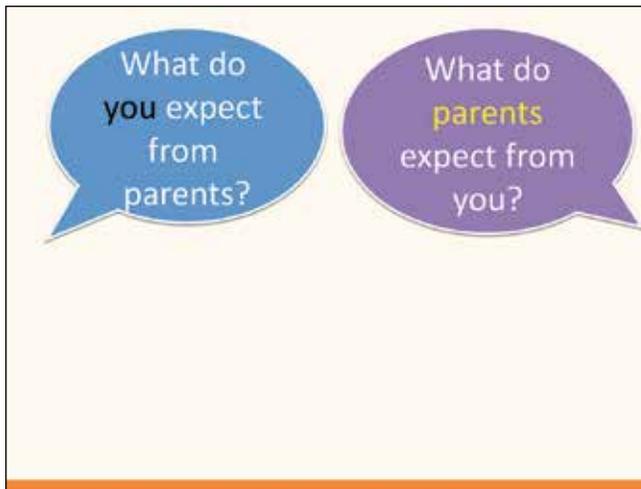
Perspective Taking

What do you see?

Allow the group to respond with comments about what they see.

Some people see an older woman. Others see a young woman. Once you see both the young woman and the older woman is it easy to go back to seeing it the way you first did?

Again, this is another simple example or reminder of how we each see things differently and sometimes it can be challenging to shift the way we see things to incorporate a different perspective.



Exploring perspectives and expectations

Slide 21.

What do you expect from parents? What do parents expect from you?

Thinking about perspectives, let's talk about the different perspectives that we as Early Head Start/Head Start staff members bring to our work with families, as well as the perspectives and expectations that families may have of us.

Have one chart paper with the question "What do you expect from parents?" and another with the question "What do parents expect from you?"

Engage participants in a discussion about what they expect from parents, and then move on to discuss what they think parents expect from them.

Sum up by:

- Pointing out similarities and differences between the two sets of expectations
- Noting that we can address expectations only if we have relationships with families
- Noting that relationships are dynamic and influenced by many factors, including our expectations
- Noting that expectations affect our relationships, that when expectations do not get met, on either side, we may have challenges
- Reminding participants that having conversations about expectations, both ours and those of parents, can help us build positive relationships and can lay a foundation for future conversations

Adapted exercise from Family Connections. ECLKC. June 9, 2015 <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html;YW15bmh1bnRlclg==>

**Digging Deeper into
Relationships Is Central to
Partnering with Parents**

- All relationships involve intimacy.
- Our work relationships are often in some way "forced relationships"—that is, they involve forced intimacy.

Partnering with parents

- Relationships are central
 - Group reflection and discussion
- Principles of partnering**

Slide 22.

Digging Deeper into Relationships Is Central to Partnering with Parents

Phil Decter, excellent trainer from the Boston area, has said that all relationships involve intimacy. Some people find intimacy to be hard or scary and intimate relationships to be critical or hurtful. When families work with us, they cannot choose which home visitor, teacher, or family advocate they interact with. Families may or may not feel comfortable with the person they have been assigned. Because the questions we ask families and the work we do with them necessarily involve a great deal of intimacy, we must be sensitive to how difficult intimacy can be for some parents; such sensitivity is likely to lead to more success in engaging families.

With some families, part of our work may be to offer intimate relationships that differ from those they have had in the past.

**Digging Deeper into Relationships Is
Central to Partnering with Parents
for Change**

- It is natural for people to feel ambivalent about relationships, even those they have chosen, but it is especially common to feel ambivalent about relationships that were not chosen.
- Our past experiences with helpers will effect our current experiences with helpers.
- Present experiences with helpers will, in turn, affect future experiences.

Partnering with parents

- **Relationships are central**
 - **Group reflection and discussion**
- Principles of partnering**

Slide 23.

**Digging Deeper into Relationships Is
Central to Partnering with Parents
for Change**

Review the bullet points on the slide.

For training participants who are supervisors or trainers, these same principles can be applied to their relationships with their staff. Many staff members come to work already feeling vulnerable, unsure of themselves, or expecting supervisors to be critical of their work. Staff members may have difficulty building trusting relationships with supervisors, relationships in which questions can be asked and uncertainties can be shared freely. Using some of the same conversational strategies provided in this session can lead to improved relationships between staff and supervisors.

Discussion

- Think of a time when you changed your behavior, attitude, or perspective.

- What helped you make the change?
- What did not?

Partnering with parents

- Relationships are central
 - Group reflection and discussion
- ### Principles of partnering

Slide 24.

Discussion

Encourage participants to reflect on their own experiences of change in their lives. Explain that you will not be asking participants to share these experiences with the group.

In this exercise, we are interested in the ways that people supported you in making a change. We are also interested in having you think about things people might have done that did not feel helpful to your efforts to change.

Allow participants a few minutes to reflect on the questions on the slide.

Prepare one chart paper with the question “What helped you change?” and prepare another chart with the question “What did not help you?”

Ask the group for examples of ways other people supported their efforts to change. After you have gathered a long list of helpful things, focus on the question “What did not help you?” Develop a list of things people did that interfered with or were not supportive of efforts to change.

From our own experiences, we have a good sense of what works and what does not. When we think about helping others grow and change, reflecting on our own experiences of what it was like to be “helped” can be useful.

If we do not reflect on our experiences, it is easy to inadvertently engage in behaviors that are not helpful to those we are trying to help.

Principles for Partnering

- Collaborate
- Learn from parents
 - See them as the experts
 - Ask what they want to know or do
- Recognize their autonomy
 - Parents will make the decision

Partnering with parents

- Relationships are central
 - Group reflection and discussion
- Principles of partnering**

Slide 25.

Principles for Partnering

As we begin to think more concretely about how we engage families in relationships that promote change, let's talk about some principles to keep in mind during our interactions with families.

Our goal is to form true partnerships with families. We want parents to feel that we are in their corner with them. A collaborative approach differs significantly from an authoritarian approach (telling someone what to do). Looking back at the lists we made about what helps to facilitate change and what does not, we can see that it does not work very well when someone tells us what changes we need to make and how we need to make them.

Our goal is to learn from parents. We want to elicit information from them in a way that conveys to them the idea that they are the experts in their own lives. Parents know what information they might be interested in receiving. Learning from parents is different from trying to persuade them to do something. When we try to persuade people to do something, they naturally resist our efforts. The common response to "I think you should _____" is often explicitly or implicitly "Who are you to tell me what I need to do?"

The more we are able to truly believe that parents have the autonomy to make decisions about changes in their lives and have the resources for making changes, the better we will be able to facilitate those changes. When we let go of our responsibility for others' decisions, we can actually be more supportive of their own capacities for change.

Refer participants to Handout 2: Tips for Collaborating with Families. Review the key points in the handout.

Strengths-Based Attitudes

- Families are the first and most important teachers of their children.
- Families are our partners and have a critical role in supporting their child's development.
- Families have expertise about their child.
- Families have something valuable to contribute.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family>.

Partnering with parents

- Relationships are central
 - Group reflection and discussion
- ### Principles of partnering

Slide 26.

Strengths-Based Attitudes

Review the statements on the slide.

Our attitudes deeply influence our ability to form relationships with families. If we find ourselves having difficulty connecting with a family, exploring our attitudes toward the family may be useful. For example, do we truly believe that the family has something valuable to contribute to the child? Do we believe that the family has the most expertise regarding the child? Reflecting on our own perspective is one of many relationship-based practices that support family engagement and positive relationships with families. Other such practices include:

1. Describing your observations of the child's behavior to open communication with the family
2. Reflecting on the family's perspective
3. Supporting parental competence
4. Focusing on the family-child relationship
5. Valuing a family's passion

These strengths-based attitudes and relationship-based practices have been identified by the National Center on Parent, Family, and Community Engagement. For more information, see the center's website at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family>.

Digging Deeper into Change

Abandon your impulses to

- Give advice
- Solve the problem
- Be the expert



Exploring change and strategies to support change

Slide 27.

Digging Deeper into Change

Many of us went to school to learn how to help others. Many of us have significant experience that we want to share with others. However, people are more likely to make meaningful change in their lives when they decide what they want to change and how they want to change it. We must try to ignore our impulses to give advice, solve problems, and be the expert. As was noted in the exercise in which we thought about what helped us to change something in our own lives, other people's attempts to solve our problems for us were typically not helpful. Nevertheless, it is easy for helpers to fall into the trap of trying to fix things for others. When assisting a person to make change in his or her life, try to avoid the following beliefs:

- This person OUGHT to change.
- This person WANTS to change.
- This person's health is the prime motivating factor for him or her.
- If he or she does not decide to change, my work with this family has failed.
- Individuals are either motivated to change, or they are not.
- Now is the right time for this person to consider change.
- A tough approach is always best.
- I am the expert, and this person must follow my advice.
- Negotiation is always best.

Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992).

Exploring change and strategies to support change

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Stages of Change

Precontemplation (Not Ready): The individual is not thinking about change in the specified area. The individual is unaware of the need to change. The individual is unaware that his or her behavior may benefit from change; that is, change is not even on the radar screen. This person is not ready to change.

Contemplation (Getting Ready): The individual is becoming aware of a desire to change in the near future. An individual is thinking about the pros and cons of changing a behavior. This individual is getting read to change.

Preparation (Ready): The pros of making a change outweigh the cons, and the individual is planning to take action in the near future. This individual may have a plan of action to make a change or may have taken initial steps toward making a change. This individual may not be entirely committed to making a change. This individual is ready to change.

Action: This individual has begun to change his or her behavior. The individual is engaging in the plan of action to change the behavior. He or she is committed to the plan.

Maintenance: This individual has maintained a change for a while and is working to continue to maintain the change without relapsing.

These are the stages outlined in the transtheoretical model of behavioral change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992).

Most People Are Wary about
Change



Exploring change and strategies to support change

Slide 29.

Most People Are Wary about Change

Estimates say that the majority of people are in the early stages of change, that is, in the contemplation or precontemplation stage.

Recognizing where an individual is in the change process can help you provide the most useful individualized support. Encouraging someone to commit to taking steps to change when he or she is only in the precontemplation or contemplation stage may result in frustration for the parent and staff.



Exploring change and strategies to support change

Slide 30.

Role with Resistance

Ask the participants to raise their hands if they have experienced resistance when working with families.

Consider resistance as a hint that you may have not in alignment with the person you are working with. If an individual resisting, she may no longer feel that you are in her corner supporting her. Remember that for someone to resist, she needs someone or something to resist against. Consider also that a person may have good reasons to resist. She may not be ready to explore the reasons that she has not made any changes. When you feel that a person you are working with is demonstrating resistance, consider taking steps to understand the reasons for the resistance. The following strategies may help you to understand and prevent resistance:

- Avoid arguing for change.
- Offer new perspectives without imposing them.
- Accept that the family is the primary source of answers and solutions.
- Recognize that family resistance is significantly influenced by your behavior.
- Consider the following possible strategies for responding to resistance:
 - Attempt to understand the resistance by exploring the individual's beliefs, thoughts, and feelings about the change or action.
 - Do not directly oppose resistance.
 - Understand that resistance is a signal for you to respond differently.

Digging Deeper into Change: Strategies That Help

Empathic listening

- Is other-directed
- Is nondefensive
- Involves imagining others' perspectives
- Involves showing a desire to listen as a receiver and understand the other

Podsen, India; Denmark, Vicki. *Coaching and Mentoring First Year and Student Teachers*. 2nd edition. New York, NY: Routledge, 2013.

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Digging Deeper into Change: Strategies That Help

Empathic listening is another strategy for supporting an individual's growth and change.

Dr. Marisue Pickering, a researcher at the University of Maine, identified four characteristics of empathic listeners. They desire to

1. Be other-directed, rather than to project one's own feelings and ideas onto the other.
2. Be nondefensive, rather than to protect the self. When the self is being protected, it is difficult to focus on another person.
3. Imagine the roles, perspectives, or experiences of the other, rather than assuming they are the same as one's own.
4. Listen as a receiver, not as a critic, and desire to understand the other person rather than to achieve either agreement from or change in that person.

Podsen, India; Denmark, Vicki. *Coaching and Mentoring First Year and Student Teachers*. 2nd edition. New York, NY: Routledge, 2013. See page 81.

Listening Exercise

- Spend 90 seconds talking about something important to you while your partner listens without responding.
- Then spend 90 seconds listening to your partner talk, without responding.



Exploring change and strategies to support change

Slide 32.

Listening Exercise

Have participants pair up into pairs, preferably with someone they do not know. If there is an odd number of participants, form a triad and have the third person in the triad serve as an objective observer.

Have participants decide which person is the speaker and which person is the listener. Let participants know that each person will have a turn to speak and a turn to listen. Tell them that once you have them start, the speaker will have 90 seconds to speak while the listener listens without respond verbally. The listener may nod or use body language but should try hard to focus on listening fully to what the speaker is saying.

Speakers should think about something in their own life they want to improve on or change. It can be an attitude, a behavior, or a perspective. They should try to choose something meaningful that they feel comfortable talking to someone else about.

Direct participants to start the conversations. After 90 seconds, instruct the participants to stop their conversations. Then have participants switch roles so that the speaker is the listener and the listener is the speaker.

After 90 seconds, facilitate a group conversation about the experience of just listening.

First, ask the listeners what it was like to try to focus only on listening. Solicit four or five responses from the group and then solicit responses specifically from the speakers.

The purpose of this exercise is to show that just listening is difficult. Our thoughts may wander. We may think about whether the other person feels as though we are listening or understanding. It can be hard to listen without commenting, to suppress our desire to share a response. Our own thoughts may hinder us from truly listening to another person.

Many of us think we are good listeners, but listening is not as easy as it seems, and evaluating how well we are really paying attention to what another person is saying can be instructive.

Reflective Listening

- So you feel...
- It sounds like you...
- You're wondering if...



Exploring change and strategies to support change

Slide 33.

Reflective Listening

Reflective listening is another effective listening strategy. Reflective listening is an important pathway for engaging others in relationships, building trust, and fostering motivation to change. As with other listening skills, reflective listening might appear to be easy, but doing it well takes hard work and skill.

Sometimes the ways we work with families do not exemplify reflective listening and instead serve as roadblocks to effective communication.

For example, sometimes we misinterpret what a person says or assume we know what a person needs.

When families feel understood, they share more.

- When listening reflectively, you may find it helpful to use standard phrases such as the following:
- So you feel...
- It sounds like you...
- You're wondering if...

"*Reflective listening* is the key to this work... The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen."

Rosengren, D.B., & Wagner, C. (2001)

Exploring change and strategies to support change

Slide 34.

Reflective Listening

Review the definition of reflective listening.

When you do not know what to do, simply pausing and listening is great strategy. We often feel compelled to provide answers or to fill silences in conversations. We want to be helpful by sharing information or imparting wisdom.

Practice allowing more silence in your conversations and observe what happens. You may be surprised at how well individuals come up with their own answers.

Rosengren, D.B., & Wagner, C. (2001). *Motivational Interviewing: Dancing, Not Wrestling*. In R.H. Coombs (Ed.) *Addiction Recovery Tools: A Practitioner's Handbook* (pp. 17–34). Thousand Oaks, CA: Sage.

Digging Deeper into Change: Strategies That Help

Summarizing

- Let me see if I understand this so far...
- Here is what I heard. Tell me if I missed anything.
- On the one hand...On the other hand...

Exploring change and strategies to support change

Slide 35.

Digging Deeper into Change: Strategies That Help

Summarizing is an aspect of reflective listening. Summaries can be used throughout a conversation but can be especially useful at transition points, for example, after a person has spoken about a particular topic or has described a personal experience, or when the encounter is coming to an end.

Summarizing helps to ensure clear communication between the speaker and listener.

Here are some helpful tips and prompts for summarizing:

- Begin with a statement indicating that you are summarizing what the individual has shared, such as “Let me see if I understand this so far...” or “Here is what I heard. Tell me if I missed anything.”
- If the individual expresses ambivalence about change, it is useful to include both sides of an issue in the summary statement: “On the one hand... On the other hand...”
- Be concise. You do not need or want to repeat everything the individual said.
- Ask for clarification or further input: “Let me see if I have this right...” or “I just want to clarify...”

Digging Deeper into Change: Strategies That Help

Soliciting permission

- Would it be okay if we talked about [tooth brushing, follow-up dental visits, your child's nutrition, your child's attendance]?
- What have you heard about tooth brushing for 2 year olds?
- Would you like to hear more about tooth brushing and its benefits?

Exploring change and strategies to support change

Slide 36.

Digging Deeper into Change: Strategies That Help

Another concept derived from the motivational interviewing work is the concept of soliciting permission. Soliciting a parent's permission serves a variety of important purposes. It conveys respect to the parent and supports viewing the work as collaborative. Seeking permission allows the parent to feel they have control of what and how various topics are discussed. It also supports a parent to buy into the topic that is being discussed and reduces the likelihood of resistance. Seeking permission also allows an opportunity for the parent to bring up another topic that may be more of a priority for her.

Review the examples on the slide.

Other examples of seeking permission may include:

- We had planned to talk about the depression screening today. Does that still work or are there other things that feel more pressing today?
- Would you be interested to learn more about the workshops we have for parents?
- You mentioned that you would be interested in exercising more, how about if we talk more about that?
- What were you hoping we would talk about today?
- What do you know about dental care for infants?
- What would you like to know about the services we can provide?

Sometimes we have things we need to talk with parents about. In other words, based on legal requirements or mandates within our programs there may be things such as child abuse and neglect reporting or safety issues that we are mandated to talk with families about. Without giving advice or solving a problem it is important that any concern be brought up directly with a family in as neutral a manner as possible. We may seek an individual's permission about how or when we talk about the concerns (i.e. at the beginning of the meeting or after the individual has had an opportunity to talk about any priorities she may have). For example, you might say, "I have an important issue that I need to discuss with you, would you like to talk about that first or after you share any concerns or topics that you wanted to discuss?"

What If Parents Say No?

- This does not happen very often.
- The parent may not be ready for advice (he or she may be in the precontemplation stage).
- Ask permission to check back.

Exploring change and strategies to support change

Slide 37.

What If Parents Say No?

When we seek permission from those we work with it is very rare that they say no. If a parent does say no, it is important to respect that the parent may not be ready to address the issue you are bringing up. It is a positive sign that the individual is able to tell you “no”. You now have an opportunity to address the concerns that are a priority for the parent. Meeting a parent where she is in terms of addressing her concerns and priorities will result in both a better relationship between you and the parent as well as increased likelihood that the parent will make progress towards her goals.

Examples of Open-Ended Questions

- What is most important to you right now?
- How would you like your life to be in the future?
- What might happen if you make this change?
- What might happen if you do not make this change?

Exploring change and strategies to support change

Slide 38.

Examples of Open-Ended Questions

Asking open-ended questions is one of our most important strategies for facilitating strong parent engagement and helping parents identify their goals and progress toward achieving them. Open-ended questions are questions that do not have a yes or no answer.

Open-ended questions encourage more-meaningful communication between the parent and the interviewer. Open-ended questions provide an opportunity for individuals to talk more and to share their thoughts and experiences. The goal of an open-ended question is to engage the parent in a dialogue.

Many open-ended questions begin with “what” or “how.”

This slide and the next two offer examples of open-ended questions.

Examples of Open-Ended Questions

- Tell me about what has been happening since we last talked.
- Given all that you have been going through, how have you been able to _____ (e.g., find strength)?
- What are the good things about _____ and the not so good things about _____?

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Examples of Open-Ended Questions

Review the examples of some of the open ended questions.

Examples of Open-Ended Questions

- How would you like things to be different?
- What if anything have you tried before related to _____?
- Tell us about your experience in the program?

Exploring change and strategies to support change

Slide 40.

Examples of Open-Ended Questions

Review the examples of some of the open ended questions.

Activity

- Convert closed-ended questions to open-ended questions



Exploring change and strategies to support change

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Activity

Use Handout 3: Convert Closed Questions to Open Questions to have participants in small groups practice converting closed ended questions to open ended questions.

In addition to asking open ended questions, it is also often useful to avoid asking questions beginning in “why”. For example, what happens when you ask someone, “Why did you do that?”. What is the most common response? Typically, when we ask someone “why” they did something they will often say “I don’t know”. “Why” questions often put people on the defensive. “Why” questions often make others feel blamed or judged. Instead of asking, “why did you do that” it can be more useful to ask, “Tell me about what happened. or “Tell me about how you were thinking when that happened.” Avoiding “why” questions can be a particularly useful tip when talking with teens or children.

Allow time for participants to work on Handout 3 Convert Closed Question to Open Questions. Next, facilitate a large group discussion soliciting examples of how participants converted the closed questions to open questions. Encourage participants to share any examples of their open ended questions and challenges they had re: creating open ended questions.

Practice

Strategies

- Ask open-ended questions
- Listen reflectively
- Summarize



Exploring change and strategies to support change

Slide 42.

Practice

With a new partner, talk about something you would like to improve upon or change in your life i.e. it can be the same thing you discussed previously or something different. Chose something meaningful and something that you are comfortable discussing.

In your dyads decide who will be the speaker and who will be the listener first. As with the other exercises each person will have a turn to listen and to speak. In this practice activity, you are going to use the strategies of: asking open ended questions; reflecting back/reflective listening; and summarizing. You will have about 2 minutes to have a brief conversation.

As the “staff” you may start out with an open ended statement “I understand there is something you are considering changing in your life. Would you be willing to tell me about it?” or simply, “Tell me about what you have been thinking about re: making a change in your life” . Or, “Tell me about your goal.” or “Is it ok if I ask you some questions about your goals?”.

For trainers, we often engage audiences we are training with “role plays”. Why do you think we choose to have you talk about yourself in these exercises rather than act out a scenario as a parent? Explain, in role plays participants often reenact the worst scenario they have ever had or they may even reenact a combination of many worst case scenarios they ever had. Often scenarios are created that may not be representative of typical interactions. When we use real examples from our own lives we are able to experience how the strategies feel in a real life situation. We also may have the experience of feeling perhaps a little bit vulnerable regarding sharing something personal with someone we don’t know. It is helpful to remember how often we ask families to share personal information with us. We often neglect to acknowledge how it may feel uncomfortable to share intimate information with someone we don’t know well.

After each participant in the pair has had a chance to practice, facilitate a large group discussion using these questions as a guide.

- What was it like to practice the strategies?
- What did you learn if anything about the kinds of conversations you usually have with families?
- As a speaker in this exercise, what was the impact of these strategies on how you felt?

How Conversations Help Make Connections

- No interaction is without consequences; all interactions have effects. Conversations can leave people feeling open, hopeful, and engaged or nervous, shut down, and defensive.
- All conversations are subject to unspoken rules about who can say what, who has power, who needs to be silent, and what is okay to say and what is not.

Exploring change and strategies to support change

Slide 43.

How Conversations Help Make Connections

Our behavior and the way we speak impacts how a parent responds or reacts. The kinds of conversations we facilitate can have a significant impact on the types of relationships we have with families. All conversations have an effect on how participants of the conversations feel. Conversations can leave people feeling open, hopeful and engaged or nervous, shut down and defensive. How do the families feel when they leave their conversations with you?

How often do we talk about and/or pay attention to the unspoken dynamics in conversations that may get in the way of engaging families? It can be useful to think about these often unspoken rules in conversations. Acknowledging these perceptions, beliefs and/or cultural norms can increase the likelihood of having more meaningful relationships with families.

How Conversations Help Make Connections

- Many conversations contain traps for the participants, moments when we can briefly get caught up in a negative interaction that moves us away from our hopes and from how we would like to be with others.
- We can do more to avoid these traps.

Exploring change and strategies to support change

Slide 44.

How Conversations Help Make Connections

All conversations have the potential to trap the individuals involved in unproductive sequences. For example, when you approach a conversation from an expert stance offering opinions, advice, and direction the other person may passively accept the advice, however, she may feel resentful, patronized, and/or frustrated at being told what to do. Alternatively, she may become overtly angry.

Another conversational trap that we occasionally get caught in is the labeling trap. For example, we may label a parent as uninvolved or not interested. The parent then may respond defensively to the label e.g. “I am interested in my child. Or, I’m involved in my child’s life”. The conversation is then an argument about labels and attitudes rather than a conversations about the goals a parent may have.

As you continue to develop your skills in conversations to engage families, it may helpful to reflect on how you set up your conversation to encourage feelings of trust and hope.



Wrapping Up

- What stood out for you among the things you heard or experienced today?
- What excites you or concerns you about what you learned?
- Did you gain any insights from the session?
- How might you use what you heard today?

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Summary/wrap-up

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How Conversations Help Make Connections

Encourage participants to share their insights and any concerns or questions they may have from the session.

Encourage participants to share one idea they can take back to use in their programs.

Share the evaluation with participants.

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Summary/wrap-up

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How Conversations Help Make Connections

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