

# TIP CARDS TO HELP STAFF TALK ABOUT SENSITIVE ISSUES

**Objective:**

To help family workers discuss risky behaviors and situations with the families they serve

**Intended Use:**

These Tip Cards are used to improve workers' ability to discuss difficult and sensitive issues in the family, particularly high-risk behaviors

**Audience:**

- **Managers:** To use in staff training and skill development following formal training in motivational interviewing
- **Family Workers:** To use after training, to prepare for a meeting with a family where high-risk behaviors are suspected

**Outcomes:**

- Workers are more comfortable talking about high-risk behaviors with families and better able to assist them in making changes.
- Families talk more openly about their high-risk behaviors.
- Families can begin to make changes in their behaviors

**Context:**

Family workers often work with families struggling with high-risk behaviors. Sometimes a family may be ready for help and only needs someone to ask the right questions to get them to admit there is a problem and begin to find a solution. Workers need to know what to say when faced with evidence or suspicion of these behaviors to get the family to discuss them and hopefully, move on to action.

There are many reasons, including fear, personal issues or lack of knowledge or skills that can prevent workers from helping families address high risk behaviors. Knowing how to discuss sensitive issues in a caring and nonjudgmental manner is the best way to help a family in these circumstances.

For many people, admitting and discussing their high-risk behaviors is very difficult. The Tip Cards give family service workers appropriate, caring and nonjudgmental questions and responses to use when the worker suspects, sees indicators or is told about high-risk behaviors by a family.

The spirit of the approach is respectful, quietly attentive, supportive of the individual's right to make decisions and, if desired, take action.

The interviewer invites a person to look at the behavior and selectively reinforces the client's own statements for making or maintaining change.

Working in high-risk situations requires a level of confidence and skill. Using the Tip Cards in supervisory meetings is one way to get advice, feedback, coaching and practice. The more a worker practices a skill or a situation, the more comfortable it becomes.

Workers who have had some of the same life issues as the families they serve may have to work on their own attitudes. The supervisor can use these cards to help the worker understand his own issues that may interfere with good family work.

### Examples of situations when the Tip Cards might be useful:

- Suspicion of high-risk behaviors with no evidence. The family seems open to talk about hard things.
- Suspicion of high-risk behaviors with no evidence. The family is not open to talk.
- Evidence of high-risk behavior that is never brought up by the family.
- A parent discloses a high-risk situation and asks for help.
- A family admits to mixed feelings about taking action on a difficult situation.
- Uncertainty if a person understands the need to change or if they even want to change.

### The Process

These cards can be used in two ways. Assuming prior training, the cards can be reviewed just before the family visit to remind the worker of the methods and words to use to enhance discussions with the family and to reduce the worker's anxiety about bringing up difficult or sensitive issues. It is not recommended that the cards be used in the actual meeting with the family.

The cards may also be used in staff training to reinforce skills to engage families in discussion about high-risk behaviors. The supervisor can use the cards in a discussion format at a team meeting, eliciting each person's own understanding of and comfort in bringing up the issues with a family. Alternately, the supervisor may use role-playing or scenarios to give workers practice with the techniques, getting feedback from the team and the supervisor. The result is that workers become more comfortable in addressing high-risk behaviors with their families and are better able to assist them in making changes.

# TIPS & TECHNIQUES FOR TALKING WITH FAMILIES ABOUT SENSITIVE ISSUES

## TIP #1

You suspect that there might be high risk issues, but you have no “evidence.” The family doesn’t seem too defensive so you feel comfortable asking questions about the issue.

- Spend time building or strengthening rapport with the family: ask general open-ended questions; spend some time listening to what they have to say; find ways to express genuine praise and appreciation (e.g., “Thank you for letting me come into your home.”)
- Bring up the issue directly in a natural, non-accusative, routine manner, e.g., “Something we ask everyone about is the presence of potentially risk or harmful situations, and I wonder if you’d mind if I asked a few questions?”
- If they agree, ask, “What behaviors or situations in your family concern you or might be harmful to anyone in your family?” If needed, prompt: “For example, some families are concerned about alcohol or other drug use, angry behavior, upset feelings, or violence. What issues are *you* concerned about?”
- Listen and reflect back what you hear with brief summary statements, e.g., “You and your boyfriend have been arguing a lot.”; “You’re worried about not finding a job.”; “You’re concerned about friends coming around with beer and wanting to party all the time.”
- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this...”; “Anything else?”; “Did I miss anything?”)
- If the family member is willing to talk about change, encourage them to do so. Consider using one the following approaches: Tip # 5, Tip #6.
- If the family members do not agree that there are any concerns, reflect back what you hear: “At this point, there is nothing you are concerned about.” Add, “If something does come up, please let me know right away. I want everyone in your family to be safe, just as you do.”
- Don’t argue with the person. If you sense resistance or defensiveness, reflect that back to the person, e.g., “You seem to be irritated by these questions.”; “You’d rather not talk about these things right now.” Emphasize the individual’s personal choice and control, e.g., “It’s up to you to decide what you are willing to talk about or how I might be helpful to you.”; “You don’t have to do anything you don’t want to do.”
- You can bring the issue up some other way some other time. Consider using the approach discussed in Tip #2.



## TIP #2

You suspect that there might be high risk issues, but you have no “evidence.” You sense some defensiveness in the family and you want to raise the issue more cautiously.

- Spend more time building or strengthening rapport with the family: ask general open-ended questions; spend some time listening to what they have to say; find ways to express genuine praise and appreciation (e.g., “Thank you for letting me come into your home.”)
- From more general open-ended explorations, gradually guide the discussion to potential areas of concern. For example:

“Tell me how things have been going for you in general.” After listening and reflecting, you can try asking questions about relationships; socializing or “partying”; mood, worries, or concerns. e.g., “How is it for you spending time with your boyfriend?” “How does drinking fit into your socializing?” “What are some of the things that worry you right now?” “How have you been feeling emotionally?”

OR

“I’d like to know a little more about you and your family’s routine. If it’s okay with you, I’d like to spend a few minutes having you tell me about a typical day in your life from beginning to end. Include anything you like, including when you get up, what you eat, how you exercise, and what you do for fun.” Suggest selecting a recent day (weekend or weekday or both) and let the person move through at his or her own pace. Listen and reflect, asking simple open questions such as “What happened then?” or “How did you feel about that?” Let the person finish before returning to any areas of concern that got mentioned or ask: “Are there any things about your routine that you have concerns about or would like to change?”

- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this...”; “Anything else?”; “Did I miss anything?”)
- If the family member is willing to talk about change, encourage them to do so. Consider using one the following approaches: Tip #5, Tip #6.
- If no issues come to the surface, you can see how the family does in the program and bring things up some other time or in some other way.



### TIP #3

You see indicators of high risk issues, but nothing is said about them by anyone in the family.

- Spend a little time in an opening conversation and find a way to briefly affirm the person (e.g., “Thank you for letting me come into your home.”)
- Bring up the issue directly in a natural, non-accusative, casual manner, e.g., “There are some beer bottles on the front porch.” “There’s a hole in the wall by the bedroom door.” “Your husband seems pretty upset.” “It looks like you’ve been crying.” “You were sleeping in this morning.”
- If they appear open to talking, ask them to elaborate. “Tell me about…” “the use of alcohol in your house”, “how the hole got there”, “what’s going on with your husband”, “why you’ve been crying”, or “how you’re feeling.”
- Reflect back what you hear.
- Continue to ask open-ended exploring questions.
- Listen and occasionally summarize (“Let me make sure I’m getting this…”; “Anything else?”; “Did I miss anything?”)
- If the family member brings up a concern or is willing to talk about change, encourage them to do so. Consider using one of the following approaches: Tip #5, Tip #6.
- If the family member does not want to talk about the situation, reflect that back to them: “This is something you don’t want to talk about right now.” If appropriate add, “I’m required to check out these things just to be sure everyone is okay (or safe). I’m sure you want that as well.” Emphasize the individual’s personal choice and control, e.g., “It’s up to you to decide what you are willing to talk about or how I might be helpful to you.”
- Don’t argue with the person. You can bring the issue up some other way later. Let them know you will be available to talk about the situation when and if they choose to do so.





#### TIP #4

A parent discloses a high-risk behavior or situation and asks for help.

- Affirm the parent for the step they have taken: “Thanks for telling me, it must have been kind of scary to do that.” “You’ve shown a lot of courage by bringing this up.”
- Ask them to elaborate: “Tell me more about what has been going on.”
- Explore the urgency of the situation: “What caused you to bring it up to me now?”
- Listen, reflect, and occasionally summarize what you hear.
- **If there are immediate risks** (e.g., children involved, suicidal thoughts, threats of violence), direct the discussion to action steps: “Let’s talk about what you can do now, as well as think ahead a little. What would help you this minute?” If the person seems overwhelmed or unable to generate ideas, become more active in crisis management: “I’m concerned about this situation. Let me talk about some steps we can take to make sure everyone is safe.” (e.g., crisis mental health services, police protection, shelter care, emergency medical care, detoxification, etc.)
- **For less urgent situations**, explore mixed feelings about change (Tip # 5); assess readiness for change (see below); or look at the importance of the change to the person and his or her level of confidence for achieving the change (Tip #6).
- If appropriate, ask for a decision about the next step: “What do you want to do about this situation?”
- Discuss options that can include goal setting and making a referral (see below).



## TIP #5

### Exploring mixed feelings about making a change or taking action on a difficult situation: the “Good Things” vs. the “Less-Good Things.”

- Ask an open-ended question: “What are some of the good things about keeping things just the way they are?” “What do you like about \_\_\_\_\_ (your use of alcohol, your diet, your relationship, etc.)?” [NOTE: For those who are *already raising concerns about their behavior*, continue drawing out the “less-good things” (“What else concerns you about your relationship?” or “What other things are not so good about your use of alcohol?”). Be sure to follow up with questions about the positive things about the current behavior/situation to explore any mixed feelings.]
- Listen, reflect, and periodically summarize what you hear. “Let me make sure I’m getting this... What else?”
- After listening to the “Good Things,” summarize what you have heard so far.
- Ask the reverse open-ended question: “On the other hand, what do you dislike about \_\_\_\_\_?” “What are some of the not-so-good things/disadvantages about keeping things the way they are?” [Or, if you started first with concerns, ask “What are the things you *like* about \_\_\_\_\_?”]
- Listen, reflect, and periodically summarize what you hear.
- After exploring the “Less Good Things,” summarize both sides of the mixed feelings. In general, start with the “Good Things,” and then follow with the “Less Good Things”: “On the one hand, you like [list of Good Things] and on the other hand [list of Less Good Things].” Note: If you sense the person is a bit defensive about changing, you might start with the “Less Good Things” first and end with the less confrontational “Good Things” about the behavior.
- Ask, “Did I get it all?” (Reflect any new information.)
- Ask a key question: “Where does that leave you now?” “What do you want to do about \_\_\_\_\_ (your anxiety, marijuana use, drinking, etc.) at this time?”
- If the person appears ready, discuss options including negotiating a plan and making a referral (see below).

*Adapted by Bo Miller, M.S.W., from the work of Stephen Rollnick (Rollnick, Mason, & Butler, 1999)*



## TIP #6

Exploring a person's willingness to make a change and confidence in his or her ability to accomplish that change ("Importance and Confidence").

- Ask the person to discuss the **importance** of making a change  
"On a scale of 0-10 (where 0 means not at all important and 10 means very important), how important is it for you to make a change in \_\_\_\_\_?" OR "How ready are you to consider a change in \_\_\_\_\_?"
- Ask for elaboration: "Tell me why you picked this number..." Listen and reflect back what you hear.
- Ask open-ended "scaling" questions:  
"What makes this a '4' for you rather than a '0'?" (That is, "Tell me what makes this somewhat important to you?"— the possible pros of making a change.)  
"What keeps you from having a higher number, say an 8 or a 9?" (The possible cons for making a change.)  
"What would it take for you to move from a 4 to a 9?"
- Listen and summarize. Ask if you "got it all."
- End this portion of the discussion with: "Where does this leave you now?"
- Ask clients to discuss their **confidence** in being able to make a change  
"On a scale of 0-10 how confident are you that — if you wanted to — you could make a change in \_\_\_\_\_ (your marijuana use, your drinking, your relationship, etc.)?"
- Ask open-ended "scaling" questions including:  
"What makes this a '2' for you rather than a '0'?" (That is, "Tell me what gives you some confidence that you might be able to change if you wanted to?")  
"What keeps you from having a higher number, say an 8 or a 9?" (The possible barriers to making a change.)  
"How can I help you move from a 2 to a 9?" Or "What resources would you need..."
- Listen, summarize, and ask, "Where does this leave you now?" "What would you like to do about this situation?"

*Adapted by Bo Miller, M.S.W., from: Rollnick, S. (1998). Readiness, importance, and confidence: Critical conditions of change in treatment. In W. R. Miller & N. Heather (Eds.), Treating addictive behaviors: Processes of change (2nd ed., pp. 4960). New York: Plenum Press and from Rollnick, Mason, & Butler (1999)*

