I.

UNDERSTANDING SHARED CONVERSATIONS: LISTENING AND CREATING A FLOW OF HEART-FELT TALK

Section I is dedicated to the proposition that purposeful, culturally sensitive conversation informs our process and can change clients' and families' health, developmental realities and quality of life. In the process, we health care providers are rewarded with new insights into effective communication and we change as well.

Building resiliency in a family begins by becoming attuned with the family's own values, often different than our own. Sensitivity in listening to and speaking with people of other cultures with other values helps us understand their approach to the world. As a bonus, our understanding of other cultures may also point to better ways to communicate with those of our own culture who seem difficult to reach. For example, people of some cultures, such as traditional Navajo, believe we are deeply affected by what is said and that we are understood as human beings through the multiple meanings of the words that make up languages. Navajos believe words have the power to create and to change reality. Still other cultures have a present-time orientation, in which thinking about the future is dangerous. In some cultures, individuals do not see themselves as independent actors but more as a self embedded in a larger group. Sensitivity to other worldviews when interviewing helps us understand our clients' problems and allows us to re-tell their narrative in ways that open possibilities for change.

Information gathering about the history of the problem is most helpful when it includes the child and family and takes into account their interests, values and preferences. The conversations should be respectful, reciprocal, straightforward and reflect a caring approach. Conversations will usually include the child, family (and possibly extended family) and caregivers and helpers. Many of the following ideas related to achieving alliance and non-verbal connection with one client will apply to each person at the meeting in order to solicit attuned, two-way connection. This way of meeting clients offers great diversity of viewpoint and cross-connection because multiple ideas are generated when each person is given a voice.

A. Provide a **cooperative atmosphere** where the family feels and exhibits increased mutual regard, empathy and warmth. Conversational ways to secure this ambience include making sure the family feels recognized, heard and understood. Experiences of all kinds can be acknowledged and validated. Although helpers have expertise and maintain their helpful position, collaborative work requires a

democratic approach.

A curious, “not knowing” approach, creating a flattening of hierarchy, as well as a position of authenticity and transparency where clinical secrets or positioning are not held from the client, may be achieved by being straightforward, using the clients’ language, affect, and patterning, or by mirroring their gestures and movements. Always attempt to convey warmth and positive, unconditional regard along with trust. Trust is dependent on credibility and transparency in the eyes of those with whom we are talking. Many traditional ethnic minorities appreciate being the recipient of a gift from someone as evidence of his or her authenticity, so we have fruit or other small gifts on our table before sitting down to elicit stories from client and family.

Our naturalist process of discovery uses an inductive approach, initially taking information from our client as truthful, regardless of its veracity, and as if it represents reality. It is received first-hand without previous assumptions or hypotheses about pre-established inferences from the culture. Otherwise, our assumptions may foster stereotypes and generalization. Tacit knowledge of what is being revealed is taken for granted as part of a whole, including the complexity of intuition, feelings, contradictions and ambiguities.

B. Use **active listening techniques**, which means actively attending to what everyone has to say and then pausing for reflection on participants’ answers. Summarizing, paraphrasing and asking open-ended questions can lead to greater understanding and clarity. An awareness of the importance of, and responding to, non-verbal communication and noting people’s emotional tone in the discussion, is very helpful. A cultural competence to apply to everyone is to listen to the person’s narrative. The word “narrative,” from the Indo-European root “gna,” means to know and to tell. It is inherent in us to understand by listening, and to make sense by re-telling.

The rhythm, beat and melody of language may comfort participants and encourage discussion. Thoughtful rephrasing and using a person’s own phrases with attention to their posture and to their frame of reference is also clinically helpful in the conversational exchange. Our ethnocentric assumptions demands direct eye contact in speaking where many ethnic-cultures assume eye contact to be rude, and intruding. Signs of engagement and agreement may be determined by other means in such transactions by watching for a sense of quietness, respectful listening and waiting for acknowledgement through posture or auditory signals.

Go to case study example.

"Promise to Families"

The following is a welcoming and open invitation to dialogue:

We are pleased you have come to be with us today. You will be considered a part of your child's team as we meet with our members and later when we meet with other members of your family, community and your child's schoolteachers. We will attempt to better understand your child's condition and to be in partnership with you to make things better for him and for your family.

We fully respect your personal reasons in coming, as well as your individual and unique family experiences and family culture, which can be useful in meeting the challenges you face. We will strive with you to make sense of what's occurred and, at the same time, we want to point out what we hear from you and talk about how that will make a difference for your family, especially those things which are likely to be representative of the strengths, values and character bearing on your family's achievements and those accomplishments which have provided unique coping assets for you to this point.

We know what you will be sharing with us are very private and personal issues that may be full of hurt and despair in the retelling. We want you to know, however, that your being here is testimony to your excellent survival knowledge and may be evidence that you are actually thriving. We, too, have a level of expertise, although different from your own. We, too, are members of the human family and naturally share similar positive coping experiences with you, including needs and inspirational events, which helps our work together. Our conversations and your personal stories will remain confidential and protected, although with your permission, we will seek information from other helpers who are familiar with your family. We will work from an extended family perspective for your child in the school and in his or her doctor's office.

We also encourage you to participate in helping us to craft and to write this report, because the report is yours. Many times we will offer you a draft report that you should feel free to edit and re-author in any way you prefer. Finally, we know that some questions and personal inquiries can be painful and threatening. If bad feelings come up over our inquiry, we apologize in advance and want you to tell us that you may not be ready to talk about that particular subject yet. Then, we will discuss something else you're more comfortable with.

We will frequently request your opinions during our conversations, so do tell us how you feel we are doing together. We believe that, to the extent you feel more hopeful, have greater understanding and feel you are being listened to, you will have meaningful, positive outcomes from our meetings. Give us comments directly or by means of the Team Meeting Rating sheet or the Parent Outcome Scale. We also have a suggestion box. If you have a computer, you may e-mail us as well.

We will strive to help you with your purposes for coming to this meeting and we appreciate the confidence you have in us to work with you to discover solutions that make things a bit better.

"Letter to a Child"

Dear _____ ,

The grown-ups of the team welcome you. We are happy you are going to come visit us.

We like to tell children what they will be doing and what it will be like here when they visit us. When you come here, you will see toys and a children's computer in the waiting room. Sometimes children get to go with an adult to use the computer in another room, to draw pictures, and to talk. At the end of doing these things, children get a treat of food or a sticker. Other times, children come with their family into a room where all the grown-ups talk about how to make things better. There are toys in this room too.

People on our team help children with learning and with their feelings at home and school. All the grown-ups are going to work together to help you. See if you can think of something you'd like to change, or something that might make you happier. If you can think of something, we'd like to know about it. Your family is a part of the team and we will all work together for you.

Most children have a pretty good time here. We want your time to be good here, too.

Your Team,

Back to text.

C. By **identify**ing **strengths, assets, interests and talents** of the child and the family, ways can be found to engage and form an alliance before the problem has been defined. It is helpful to begin interviews this cooperative way, especially for highly stressed or hard-to-reach families. Consider pathways to exceptions to the problem and other unique outcomes. (See Solution-Focused Practice, Part II, Appendix A). We believe this is what Carl Rogers, known for client centeredness, would say about unconditional regard, which is believing people bring many positive traits and prior accomplishments to these meetings along with their problems. In this sense, we embrace the positive first and tackle the problem second. This is especially important where two cultures meet. Values, differences, mind-sets and worldviews may clash. Opening conversations are friendly with small talk and chitchat, and do not get to the point too fast. Transitions are needed first to share each other's sensitivities, realities, purposes and perspectives.

1. Building Competency. Although the traditional medical model tells us to look at the child and family's deficits first, especially those with a remediable potential, our approach is to use a strength- and competency-based assessment that leads Adam and his family, our case study, to gain some control and to be empowered to correct what problems they

encounter. We told Adam, *"What is right with you is more powerful than anything that is wrong with you."* We believe our perspective on appraising strengths allows patients to find out for themselves what their protective factors and personal achievements are, so these strengths can be owned and can become a part of their identity and be used to counter the problem.

Go to case study example.

From Strengths Checklist, [Go to checklist, Appendix A] Adam's mother had reported Adam had a good sense of humor; was gentle with small animals; that he was friendly and wanted to reach out to others but didn't always have the charm and skills to do so. Adam loved physical outlets, his mother reported, the more physical the better. He preferred building and taking things apart (reinterpreted to mean Adam is curious about how things go together, asks questions and is creative in discovery) and he liked working with tools. Adam's mother said Adam loved music and song and had a natural sense of rhythm. Adam very much liked toy cars, his mother reported, and toy cars were sometimes used to reinforce Adam's positive behavior.

In addition, Assessing Positive and Negative Reinforcers, [Go to assessment, Appendix B] Adam revealed he liked most foods, except pretzels, and that and he loved to copy, draw shapes and make and look at pictures. Social games, such as Follow-the-Leader, and playing at the park, were especially fun for him. A number of socially reinforceable ideas were identified: Adam said he would love to get money, hugs, praising letters and gold stars, especially if they lead to acquiring toy trucks or to participating in a favorite activity.

Finally, in the Daily Strength Scale [Go to scale, Appendix C], which is sampled frequently, such as weekly, Adam revealed that he perceived many parts of his day to be quite positive. These times included enjoyable activities; getting along at school (after the intervention); sleeping (good prognosis), and feeling healthy. Adam also described his family not getting along and his not feeling safe or secure.

Briefly, we used the foregoing information directly for Adam's behavior-management contingency program, which helped give him structure, boundaries, predictability and improved safety (after checking for possible environmental abuse). Our acknowledgements of Adam's positive traits lead to building his self-esteem and positive identity and lead to Adam incorporating those positive traits into his daily life. Mentoring, building on continuous flows of interactive chains of affective signaling, which ultimately will lead to the solution-oriented, narrative story-telling included in Part II, gave coherence to Adam's positive experiences as described in these reports, and were ways to coordinate Adam's interests, assets, and resources and to embody them within Adam's personal world.

Back to text.

D. Inquire about the significance and origin of the family's own values. Use family values as a resource by linking them to character traits and recognized personal

achievements. What is important to the family? What preferences do they have, and what makes a difference to them? Incorporate self-described family values as resources by linking any achievements to recognized character traits. Although formally talked about in Part IV, we note here that planting the seeds of resiliency begins by becoming attuned with the family's own values.

The following eight values form the basis for multiculturally congruent strategies for communicating with people of color and with many kinds of ethno-systems:

1. Various populations have differing and unique needs.
2. The culture is a predominant force in shaping behavior, values and political systems.
3. The family is the point of intervention for each culture.
4. Healthy cultures serve families well by enabling coping mechanisms and by understanding what to do.
5. Within-culture differences are as important as between-culture differences.
6. Culture differences have important impacts on what services are valued.
7. Process is as important as content.
8. Be aware of the potential conflict of values with dominant culture values. Seek goodness of fit.

Go to case study example.

Clinician: "All these dangers that you've worked so hard to keep Adam safe from, and now you feel the *school* is attacking him?"

Mother: "Yes, they are punishing Adam. It is not going to help."

Team member: "I would like the school to know how much you care about Adam. Let's think about how we can work with the school to help them understand."

Mother: "I have tried. They don't know nothing."

Team member: "Other parents have experienced things improving when we all talk. I have been impressed by your willingness to fight for your son's well being. I think we can help the school understand that about you and how you want to work for what is best for Adam."

Back to text.

E. Use **open communication** throughout the discussions by using the following tools. Open-type questions usually begin with How …?, Describe …?, What …?,

Why …?, When …?, and, Where …? Open questions keep the discussion going; closed questioning ends discussion.

1. **"I" Messages –** These are clear, concise and direct messages that state something about you, or how you feel. Example: "I feel that you don't listen to me and I have something to say that I think would be helpful here." This contrasts to, "You don't listen to me," which is an accusation and may provoke an argument or defensiveness. Such dialogue is usually helpful for a majority of American-European cultures.

   Other people—including some ethnic-minorities and especially if enculturated into traditional ways—may have problems with "I" messages. Many of these cultures might highly value the collective or defer to decisions made by the family or a paternal or maternal grandparent. Some defer to uncles or aunts for discipline and even may be reluctant to engage in behavior management practices.

   Also ethnographic styles of interviewing suggest taking a global, community, family or friends' perspective first before a personal style of questioning, e.g., "How would others treat this problem?" "How does your community think such problems occur?" This style affords opportunity to determine more about the context the person is living in and to link the situation relative to other norms and expectations in the cultural group.

2. **Harmony and Attunement** – Participants should strive for seeking resonance or attunement with each other. Thoughts, feelings and words can become important ways to connect with each other, though it is important to avoid mixed messages. Many times the personal connection is nonverbal, coming from the eyes, face, tone, posture and rhythm of being together.

3. **Open Dialogues** – Keep the dialogue open, even when a barrier to communication comes from an inappropriate confrontation or from blaming. For example, switch to another topic when things get a little uncomfortable, keep the conversation harmonious. Use questions that invite continuing the conversation rather than ending it. Keep it going with many two-way loops of communication. Working cross-culturally, it is likely that an adversarial style, or confrontation, or any negativity will close the relationship. This explains why solution-focused, narrative and motivation approaches work well.

4. **Shared Decision-Making** – Strive for win-win situations that enable participants to share decision-making. (Although goals, actions and meanings come later in our model, briefly we say something here because the shared spirit of communication quickly leads to defining needs or wants.) Our decision-balance model incorporates the pros and cons of both sides of the argument, or dilemma, and is brought forth by the client's words in ways that don't bring forth resistance or a power struggle.

5. **Co-Construct Needs and, Eventually, Goals –** What are the wishes and preferences of the person or the group? While keeping personal dreams alive, which are the do-able options given the practical situation? Can goals with concrete, measurable objectives be set and attained? Problems can immediately be turned into goals. Some lifeways value being in the moment with a present orientation where thinking about the future is dangerous. Their goals might be directed to the here-and-now. Some individuals, through reflection of memory and expectations of the future, will reconfigure the past and approach the future as part of an emergent present in the here-and-now.

6. **Seek Meanings** – Families should form their own interpretations. What stands out for them? How do they make sense of the child's behavior, or of what happened? We seek meanings by attuning ourselves to each other's needs, feelings and motivations in recursive ways. Again, when taking an ethnographic pathway, the interviewer should assume a learner's stance and use the client as an expert guide and teacher in order to discover more about the client's background and cultural circumstances. Determination of personal and attributed meanings may be delayed until later.

7. **Ethnographic Construction** – This style of interviewing is needed when families of other cultures and lifeways have worldview beyond the self as an individual and primarily see the self as embedded in a larger group. One should begin by talking about their relationship to the collective and include global questions. Further, there will be such words and phrases called "cover terms," or use of terms specific to that culture or family's experience, which will require a number of descriptive questions to be asked for clarification purposes. These are verbal markers of high symbolic importance.

Such words as “hard knocks”, “mentality”, or “gang member” can be asked about further. Descriptive questions about space, time and the characters involved should be formulated. Remember to leave out the word “you” and include “other.” For example, “Would you describe what your friends might say about local gangs?” “How would hard knocks be understood by the gang members?” Give me an example of what your community would say of the gang mentality?” What might be some of the words and sentences in which one might use these expressions? More understanding about this comes from Communicating for Cultural Competence, by James Leigh.

Go to case study example.

“Listening-and-Sharing Conversations”

The heart of generative conversations are attempts to create curiosity and interest about your topic, to begin to relate and engage sufficiently so that affect, the emotional reactions associated with experience, can be used to transform an idea into something more valuable. We see this skill as evidence of the caretaking glory of our species, inherent in our evolution and driving our intellect toward fulfilling our social, problem-solving humanity.

Adam’s mother, Ella, entered our room stiff, with a chip on her shoulder, angry because she was referred to us by the school. Adam was angry, too. Ella was on guard and defensive and scolded the school for their treatment of Adam (who had several suspensions).

We listened without interrupting. Ella related the story of her own school experience, which lead to failure. She told us about her first marriage, which erupted and ended with Adam’s natural father leaving. She told us about her high-risk pregnancy with Adam, resulting in his premature birth and small birth size. She told us about Adam’s hospital readmission for a near-lethal encounter with a toxic virus, resulting in his need for long-term medication. “He could have died,” sums up her sense of vulnerable-child syndrome and of her motherly experience of threats to, and near-loss of, his young life. Ella spoke more than once about Adam being a Mommy’s Boy.

We continued to listen in an open and active way, clarifying ambiguity, seeking Ella’s subjective opinion, including the meaning to her of related events, and we continued soliciting responses about her intentions and goals. This amplified our understanding of her decisions. Our goal in this first visit was to become attuned with her, redirecting her anger by holding her in our positive, unconditional regard, which allowed us to talk in genuine and transparent ways.

We felt Ella perceived our trust as she started to drop her defensiveness. We believe she understood that we felt her pain and sorrow over the fright of Adam’s near-death. Empathy helped lay the groundwork for the mutual perception that Ella is committed to Adam as a healthy, proud boy and Ella would like to be perceived by teachers and helpers as a competent and a nurturing parent. We understood that Ella felt she was taken for granted, considered uncooperative, irresponsible and complicit with her conduct-disordered, oppositional child. Now

we understood Adam less as oppositional and more as acting-out, looking to fulfill secure attachment needs.

We can all discover new ideas from a heart-felt conversation. We can be more like teachers to other healthcare providers, faculty and parents who are building on these adaptive ideas. We must take time to listen to our patients broken stories, read between the lines, look for patterns, take less for granted, and then help them repair their own narratives.

Back to text.

F. **Multicultural Competence –** In working with families whose values are different from yours, it is helpful to try to gain an understanding of their worldviews, ethnicity and traditions, and to celebrate this heritage [Go to click on Multi-Culturalism-part II.] Race, national origin, socioeconomic, geographic, and physical circumstances, class, age, gender and education will need to be defined to determine how they play into cultural understanding. Appreciate that these likely apply to everyone. If we don't tune into their cultural melodies first, we will be perceived as foreign and incongruent. Try to determine the family's acculturation stresses and successes. Are they trying to maintain their own cultural identity? What is their cultural identity level? Ask yourself, "What is my knowledge and appreciation of ethnic lifestyles? Do I have biases and prejudices from my culture that may be racist and may incur resistance? How do I perform in the presence of foreign cultures?" Be mindful that having a conversation with a traditional Native American may not call for a Rogerian (client-centered) interview involving reflection of feelings and "I" messages. Acknowledge, validate, use solution-focused, narrative and ethnographic approaches.

Go to case study example.

Father: "My son got kicked out of school for standing up for himself. He finally stood up for himself, and now the school is blaming him. Well, no son of mine is going to get pushed around!"

Clinician: "So you are proud of your son for being brave."

Father: "Yeah. Because he is such a wimp, a little pansy all the time. I finally felt like he was my son."

Clinician: "Yes, I can see how both you and your son have courage. For one thing you have had the courage to come here and to work for things to be better for your son and you can see things that he has done that have taken courage and conviction. For example, like the time he went into the teacher and talked about the assignments he was missing. He was brave then. I saw that as a time he stood up to his fears and showed the family strength—his heritage. That

strength you inherited from your grandparents who were living out on the land. I think you are taking that same strength into a different environment now."

Back to text.

> We can measure the client's level **of acculturation** on a continuum from **Level One**, which exemplifies a level of assimilation in which the client overvalues, and idealizes the dominant ethnic group's experience and is submissive to the dominant culture while being passive about one's minority position; awareness may be restricted to the dominant ethnic group's position. **Level Three**, in which the acculturating person recognizes the reality of oppressive power structures and racism while overvaluing and idealizing one's own ethnicity, and so excludes others. **Level Five** is valuing both cultures for what they are and may be considered bicultural and even bilingual and is usually associated with the healthiest position. (Level Two and Four are intermediary positions.)

Go to case study example.

"Tell us about how this influence this has played out in your life."

Is there a good reason to take the time to discover something about the heritage and cultural origins of this Caucasian family? Yes, it is just as important to inquire about E.K.'s unique Anglo background as it would be for people of color or of visible folk ethnicity. How else can we immerse ourselves in the family's cultural reality to better understand their experience? The term "diversity" may refer to differences other than ethnicity by which people define themselves. For example, age, roles, gender, sexuality, spirituality and religion, social class, or residential or geographic location. So, we asked the family to "Tell us what in your background is important to you?"

It was difficult drawing out potential cultural differences from the E.K. family. Their assumed identity was affiliated with a fierce independence: "We pull ourselves up by our own bootstraps." Our question: "What's it been like growing up being your own person? Can you tell us what the challenges have been?" E.K.: "We're Americans and proud of it."

But responses disclosed two important premises. Generations ago, both parents (including stepparents) came from England and Nordic countries and lived on the land. Our question was: "Now that you think about this, can you draw any strengths from it?" In addition, Ella's sweatshirt gave us a symbol of a mystical and spiritual niche, it was a stream cascading through mountains and seemed to connect metaphorically with Ella's ancestry, the outdoors, personal autonomy and with taking care of one's own. This fit with the fact that she preferred herbal preparations for Adam. Our question was: "What spiritual resources are close to you in nature?" Ella eventually acknowledged she would like her children to re-enter their church and she told us that they do volunteer work and that Adam had begun a martial arts program. Our questions were: "So how did all of this begin, and why? Might Adam benefit from the meditative and

disciplinary features of martial arts? How might the martial arts program link to your family's value system and help connect to others?"

We asked the family to interview a great-grandparent and ask about stories of pride, courage, bravery, endurance and then to reflect on how these stories may be sources of support in tough times. Through this process, photographs were uncovered of earlier generations camping out in the mountains and this helped connect values shared between generations. Our question was: "What meanings might be carried forth from this to a different future for Adam?" This is an ideal opportunity to use a family tree, or genogram, [Go to Part II Genogram and Part III, Family Chart and Ecogram] to uncover other sparkling relatives and other social supports, which may include important friends and cousins.

In this way, more perspectives are gained. When they were leaving, we asked the family to take some photographs of events and items that are important to them, such as ritualized experiences, and to start a scrapbook of their past and present. Our question was: "Knowing what you know now, what resources from your background are you most likely to call upon from these revived memories?" Hopefully they will continue to look for empowering narratives and have their multicultural influences become sources of strength and hope.

Back to text.

G. **Build the motivation** for ideas that support intention and personal agency as outcomes. Motivation may be a cooperative venture and the helper may contribute to encouraging resistance or to keeping things open. Motivational enhancement practices are those behavioral-cognitive and efficacy-based methods that elicit ways to strengthen ownership in exploring and resolving ambivalence around health-bound decisions and lifestyle choices in managing chronic health conditions.

We look for ways to elicit further self-motivational statements and language that reflect the clients' intention and purposes. We attempt to assess readiness for change and stages of change. With solution-focused technologies, we look for progress toward goals and the accomplishment of needs. Inconsistencies, contradictions and discrepancies are highlighted as possibilities for behavioral change.

The concept of motivation has several elements of which can be exploited to create hope for a better solution. Motivational interviewing is a communication style useful for strengthening clients' pathways in the direction they want to go by exploring and resolving uncertainty. Motivational interviewing uses empathy and reveals the discrepancy between a client's current behavior and broader goals and values, and rolls with resistances rather than opposes them; it supports confidence in the possibility of change. We look for establishing an agenda for the client's

preferences by working on lifestyle goals and by determining their willingness, or sense of urgency, to make changes. Explore reasons for and against what they want to do through reflection and summarizing. Ask if the clients want information and their own interpretation of it. Use 1-10 scales to check where their importance, confidence and readiness is. Strategies are available for building each area. Check on Health Behavior Change, by Stephen Rollnick, et al.

Go to case study example.

Adam: “I hate school. I’m not going. “

Mother: “His grades are getting worse and worse. He is not doing anything.”

Father: “Oh, he’s just lazy!”

Team member: “I have noticed that there are times when Adam has had good energy, like the clever way he thought of taking a photo of himself resting. When he took this picture, he showed his imagination.”

Dad: “Yeah, one picture. Big deal.”

Team member: “I think it is a big deal because of what he did do, and because it shows what he can do. I think our job is to figure out how to protect that wonderful ability in Adam so he can use it.”

“Motivation For Change Is In The Interaction”

Building motivation, hope and incentive for a more resilient child and family is the idealized goal from our efforts. In the short term, we may want to elicit further conversations-for-change in the form of talking about a more positive story than the problem-saturated story. Sometimes just being at the point of improved management of difficult behavior, or just arriving at a sense of greater cooperation and trust, or just by achieving a sounder alliance, or just by having more congruency in mutual statements and less resistance, are achievements themselves. Next, we may schedule a follow-up visit or refer the family to an outside agency.

Adam’s family wanted their son back in a regular school with fewer hassles for themselves. At the same time, they wanted a safer environment for Adam and more successes, so they could be proud of him. We focused on the discrepancy between Adam’s recent third suspension from school and the foregoing goal of his parents. That gap promoted many incentives to move in a positive direction. It was important for the parents to get there by their own efforts. We compromised on medication for Adam’s regulatory diagnosis, settling on the mother’s preference for herbal remedies for calming, which was a concession that allowed for a more acceptable type of medication later. The perceived stigma of the family’s referral to mental health professionals required alternative counseling and frequent notes home and telephone calls, and required making sure there was plenty of good news communicated. We quickly gained support from the school psychologist and the school district office and achieved the

parent's goal of getting Adam into another school. This satisfied the parents and promoted their self-confidence in negotiating solutions.

Subjective reporting by the parent showed improvement from 3- to 6-of-10, with 6 signifying the beginning of optimal change. Readiness for more work was at 7-of-10. We asked, "How did you make this happen? What would it take to get to a 7? What would look different at 7?" These solution-focused strategies consolidate small successes by speaking of them in a way that acknowledges direction, movement and implies momentum.

"Time for Feedback"

We now want to determine the parent's feelings about how the conversation is going and whether any adjustments or changes are needed. This feedback is helpful at the end of each encounter, allowing for improvements next meeting. For example, if the idea of "hope" was underscored this time, we may want to sound it out next time, querying about their confidence. The Family-Team Rating Scale is a 1-10 satisfaction scale, combining many of the above features of a two-way conversation. Sometimes aspects of the scale may be asked as we talk. For example, "Are we on track and talking about what's important to you now? Is this what you want to discuss or is there something else? And, how is it going for you?" [Go to Family-Team Management Scale, Appendix D].

Now, what about our own feelings about the conversation? This is also a time for the helper to check in on his or her state of mind. Sometimes when we hear stories of bad things happening to good people, we experience a range of intense emotions, including anger, wanting to rescue, wanting to overstep our bounds and take the agency away from the parent. Or, we may feel numb if there was trauma, or feel overwhelmed and helpless. It helps to consider our own vicarious traumatization. Bearing witness, as important as it is, may also evoke things in us that require awareness of what's happening and then taking care of ourselves so we don't take these feelings home. This counter-transference is important in understanding the family, however. When feelings in us come up about hesitation or gladness when so-and-so doesn't show up for their appointment, we may see a connection between the family being stuck and our own defensiveness. Careful attention to our reflective supervision, using our team members for support, is therapeutic.

Back to text.

Appendices:

Appendix A

Strength Checklist

CHILD STRENGTHS CHECKLIST

Child's name_____Person filling checklist out_____Date:_____
Below is a list of positive or good behaviors. Please make an "X" to indicate where your child is in each of these areas, rating him/her on a scale of 0-5 (0=not at all, 5=very much)

RATING	**0**	**1**	**2**	**3**	**4**	**5**
CAPABILITY						
Learns readily outside of school	□	□	□	□	□	□
Enjoys new experiences	□	□	□	□	□	□
Pleased with own skill achievement	□	□	□	□	□	□
Feels pride in cultural heritage	□	□	□	□	□	□
Industrial Capability						
Earns/manages money	□	□	□	□	□	□
Enjoys physical activities	□	□	□	□	□	□
Ambitious--has drive	□	□	□	□	□	□
Makes good choices in areas of interest	□	□	□	□	□	□
Builds and constructs things	□	□	□	□	□	□
Does well with tools	□	□	□	□	□	□
Self-starter	□	□	□	□	□	□
Sticks to things he's/she's interested in	□	□	□	□	□	□
Independent/self-helper	□	□	□	□	□	□
Finishes projects	□	□	□	□	□	□
Figures things out	□	□	□	□	□	□
□						
Part-time job (paper route, tending, mowing, shoveling)	□	□	□	□	□	□
Child's best subject in school	Child's most proud achievement					
List any other interests						
Creative Capability						
Creative, good ideas	□	□	□	□	□	□
Artistic	□	□	□	□	□	□
Recognized for a talent he/she does well	□	□	□	□	□	□
Makes creative ideas happen	□	□	□	□	□	□
Hobbies/crafts (list them)	□	□	□	□	□	□
Sports/activities (list them)	□	□	□	□	□	□
Interests (circle): music, dance, video games, movies	□	□	□	□	□	□
Collections (list them)	□	□	□	□	□	□
Artistic talents (list them)	□	□	□	□	□	□
Computers/board games (circle)	□	□	□	□	□	□
Clubs, Scouts, youth groups, place of worship (circle)	□	□	□	□	□	□
SELF-COPING						
Grooms and clothes self well	□	□	□	□	□	□
Even disposition	□	□	□	□	□	□
Easy to live with	□	□	□	□	□	□
Hopeful and positive	□	□	□	□	□	□
Cares for belongings	□	□	□	□	□	□
Cares for/repairs things	□	□	□	□	□	□

TURN OVER

RATING	**0**	**1**	**2**	**3**	**4**	**5**
SELF-COPING (cont'd)						
Feels good about self	□	□	□	□	□	□
Usually seems happy	□	□	□	□	□	□
Takes care of self	□	□	□	□	□	□
Able to follow rules	□	□	□	□	□	□
Can summarize events of the day	□	□	□	□	□	□
Can fix his/her own meal (cereal, sandwich, other)	□	□	□	□	□	□
Good hygiene	□	□	□	□	□	□
Can go around (nearby) community on own	□	□	□	□	□	□
Feels well and healthy	□	□	□	□	□	□
Good in conversation--telling a story	□	□	□	□	□	□
Asks good questions	□	□	□	□	□	□
Tolerates minor hurts well	□	□	□	□	□	□
Takes moments for self-reflection or prayer	□	□	□	□	□	□
ENVIRONMENTAL COPING						
Likes routines & predictable schedules	□	□	□	□	□	□
Willing to ask for help	□	□	□	□	□	□
Keeps safe and has good limits on borders	□	□	□	□	□	□
Recovers well from challenges/bounces back	□	□	□	□	□	□
Handles stress well	□	□	□	□	□	□
Stands up for self--is assertive	□	□	□	□	□	□
Comforts self after frustration	□	□	□	□	□	□
Relaxes well in certain situations (list)	□	□	□	□	□	□
Likes being touched, held and hugged	□	□	□	□	□	□
Has a good sense of humor	□	□	□	□	□	□
Good eater--likes different foods	□	□	□	□	□	□
SOCIAL INTERACTIVE SKILLS						
Joins activities and plays well with peers	□	□	□	□	□	□
Shares his/her feelings	□	□	□	□	□	□
Trusting	□	□	□	□	□	□
Gives and takes easily	□	□	□	□	□	□
Affectionate	□	□	□	□	□	□
Friendly and outgoing	□	□	□	□	□	□
Good manners and social skills	□	□	□	□	□	□
Shares or cooperates with others	□	□	□	□	□	□
Comforts others in need	□	□	□	□	□	□
Helpful	□	□	□	□	□	□
Liked by others (babysitter, teacher, others)	□	□	□	□	□	□
Gentle with small animals &/or children (circle)	□	□	□	□	□	□
Makes and keeps friends easily (circle one or both)	□	□	□	□	□	□
Has some good friends	□	□	□	□	□	□
What are your hopes/dreams/expectations for your child's life	□	□	□	□	□	□

Appendix B

Assessing positive and negative reinforcers

Assessing Positive and Negative Reinforcers in Children (6-12)
Hermann A. Peine, Ph.D.

Name: _____ Help in filling out the form was by:_____
Evaluation by: Self ___Parent___Teacher___ Other (Describe)_____
(If other than the child fills out this form, please rate the way you think the child would rate it.)
Date: _____D of B _____ Age___Grade___Sex: M__F__School:_____
HOW MUCH YOU LIKE THINGS: + = Always Really Like It
(Use the level rating scale.) O = Sometimes Like It
-- = Don't Like It

Social Physical Reinforcers **Level**
Hugs Who From_____ ____
Tickling Who From _____ ____
Appropriate Touches Who From _____
Appropriate Kisses Who From _____ ____
Being around 1. _____ 2. _____3. _____ 4. _____ ____

Social Verbal Reinforcers
Praise Who From _____ ____
Talking with people who like you _____ ____
Saying your prayers alone _____ ____
Saying your prayers with your family_____ ____
Having someone pray for you _____ ____
Being read or told stories Who From_____ ____
Being around your family _____ ____
Being around your friends _____ ____
Being alone _____ ____

Social Token Reinforcers
Being given gold stars, points, or stickers Who From _____ ____
Being Given Money Who By _____ ____
Getting good Grades Which Classes _____ ____
Getting letters/notes/ or thank you cards Who From _____ ____

***Edible Reinforces*–**(Check off **only** those things you love eating **all** the time.)

Ice cream ___ Candy ___ Chips ___ Cookies ___ Bread ___
Fruits ___ Cold Cereal___ Pastry ___ Cheese ___ Sugar ___
Pretzels ___ Sandwiches ___ Milk ___ Soda Drinks ___ Water ___
Pudding ___ Salads ___ Pasta ___ Hamburgers ___ Fries ___
Vegetables ___ Hot Cereal __ Nuts ___ Steak ___ Eggs___
List your five favorite foods. 1. _____
2. _____3. _____
4. _____5. _____

Activity Reinforces **–** These are thing a lot of young people like to do.
How much time do you spend every day doing the following activities?

Watching Television: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours__
What shows do you watch?_____

Listening to Music: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
Circle your likes? Country Soft Rock Popular Hard Rock Rap Rhythm and Blues Folk Classical

Watching Sports: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours____
What kind? _____

Playing Sports: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What kind? _____

Reading: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What kind of books? _____

Playing an Instrument: Less than 1 hour __ 1 to 3 hours ___ More than 3 ___ What kind? _____

Playing Alone: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What do you do? _____

Playing with Siblings: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What do you do together? _____

Playing with friends: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What do you do together? _____

Being with parents: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What do you do together? _____

Drawing or building things: Less than 1 hour __ 1 to 3 hours __ More than 3___
What kind of drawings or building? _____

Using the Computer: Less than 1 hour __ 1 to 3 hours ___ More than 3 hours___
What things do you mainly do on it? _____

Schoolwork: Check how much you like:	A Lot	Some	A little
Reading	____	____	____
Writing	____	____	____
Math	____	____	____
Science	____	____	____
Art	____	____	____
Music	____	____	____
Sports	____	____	____
Recess and the playground	____	____	____
The School Bus	____	____	____
The Cafeteria or Lunch Room	____	____	____

Check how you love each activity:	**Not at All**	**A little**	**Some**	**Much**	**Very Much**
Sleeping	___	___	___	___	___
Taking a bath or shower	___	___	___	___	___
Brushing your teeth	___	___	___	___	___
Homework	___	___	___	___	___
Playing with clay or crayons	___	___	___	___	___
Doing Puzzles	___	___	___	___	___
Card games	___	___	___	___	___
Board Games	___	___	___	___	___
Outdoor games with friends	___	___	___	___	___
Indoor games with friends	___	___	___	___	___
Trips with family	___	___	___	___	___
Visit the Zoo	___	___	___	___	___
Visit the Library	___	___	___	___	___
Visit the Park	___	___	___	___	___
Visit the Dentist	___	___	___	___	___
Visit the Doctor	___	___	___	___	___
Camping	___	___	___	___	___
Gardening	___	___	___	___	___

Check how you love each activity:	**Not at All**	**A little**	**Some**	**Much**	**Very Much**
Building Things	___	___	___	___	___
Completing a Task	___	___	___	___	___
Watching Television	___	___	___	___	___
Snacking on Foods	___	___	___	___	___
Shopping	___	___	___	___	___
Going to Movies	___	___	___	___	___

Activity Choices –
What things do you like to do most when you have free time?

_____
What things do you like to do the most after getting home from school?

_____
What things do you like to do the most on weekends?

_____
What things do you like to do the most at school?

_____
What things do you like to do the most with your friends?

_____
Who are your best friends?

_____
What do you like to do the best with your family?

_____
What things do you like to do the most around the neighborhood?

_____
What things do you like to do the most in your community?

_____
List the five things you would like to do if you had lots of money to do them?

1._____
2. _____
3. _____
4. _____
5. _____

Material Possession Reinforcers – Things people like to own.

1. What are the favorite things that are yours?

_____

2. What are the things you would like to have as your own?

_____

3. What are the favorite things you like that your family has?

How much would you like to have as your own each of the following:

	Very Much	Some	Not at All
Books	_____	_____	_____
Video Games	_____	_____	_____
Play Cards	_____	_____	_____
Radio	_____	_____	_____
Bicycle	_____	_____	_____
Your own TV	_____	_____	_____
A new Bed	_____	_____	_____
New Clothes	_____	_____	_____
A New Home	_____	_____	_____
A Computer	_____	_____	_____
Spending Money	_____	_____	_____
Art Supplies	_____	_____	_____
A New School	_____	_____	_____

Other_____

<u>Negative Reinforces</u> many people try to escape or avoid.
How hard do you attempt **to escape (get away from), avoid, or postpone** each of the following things or situations?

	Get Away From (ESCAPE or AVOID)		
	Try Very Hard	Try a Little	Doesn't Bother Me
Bullies at school	_____	_____	_____
Cleaning your room	_____	_____	_____
Doing your homework	_____	_____	_____
House chores	_____	_____	_____
Brushing your teeth	_____	_____	_____
Changing your clothes	_____	_____	_____
Garden shores	_____	_____	_____
Tending siblings	_____	_____	_____
Going to bed early	_____	_____	_____
Going on the school bus	_____	_____	_____
Being scared	_____	_____	_____
New places	_____	_____	_____
Being alone	_____	_____	_____
Looking foolish	_____	_____	_____
Making mistakes	_____	_____	_____

	Get Away From (ESCAPE or AVOID)		
	Try Very Hard	Try a Little	Doesn't Bother Me
Snakes	_____	_____	_____
The school playground	_____	_____	_____
The sight of blood	_____	_____	_____
High Places	_____	_____	_____
Dark Places	_____	_____	_____
Being told what to do	_____	_____	_____
Someone daring you	_____	_____	_____
Loosing something you own	_____	_____	_____
Bad shows on television	_____	_____	_____
Bad things on the Internet	_____	_____	_____
Being bored – nothing to do	_____	_____	_____
Feeling lonely	_____	_____	_____
Reading	_____	_____	_____
Doing math problems	_____	_____	_____
Exercise	_____	_____	_____
Your neighborhood	_____	_____	_____
The school bathroom	_____	_____	_____
Hard Work	_____	_____	_____
Boys	_____	_____	_____
Girls	_____	_____	_____
Adults	_____	_____	_____
Strange people	_____	_____	_____
Sitting Still	_____	_____	_____

Thanks for Your for your efforts

Appendix C
Daily Strength Scale

Daily Child Strength Scale
"How well I get through the day"

Child_____ Age_____
Date_____

For each question, circle the face that shows how <u>you really feel</u> most of the time, or most days, not how you'd like to feel.

"Growing up"(getting ready for school, free time after school, homework, taking care of myself)

Am I good at doing things on my own? Not Good Great Sort of

"Worry Busting" (bounce back, get over things, adjust, forget about it)

How well do I get through sad/hard times? Great Sort of Not Good

"Family togetherness" (enjoy each other, are cooperative, care for and help each other)

How do I and my family get along? Not Good Sort of Great

"Fun Times" (hobbies, arts/crafts, computers at school and home, sports, social groups, clubs)

Do I have enough fun/interesting activities? Not Good Great Sort of

"At School" (with teachers, with other students, in class, and at recess)
How do I get along at school? Great Not Good Sort of

(over)

"Best Buddies/Friends" (I have good friends, get along with and keep them)

Am I happy with the friends I have? Not Good Sort of Great

"Comfy Feelings" (comfort at home, school and in the neighborhood)

Do I feel safe and secure? Great Not Good Sort of

"Plenty of Z-Z-Z-z's (no wetting, nightmares, or waking often)

Do I sleep good and wake up rested? Sort of Great Not Good

"Good Munchin" **(regular meals, and healthy snacks including fruit and veggies)**

Is my appetite good, and do I eat well? Not Good Sort of Great

"Strong and Healthy" **(I don't often have headaches, stomach aches or feel sick or tired)**

Do I feel strong and have lots of energy? Great Sort of Not Good

Appendix D
Team Management Rating Scale

TEAM MEETING RATING SCALE

Child:_____Age:___School:_____Grade:Date:_____

Please rate today's meeting **honestly** on the following descriptions
by circling the numbers which best correspond with your responses.

	AGREE WITH THIS SIDE	AGREE SOMEWHAT	NEUTRAL	AGREE SOMEWHAT	AGREE WITH THIS SIDE
1.	I felt accepted and liked by at least one of the team members.				I felt unaccepted and disliked by the team members.
	4	**3**	**2**	**1**	**0**
2.	At least one of the team members understood me and my feelings.				The team members didn't understand me and my feelings.
	4	**3**	**2**	**1**	**0**
3.	The team members were honest and sincere with me.				The team members seemed dishonest and insincere
					0
4.	The team members were supportive of my goals				The team members seemed unsupportive of my goals.
	4	**3**	**2**	**1**	**0**
5.	The meeting flowed well and I felt quite comfortable				The meeting was awkward and I felt quite uncomfortable.
	4	**3**	**2**	**1**	**0**

6.	The information and resources shared were helpful and useful.				The information and resources shared were not helpful or useful.
	4	**3**	**2**	**1**	**0**
7.	The meeting was both meaningful and to the heart of things.				I felt the meeting was meaningless and without focus.
	4	**3**	**2**	**1**	**0**
8.	I approve of the clinic process and the assignments given.				I didn't approve of the process and assignments given.
	4	**3**	**2**	**1**	**0**
9.	I felt more hopeful as a result result of the meeting.				I felt more hopeless as a result of the meeting.
	4	**3**	**2**	**1**	**0**
10.	I plan to follow through with the ideas and solutions we shared.				I don't plan to follow through With the ideas and solutions we shared.
	4	**3**	**2**	**1**	**0**

What was the best thing that happened in the evaluation?_____
What would you like to see changed in the evaluation process?_____

Person filling the form:_____ Relationship to client:_____

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Sredd, My Computer, D Drive, Able Forms, Sessions Rating Scale, 27Mar 01

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Resources

An Internet site, www.physicianpatient.org, provides training, education and research on how to use communication to raise our quality of life and improve health outcomes.

Other sources for health communication: The organization American Academy on Physician and Patient publishes *Medical Encounter,* and in the Summer 2004 edition Alyce Getler wrote "In Very Good Hands: Transference in Acute Medical Care," which tells how our experience, feelings and beliefs affect longevity of patient care. (This information was incorporated into our web text in Part I.)

We also like Wm. Miller's web site www.motivationalinterview.org, which is a good introduction to, and training about, opportunities to elicit information and changes in behavior.

Finally, check out "Healthy People 2010" at www.healthypeople.gov, and look for Vol. 1, 2nd Ed. in the Contents. "Objectives for Improving Health #11" is about health communication and the importance of how people speak, and about how the way people relate to each other affects decisions about disease prevention and health promotion.

Two journals we read are *Patient Education and Counseling* from Elsevier and *Health Communication* from Lawrence Erlbaum. The latter is quite good, with ideas on motivation, cooperation and mutual understanding in a two-way relationship.