Integrating Conversations about Healthy Marriage and Relationship Education into Prenatal and Pediatric Programs

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Starting Early—How to Talk to Parents and Kids About the Importance of Healthy Relationships

Healthy family relationships are vital to every aspect of a child’s life: physically, socially, and emotionally. Since the first five years of children’s lives impact their health and well-being into adulthood, it is critical that their home environment be healthy and stable during this formative period.

Pediatricians and other healthcare providers need to understand and be able to convey to the parents of pediatric patients why healthy interpersonal relationships are vital. Engaging parents and older children in conversations about their home environment is critical to providing holistic health care.

Based on conversations and interviews with healthcare providers, this tip sheet provides specific guidelines for healthcare providers to start and facilitate conversations with parents and children on core relationship skills such as communication, conflict resolution, parenting, and financial literacy.

Health care providers should be:
- Knowledgeable about stressors and challenges affecting families.
- Comfortable enough in their role to ask the right questions.
- Familiar with resources families can access to reduce stressors or address challenges.

“It is incumbent upon people who are vested with the privilege of serving families to know about the stresses and challenges (affecting those families) and be comfortable talking about them. If patients feel you are uncomfortable, they will be uncomfortable.”
- Dr. Jeffrey Goldhagen, MD, MPH

Communication Tips for Healthcare Providers

It is important to build and nurture trusting relationships with patients (and their parents when the patient is a child). Good communication skills are an important part of this process. Best practices for developing strong communication skills include:

- Be an active listener. Ask open-ended questions. Pay attention to verbal and non-verbal cues. Get clarification of the information provided by the patient.
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- Build a rapport with the patient. Be sensitive to the needs of the patient, including understanding their beliefs, fears, and social and cultural background. Encourage them to ask questions. Show interest in their concerns.  

- Communicate plainly. Speak slowly, deliberately, and clearly. Provide information in small chunks and do not overwhelm patients with technical details, unless asked. Where appropriate, use pictures or diagrams to explain the information.  

- Use appropriate body language and voice tone. Remember that your body language speaks to the patient as well. Keep eye contact and remain attentive. Speak in a firm, yet friendly tone.  

- Be aware of patients’ cultural and linguistic competencies. Cultural competency is the ability to interact and communicate effectively across cultural differences. Linguistic competence encompasses interpretation and translation services, as well as plain language and “people first” language. Cultural and linguistic competence is essential in building rapport and relationships with children, youth, and families in cross-cultural situations.  

- Look for positives. When discussing family relationships, speak from an asset-based perspective and avoid focusing on deficits. For example, start by praising a young mother for obstacles she has overcome instead of inquiring about the negative aspects of her relationships or current circumstances.  

- Practice motivational interviewing. Motivational Interviewing is an empathetic, gentle and skillful style of counseling that helps practitioners have productive conversations with patients and their parents (as appropriate).

According to the U.S. Census Bureau, the U.S. minority population is 30% and is expected to exceed 50% before 2050. “The country has evolved into a global society comprising a rich tapestry of children, youth, and families of various racial and ethnic backgrounds. Health care providers must be aware of their cultural biases, stereotypes, and assumptions about cultural groups.”

- Selena Webster-Bass, MPH

Motivational interviewing is a technique to encourage behavioral change that can work effectively in conversations about healthy family relationships. To incorporate motivational interviewing into patient interactions, remember OARS:

- O: Ask open-ended questions. For example, “How are things going?”  
- A: Voice affirmations. For example, “I’m really glad you brought that up.”  
- R: Use reflective statements to show you are listening and understand issues from the patients’ perspectives. For example, “What you believe is …”  
- S: Provide summaries to highlight important aspects of the conversation.

Learn more from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services at [http://www.samhsa.gov/co-occurring/topics/training/skills.aspx](http://www.samhsa.gov/co-occurring/topics/training/skills.aspx)
“Health Care Providers ask medical questions all the time, but they don’t think about doing that for societal and environmental determinants.”
- Dr. Jeffrey Goldhagen, MD, MPH

Healthy Relationship Topics

- **Communication.** Being able to communicate clearly, honestly, and civilly is important to building and maintaining strong family relationships. Whether or not parents are married, they need to be able to effectively communicate with each other and their children about issues that affect their lives. Safety-net service providers should develop the skills to engage parents and children in conversations about relationship education and healthy relationship skills.

- **Conflict Resolution.** Conflict is normal in any relationship. Managing conflict provides the opportunity to create trust and harmony in the home environment. Providers may employ motivational interviewing skills to engage patients in conversations about the nature of their personal conflicts and how to resolve them. Listening is a key skill to diffusing conflict.

- **Parenting.** Most mothers and fathers are relieved to hear from professionals that parenting is challenging; it makes it safe for them to talk about what’s on their minds. Remind parents that children learn about relationships and parenting through observing relationships in their families. Without positive role models, children struggle to develop and maintain healthy relationships. And the cycle is likely to continue with their children.

- **Financial Management.** Financial problems often are at the root of family stress. Therefore, it is important not to make assumptions about a family’s financial challenges. A family that has been financially secure for years could be living in a car and too proud to say anything about it. Tough economic times greatly impact relationships between couples, as well as children who hear their parents talk about home foreclosures and other financial threats.

Talking about a family’s financial history is important. Conversation starters can include:

- “These are tough times. How are you doing financially?”
- “Do you have food on the table at the end of the month?”
- “Do you find yourself cutting back on food for yourself to provide for your kids?”
- “Are you living in a stable environment?”
- “How many times have you moved recently?”
- “How many people live with you?”

**Conclusion**

Every prenatal, well-baby, and pediatric office visit offers an opportunity for health care providers to ask questions about home environments and family relationships. This information along with routine health related questions offers a more comprehensive picture of a patient’s mental, physical, and emotional well being. For example, identifying stressors such as low parental confidence provides an opportunity to refer families to appropriate
resources that can build confidence and reduce family stress as part of a holistic approach to family wellness.

The National Resource Center for Healthy Marriage and Families has a virtual library with more than 500 free materials in a variety of formats. Visit www.HealthyMarriageandFamilies.org to learn more about the topics covered in this fact sheet and to find additional resources in your community available for patients and their families.

Resources

Conflict Resolution, University of Wisconsin
http://www.ohrd.wisc.edu/onlinetraining/resolution/index.asp

Motivational Interviewing
http://motivationalinterview.org/

National Resource Center for Healthy Marriage and Families
https://healthymarriageandfamilies.org/

The Ineffective Physician: Non-Motivational Approach
http://www.youtube.com/watch?v=80XyNE89eCs

Tips for Talking with Your Patients: Practitioners’ Guide, Maryland Health Care Commission
http://mhcc.maryland.gov/consumerinfo/hospitalguide/practitioners/practitioner_help/tips_for_talking_with_your_patients.htm

University of Florida Division of Community and Societal Pediatrics
http://www.hscj.ufl.edu/pediatrics/community-pediatrics/

Health-Care Providers

Interviewed

Jeffrey Goldhagen, MD, MPH, Professor and Chief, Division of Community and Societal Pediatrics, University of Florida College of Medicine-Jacksonville

Lisa Merlo, Ph.D., MPE, Assistant Professor of Psychiatry, University of Florida College of Medicine-Gainesville

Selena Webster-Bass, MPH, Cultural and Linguistic Competency Coordinator, Jacksonville (Florida) System of Care Initiative

Works Consulted


Notes


2 Ibid.

3 Ibid.

4 Ibid.