

PEDIATRIC COUNSELING SKILLS

To effectively communicate with a child using the My World tool, you should engage the child in a manner that will make them feel heard and understood. Managing the conversation is very important. The conversation should remain open enough for the child to express their views, and narrow enough to hone in on the specific information you need to create a shared strategy. It is helpful to:

- Show sensitivity to the child and to their developmental stage.
- Demonstrate respect, humility and genuine interest.
- Establish shared attention.
- Respond appropriately to the child's communicative attempts.
- Use an appropriate language level.
- Use audition maximizing techniques.

CONVERSATION SKILLS

Door Opener

As you say hello to the child and the family, be sure to greet the child directly.

How are you today?

How is it going with the new classmate you told me about last time?

Active Listening

This happens when you 'listen for meaning'. You say very little, but convey much interest.

This could be conveyed through direct eye contact and nodding. Only speak to find out if a statement has been correctly heard and understood.

Empathy

Sincerely, when possible, indicate you understand a similar experience and that you take an interest in the child's situation.

Take a Holistic View

Ask about things of interest beyond just hearing loss and hearing aids. Try to get a well-rounded picture of the child's life.

Open vs. Closed Questions

Open questions cannot be answered with a simple yes or no response. These questions can help you gather lots of information. You ask it with the expectation of getting a long answer.

Closed questions help gather specific pieces of information. They can normally be answered with a single word or a short phrase.

Summarizing

Focus on the main points of a conversation in order to highlight them. You can also summarize a conversation to ensure that your notes and recollection are accurate.

Information to Parents

Try not to give parents too much information too quickly. This may create a feeling of inadequacy.

It is generally best to wait for questions to be asked. Parents are often not necessarily seeking information, but have another need (e.g. to confirm a decision). Try responding with another question.

Eye Contact

Research shows that even two minutes of eye contact and attention influences patient satisfaction with their health care practitioner even more than physical outcomes.

Affirmation

Use a listening response that encourages the child to tell more, such as "uh-huh" or "Tell me more".

You could also repeat the last word in the child's sentence as a question. For example if the child says, "I have had a terrible day" you can say, "A terrible day...?" to encourage them to elaborate.

Counter Question

Answer a question with a question. For example if the child asks "what would you do?", you could respond, "That's a hard situation for you, isn't it?"

Use Silence and Pauses

Learn to be comfortable with pauses and silences during conversations as it allows the child to reflect and gather their thoughts. Try to fight the urge to fill in the silences with questions, advice, or information.

Non-Verbal Cues

Use your body language, facial expressions, and tone of voice to show that you are interested in what the child has to say.

Remember, the child may not remember everything that was discussed, but they will certainly remember how you made them feel!

Paraphrasing

Restate what the child said using different words. This can help you draw attention to a particular concern or aspect. You may also choose to paraphrase in order to clarify what the child just said.

Cultural Differences

Try to be aware of subtle communication differences, as well as your own personal biases regarding culture and deafness.

Time

Listening is key. Try to give the child adequate space and time throughout the appointment. Children have marvelous mechanisms for taking psychological care of themselves and managing painful situations. They do it best in the presence of a caring, empathic listener.

PITFALLS TO AVOID

Stereotyping

Putting experiences or children into generalized categories.

Projections

Responding to the child's predicament as if it were your own; particularly indicating 'If I were you....' Always keep in mind that you cannot know fully what it's like to be in the other person's shoes.

Over-Helping

The more we help overtly, the less the child or parents do and the fewer opportunities they have to utilize their own resources.

Cheerleading

This can be reassuring pep talks without substantial listening behind them. This is often caused by a clinician's wish to help remove the child's pain. However, this is not necessarily helpful, as it can invalidate the child's feelings and concerns and make them feel guilty. In that case, the clinician may also run the risk of losing credibility.

Transference

This is a phenomenon characterized by the unconscious redirection of feelings from one person to another. It can occur when an individual transfers characteristics from significant people in their childhood to people in the present.

Implicit Expectations

Assuming the child understands something that has not been said explicitly.

False Expectations

Promising more than you can deliver, such as: "*We will get you hearing perfectly well again...*" if this is not possible.