



# Maine Pediatric & Behavioral Health Partnership

## Therapeutic Interviewing

**Amy M. Mayhew, MD, MPH**

Clinical Director

Child & Adolescent Psychiatry Outpatient Clinic

Maine Medical Center

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth



MaineHealth

# Learning Objectives

Providers will:

- Know how to connect with difficult patients/family members
- Know how to use the listening stance to show support
- Describe how to be a validating listener

## **Integrity & Independence in Continuing Interprofessional Development**

**All planners, faculty, and others in control of the content of this educational activity have no relevant financial relationships with ineligible entities (i.e., commercial organizations), except as noted below:**

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth.

**All relevant financial relationships have been mitigated.**

I thought about killing myself last month.

## **VALIDATE**

Sounds like you were in a very dark place. Tell me more about that.

- Validation is about both the facts and the emotions attached to those facts.
- Do not have to agree with the facts or the emotions, but recognize how the speaker is affected
- This is an opportunity to join with and slightly shift the narrative

I felt alone and that no one cared about me.

## **REFLECT**

It sounds like you felt isolated and that your life didn't matter.

- Reflection is a verbal mirroring of the speaker's statements that builds trust and therapeutic support
- Shows the listener understands what the speaker is trying to convey
- If the listener misunderstands, gives the speaker a chance to correct
- May reflect content or emotional valence, or both
- May allow for the detection of patterns of communication over time

I took some pills.

## **ASK OPEN QUESTIONS**

Tell me more about what you did and what you thought would happen.

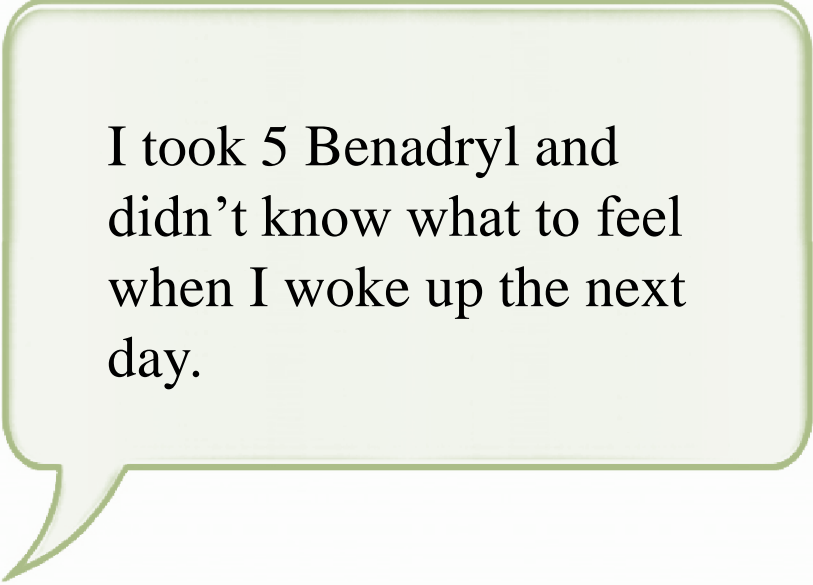
- Invites the patient to create a narrative around the experience or emotion
- Can provide guidance around the importance of the experience as well as context
- Allows the patient to direct the conversation
- Helps the listener to see the situation through the speaker's eyes

I thought maybe I would go to sleep and not wake up.

## **CLARIFY**

So, when you took the pills, you thought there was a chance you could die, but were not sure?

- Attempts to understand the specific meaning of an event or interaction
- Gains a better understanding of why the speaker wants to share information
- Shows that the listener is not scared to discuss difficult or painful topics
- Creates a 'therapeutic milieu' where challenging situations are approached and inspected instead of avoided or covered up
- Identifies treatment targets and the emotional valence of the event for the speaker



I took 5 Benadryl and  
didn't know what to feel  
when I woke up the next  
day.



**SILENCE**

- May allow a space for self-reflection and allow a fuller image to emerge
- Can be both an interview technique and a therapeutic intervention
- Silence can allow the speaker to reevaluate their narrative and understanding
- Can help underline the weight of a particular conversation



My mom thinks I did it because I was having a hard time with online learning.

## **FOCUS**

That's helpful to know. Do you think that is the reason why you took those pills?

- Stay on topic, don't be pulled into too many related yet less important narratives
- Listen for related stories that may provide context
- Can help patient have a break, yet stay on a difficult topic
- May be a narrative style, lack of focus, or a way to avoid going too deeply into a topic

My mom was really upset with me.

## **REFRAME**

Sounds like your mom cares a lot about you and doesn't want anything to happen to you.

- How a situation is framed determines how it is appraised and addressed
- The reframe is an intervention technique that may help the patient see a way over, around, or under an obstacle
- May help the patient feel less overwhelmed, helpless, or alone
- Must be careful not to be dismissive of how the patient understands the situation

It doesn't really matter. That was last month anyway.

## **CONFRONT**

It matters that you were in such a dark place that not being alive seemed to be an option.

- An important technique to be used cautiously within a trusting relationship
- May highlight inconsistencies or patterns of behavior
- Most useful when supported by objective facts
- Used without judgement and in search of improved outcomes

I've moved on and don't feel that way anymore.

## **JOIN AND REJOIN**

I'm glad that you are feeling better. Thank you for sharing these difficult feelings with me. Let's produce a plan to help you.

- Realize that you can make mistakes, have misunderstandings, and need to repair. That is normal in conversations and relationships.
- Continue to be vulnerable so that the patient and family can learn to be vulnerable with you and learn to trust you.
- Showing gratitude for sharing difficult feelings and situations, as well as being open to being wrong is both modeling and trust-building.

# Summary

## **VALIDATE.**

Validation is about both the facts and the emotions attached to those facts

Do not have to agree with the facts or the emotions, but recognize how the speaker is affected

Is an opportunity to join with and slightly shift the narrative

Example

“I thought about killing myself last month.”

“Sounds like you were in a very dark place. Tell me more about that.”

## **REFLECT.**

Reflection is a verbal mirroring of the speaker’s statements that builds trust and therapeutic support

Shows the listener understands what the speaker is trying to convey

If the listener misunderstands, gives the speaker a chance to correct

May reflect content or emotional valence, or both

May allow for the detection of patterns of communication over time

Example

“I felt alone and that no one cares about me.”

“It sounds like you felt isolated and that your life didn’t matter.”

## **ASK OPEN QUESTIONS.**

Invites the patient to create a narrative around the experience or emotion

Can provide guidance around the importance of the experience as well as context

Allows the patient to direct the conversation

Helps the listener to see the situation through the speaker’s eyes

Example

“I took some pills.”

“Tell me more about what you did and what you thought would happen.”

## **CLARIFY.**

Attempt to understand the specific meaning of an event or interaction

Gain a better understanding of why the speaker wants to share information

Example

“I thought maybe I would go to sleep and not wake up”

“So, when you took the pills, you thought there was a chance you could die, but were not sure?”

## **SILENCE.**

May allow a space for self-reflection and allow a fuller image to emerge

Can be both an interview technique and a therapeutic intervention

Silence can allow the speaker to reevaluate their narrative and understanding

Can help underline the weight of a particular conversation

Example

“I took 5 Benadryl and didn’t know what to feel when I woke up the next day”

“.....”

# Summary

## **FOCUS.**

Stay on topic, don't be pulled into too many related yet less important narratives

Listen for related stories that may provide context

Can help patient have a break, yet stay on a difficult topic

May be a narrative style, lack of focus, or a way to avoid going too deeply into a topic

Example

“My mom thinks I did it because I was having a hard time with online learning”

“That’s helpful to know. Do you think that is the reason why you took those pills?”

## **REFRAME.**

How a situation is framed determines how it is appraised and addressed

The reframe is an intervention technique that may help the patient see a way over, around, or under an obstacle

May help the patient feel less overwhelmed, helpless, or alone

Must be careful not to be dismissive of how the patient understands the situation

Example

“My mom was really upset with me”

“Sounds like your mom cares a lot about you and doesn't want anything to happen to you.”

## **CONFRONT.**

An important technique to be used cautiously within a trusting relationship

May highlight inconsistencies or patterns of behavior

Most useful when supported by objective facts

Used without judgement and in search of improved outcomes

Example

“It doesn't really matter. That was last month anyway”

“It matters that you were in such a dark place that not being alive seemed to be an option.”

## **JOIN AND REJOIN.**

Realize that you can make mistakes, have misunderstandings, and need to repair. That is normal in conversations and relationships.

Continue to be vulnerable so that the patient and family can learn to be vulnerable with you and learn to trust you.

Showing gratitude for sharing difficult feelings and situations, as well as being open to being wrong is both modeling and trust-building.

Example

“I've moved on and don't feel that way anymore”

“I'm glad that you are feeling better. Thank you for sharing these difficult feelings with me. Let's come up with a plan to help you.”



**Project Manager:**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

Stacey LaFlamme, LSW, OQMHP

Maine Pediatric Mental Health Access Project Manager

[Stacey.laflamme@maine.gov](mailto:Stacey.laflamme@maine.gov)

p: 207-441-5324



Jennifer Laferte-Carlson, Program Coordinator

268 Stillwater Ave

Bangor Me 04402

P: 207-735-6252

[jlafertecarlson@northernlight.org](mailto:jlafertecarlson@northernlight.org)

**MaineHealth**

Julie Carroll, MPH, Project Manager

66 Bramhall St

Portland Me 04102

P: 207-661-2771

[Jcarroll1@mmc.org](mailto:Jcarroll1@mmc.org)