

UIC Solutions Suite Webinar Series

Transcript for how-to webinar on Raising Difficult Issues with Your Service Provider

Recorded by Jessica A. Jonikas

Slide 1 (announcer):

Thank you for visiting the University of Illinois at Chicago's Health & Recovery Solutions Suite. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Solutions Suite to obtain free tools that promote health, self-direction, and employment for the behavioral health field.

Slide 2:

Hello. My name is Jessica Jonikas. I am the Associate Director of the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Our Center offers an online Solutions Suite, containing free tools for the behavioral health field. These tools promote wellness, self-direction, and employment for people in mental health recovery. You can visit our Solutions Suite on the web site where you found this webinar, at www.center4healthandsdc.org. Today, I'll be discussing how to implement the workbook, Raising Difficult Issues with Your Service Provider.

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The UIC Solutions Suite is jointly funded by two federal agencies. First is the National Institute on Disability, Independent Living, and Rehabilitation Research, of the U.S. Department of Health and Human Services, Administration for Community Living. Second is the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The work of the Center does not necessarily represent the policy of any agency or endorsement by the federal government.

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Raising Difficult Issues with Your Service Provider is designed to help people bring up difficult topics with therapists, psychiatrists, case managers, care coordinators, physicians, and other helpers. Some of the topics include finances, intimate relationships, trauma, medications, and being respected in treatment settings. Our workbook is based on the principle that effective service providers value shared decision-making. It helps people plan ways to introduce difficult subjects in a non-threatening manner in order to facilitate mutual listening and partnership. It also helps providers learn what topics their patients or clients may find hard to bring up.

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This webinar has three sections. First, I'll review why people find it difficult to raise sensitive topics with service providers, and why this can be hard for providers, too. Second, I'll discuss each of the topical areas in our workbook, which features conversation-starters that have proven useful to both recipients and providers. Finally, I'll review strategies to prepare for difficult conversations in mental health or medical settings.

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Let's first consider why it can be hard to bring up difficult subjects with service providers. Undeniably, whether you're meeting with mental health or medical providers, it's hard to get

much done without talking about yourself. Yet, one of the most common problems for help-seekers is reluctance to talk about themselves. This is especially true when discussing embarrassing or challenging problems like sexuality or a sensitive medical condition. But, not being able to talk about these things can be an obstacle to how well treatment or services can work.

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Building relationships with mental health and medical service providers is a two-way street. As hard as recipients can find it to open up, so too can providers find it difficult to engage in challenging discussions. Providers may worry that talking about topics like trauma or sexuality may lead their clients or patients to feel worse. Providers may lack training to have difficult conversations or the time to get into them. Others may simply lack knowledge and feel they should only address areas in which they are experts. At a human level, providers may have their own unresolved issues that make talking about similar problems with clients or patients difficult to manage.

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While all of this is challenging, there is hope! Our workbook provides a framework for recipients and providers to learn how to comfortably discuss difficult issues. And, by reading our workbook in advance, both parties can think about how they want to initiate and respond to tough conversations. Ultimately, it's important to remember that sometimes people just want to be heard. They aren't always expecting providers to have all the answers. Often, people benefit just by talking about options, and making their own decisions about what to do next. Remembering this can make hard conversations somewhat easier.

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You're probably wondering what issues are covered in our workbook. Let's walk through those now. This part of the webinar is most beneficial if you can download the workbook from our web site to follow along.

Slide 10:

The first two areas of the workbook address difficult conversations around education and employment. People can find these topics challenging because many mental health problems surface for the first time when people go off to college or begin their independent life as a young adult. Even if the person is ready to try again, there may be worry about what will happen. Providers, and family members, may also worry that the person will find school or work too stressful. On the flip side, some providers may push people to get back to school or work, and this might be annoying or stressful for their clients. Some people might need to slow down, or take care of other issues before they feel ready to take on school or work.

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With all this in mind, the first conversation-starter addresses how to bring up going back to school. The same opener can be used for wanting to go back to work. The statement is, "I'm thinking about going back to school. I know it's going to be hard, but it's something I really want to do. I'd like to talk about what steps I need to take."

Notice that, in this opener, the recipient is encouraged to acknowledge that working on this goal will be hard. This is meant to convey to the provider that she's ready to deal with that aspect. It also starts the conversation in a manageable way by focusing on next steps.

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Other door-openers in these areas address when people feel ready to scale back their employment-related services, or when they want to receive support after work hours or outside of the workplace. Positive I-statements are modelled such as, "I'd appreciate setting meeting times that better fit my schedule." After reading all of these conversation prompts, both recipients and providers will be able to think of ways to adapt our wording to other tough conversations around school or work. For example, perhaps someone wants to ask a provider how best to tell their family they're ready to work again. Or, perhaps a recipient needs ideas for how to start talking to their therapist about a traumatic experience at school, and steps they can take to start healing from it.

Slide 13:

The next area is finances. Having enough money is fundamental to survival, yet it can be one of the most stressful topics to discuss. There are far more reasons for this than I can tackle in our webinar. But, some reasons that money-talk is stressful have to do with fears of the future, bad experiences with spending decisions in the past, lack of financial management skills, and having to rely financially on family or public benefits, which can reduce feelings of independence and capability.

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Conversation-prompts in this area address wanting to manage one's own money, needing help with financial planning for the future, and wanting the freedom to spend money without having to justify one's purchases. Again, I-statements are encouraged to avoid sounding accusatory, with a focus on requesting help with developing financial skills, strengths, and abilities. Here, too, recipients and providers can use our statements to think about other money-related conversations. For example, another starter would be, "So, this is kind of embarrassing to talk about, but last time I was sick, I racked up a large credit card debt. Can you recommend a service that would help me get out of debt?"

Slide 15:

The next area might be one of the toughest raised in our workbook. It involves wanting to share decisions with providers in order to have more say over treatment planning and goal setting. We model how to suggest that treatment is feeling one-sided, and that the recipient wants to take more initiative in the process. This area is so tough because it suggests criticism of the provider's attitudes or behaviors. That's one reason why we recommend that providers read our workbook. It helps them to pause and consider whether and how they need to better share decisions with the people they serve.

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Intimate relationships is the next area covered in our workbook. This topic is included because people often find it hard to talk about relationships and, in particular, sex. Although this is changing, for many years, this topic was avoided in the public mental health system. Service

providers seldom acknowledged that having a mental health condition does not change a person's desire for intimacy or sexual pleasure. Similarly, people's goals to have a boyfriend or a girlfriend or to start a family were ignored by providers. Our suggested wording in this area also can set the stage for other tough conversations, such as coming out to family or friends, how to ask a partner to engage in safe sex, ending a relationship, or thinking about what it would mean to have children with someone.

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The next topic casts a wider net. It pertains to major life decisions, whatever they may be. These conversation-starters acknowledge that service recipients often feel badly about the direction their lives are taking and want to make changes. Also inherent in these statements is the service recipient's desire to have the final say, when asserting, "I want to be the one to make the final decisions." You'll see on the slide that one of the conversation-prompts models how to ask about working together with the provider to find a better place to live. This opener can just as easily be used for talking about changing careers or jobs, wanting to make new friends, or deciding whether to confront someone else about the way he or she is treating the recipient.

Slide 18:

Next, the workbook addresses people's need for privacy. First is the desire to keep certain areas off-limits for discussion with a service provider. Earlier, I noted that we have to be willing to talk about ourselves to get the most out of treatment. While that's true, it's also the case that people have to feel ready to talk about certain things. Being pushed to do so, even by well-intentioned helpers, can cause unnecessary stress and pain.

The second opener addresses people's need for confidentiality. Although there are laws in the U.S. to protect people's confidentiality and privacy in treatment settings, sometimes these aren't honored, especially in times of acute medical or psychiatric crises. This can make recipients feel betrayed or unsafe, so our conversation-starter models how to ask a provider to discuss ahead of time what is going to be shared with others. It bears noting that establishing an advance directive, or plan that states a person's treatment preferences in advance of a crisis, helps to ensure that people's privacy is protected, even when they need others to take over for them.

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I think that trauma and abuse, which is the next topical area, are among the most difficult subjects in our workbook. There's a lot of good information available about trauma-informed care. We suggest that providers listening today take advantage of this knowledge and training, if they haven't already. There are times when service recipients need to tell providers about their trauma history. The main thing is for both recipients and providers to know that they can create a safe space for this. Our conversation-starters pertain to wanting the preferred sex or gender-identity of providers noted in the person's treatment or recovery plan, along with how to request help for symptoms of post-traumatic stress disorder and other traumatic experiences.

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Next up are conversation-starters about medical appointments and health care decisions. There are many things that recipients would benefit from discussing about their overall health, especially since a large number of people with mental illnesses have co-occurring chronic

medical conditions. At the same time, some of these conversations can be embarrassing or stressful. If your provider is of a different sex or gender identity, or much younger, this also can make it difficult to raise certain problems. Our conversation-prompts raise awareness that health concerns can be difficult to bring up, and how to begin talking about them. One way is for recipients to acknowledge upfront that they find the topic embarrassing or sensitive. Other starters pertain to requesting medical screenings, changing doctors, or finding a care coordinator or a health home.

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Our next topic is psychiatric medication. Discussions about medications can be difficult since people may need to manage a lot of pills or complicated dosage schedules. They may experience side effects, and start wondering if those are worse than the actual illness or condition. Others may struggle to remember information they've been given about side effects and drug interactions. But, even though it's difficult, this area is important since it is key to many people's illness management.

Many providers worry that people will decide not to take their medications and then will suffer negative consequences. Yet, people are usually more willing to stick it out if they're able to talk about their side effects and their ambivalence. You'll see that most of the medication-related conversation-starters we've included pertain to learning more about the benefits and side effects of medications, and what it would mean to change, stop, or reduce certain medications. Also modelled is how to ask a provider to talk about something other than medication during a visit.

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Similar to the one on improving shared decision-making in treatment, the next topic is how to ask providers to show more respect. This is a hard one! Recipients need to be heard, but they don't want to put the provider on the defensive. Notice the emphasis in our openers that the feelings being expressed are the recipients' own, and might not be shared by the provider. Sometimes, we have to defuse a situation before it even starts. We can do this by focusing on what we feel rather than assuming what the other person feels. Additionally, the recipient is encouraged to invite more conversation, in order to see if both of them can feel heard and come to a better place. It's worth noting that this skill is very useful in lots of different relationships, not just in treatment situations.

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The final section of our workbook provides tips to prepare in advance for tough conversations. We suggest that our openers be put into people's own words. We also caution that it might take more than one meeting to move things forward, especially if the conversation was a bit rough the first time. Two strategies to help with this include asking a trusted supporter to be present during challenging discussions, and giving providers a brief note with the conversation-starter in advance of a scheduled meeting to allow preparation time.

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Recipients also can prepare for tough conversations by keeping a journal. This involves dedicating time to thinking about and writing down experiences and feelings about the tough issue they want to raise. The more they get into the habit of sorting out feelings in a journal, the

better they'll get at explaining what they need or want. Recipients might even bring the journal to their meeting to help start a conversation. One of our Solutions Suite tools is dedicated to starting and keeping a journal for personal wellness, including a how-to webinar. It's called, *Journaling: A Wellness Tool*, and we invite you to check it out at the web site where you found this webinar.

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We also recommend that recipients practice tough conversations before initiating them with a provider. We know of some agencies that have started mutual support groups based on our Raising Difficult Issues workbook. Group members read each section together, talk about whether they have these concerns, and then practice starting conversations.

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If you're a service provider, it helps to remember that people have self-knowledge and skills that you are there to help bring out. Also remember that people think and speak at different rates. The people you serve might have trouble expressing themselves verbally, but that doesn't mean they don't know themselves or the direction they'd like to go. While you have demands on your time, these conversations are key to helping patients or clients move forward. Also for you, practice makes perfect. The more you engage in challenging conversations with the people you serve, the better at it you will be.

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Thanks so much for your interest in how to use our Raising Difficult Issues workbook. We'd also like to acknowledge the work of Dr. Jared DeFife, some of which we adapted for this webinar. You can visit his blog at <http://tinyurl.com/46h27f9>. If you still have questions, you can request free technical assistance from our Center, which we offer on a time-limited basis. Call us at 312.355.1696 or click the "free technical assistance" button on the web page where you found this webinar.

Slide 28 (announcer):

Thank you for listening. You can obtain additional Solutions Suite recordings, or download a transcript, by visiting the Center's web site.