

## How to Talk so Mothers Will Listen How to Listen so Mothers Will Talk\*

Breastfeeding counseling skills for  
Lactation care providers and  
Health care professionals

\*adapted from ideas presented in in "How to talk so Kids will Listen and How to Listen so Kids will Talk" by Faber & Maslish

## Therapeutic role of the LC

- ❑ Help, not "Treat"
- ❑ Identify options, not "Instruct"
- ❑ Share facts, not "Advise"
- ❑ Walk with, not "Do to"
- ❑ Validate Feelings, not direct Actions
- ❑ Listen to what it's like, then solve problem
- ❑ Therapeutic use of self
- ❑ Avoiding co-dependence

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## First, Deal with Feelings

- ❑ Listen for underlying emotions
- ❑ Say the feeling word(s) accurately
  - You are NOT putting words into her mouth
  - Labeling the feeling is very validating
  - You FEEL HAPPY because...
  - You FEEL ANGRY because...
- ❑ Keep going till you find ALL the feelings
- ❑ Watch for "You Got It!" body language
- ❑ THEN, go to problem-solving.

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## Premature Problem Solving

- ❑ Client "non-compliance"
- ❑ "Yes-but" loops
- ❑ Increased tension with colleagues
- ❑ Undermining, resistance & sabotage
- ❑ Leads to professional burnout
- ❑ Satisfies nobody
- ❑ **AND DOESN'T WORK!**

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## Identify Underlying Emotions

- Grieving: anger, denial, sadness
- Unmet expectations
  - birth, self, baby
  - professionals
  - family
- May be VERY strong!
  - Women are often afraid of anger
  - If you're wrong, will get more chances

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## Equivalent Responses

- Start with "You feel.. because" model
- Same intensity, investment, energy
- Clarifies, confirms, validates
- Non-threatening for both
- Persistence till clarity is achieved
- Conversational language is OK
  - SAY a feeling word(s) directly as a statement
  - "You **FEEL SAD** that X should have happened"
  - *Not* "You feel **THAT** X should have happened..."
  - *Not* "**Are you** feeling sad that X happened?"

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## Distinguish *thoughts* from feelings

- Words such as *that, like, as if*:
  - I feel *that* you should have...
  - I feel *like* a failure...
  - I feel *as if* you are attacking me...
- The pronouns *I, you, he, she, they, it*:
  - I feel *I* am constantly on call...
  - I feel *it* is useless...
- Names or nouns *referring to people*:
  - I feel *Amy* is being mean...
  - I feel *my boss* is being unfair...

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## Practice session

- 1<sup>st</sup> person gives statement "in character"
- Next person provides **equivalent** response
  - "You feel <feeling word> because..."
- Continue exchanges until 1<sup>st</sup> person feels heard and understood
- Responder gives statement for next person, and so on around the group
- Do NOT move on to problem-solving!

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## Additive Responses

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- ❑ Elaboration of feelings
- ❑ Powerful validation
- ❑ Expands & adds energy
- ❑ Deepens understanding
- ❑ Several exchanges may be needed
- ❑ May need strong feeling words
- ❑ Watch for “you’ve got it” body language

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## Reactions to Additive Responses

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- ❑ Uncovers the hidden agendas
- ❑ Defuses tension
- ❑ Creates safety for LC / RN
- ❑ Creates safety for client/colleague
- ❑ Prepares for problem-solving
- ❑ May be all that is necessary
- ❑ Extremely validating

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## Practice session

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- ❑ 1<sup>st</sup> person gives statement “in character”
- ❑ Next person provides **additive** response
  - “You feel <feeling word> because...”
- ❑ Continue exchanges until 1<sup>st</sup> person feels heard, understood and validated
- ❑ Repeat until each has responded twice
- ❑ OK: conversational style *with feeling word*
- ❑ Do NOT move on to problem-solving

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## Who’s got the problem?

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- ❑ I-messages state your position or feelings
  - Use when you have a problem with someone’s statements or behavior
  - Use for gentle confrontation
- ❑ Keeps communication open
- ❑ Is genuine – you can speak your feelings
- ❑ Other person can choose to change or not – you’ve still stated your position
  
- ❑ When you... I feel... I would prefer... I will...

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### Avoid Subtractive Responses

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- ❑ "Just" - minimizes subsequent words
- ❑ "But" - negates previous phrase(s)
- ❑ Trivializing
- ❑ "I can top yours"
- ❑ "Ain't it awful"
- ❑ "If you *really* wanted.."

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### When to Use Counseling Skills

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- ❑ During the lactation history
- ❑ Phone help/triaging
- ❑ Follow-up and long-term client calls
- ❑ When your information is rejected
  - If you get 2 "yes-but" responses
  - When you're not getting anywhere
- ❑ When emotions are high
  - Anger, crying, yelling, screaming
  - During confrontations & arguments

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### When to discontinue

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- ❑ After the "you've got it" response
- ❑ When it's a direct factual question
- ❑ When stating your own position/limits
  - I-messages
- ❑ For purely "business" conversations

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### The "G" word: GUILT

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- ❑ Stated fear:
  - ❑ *"If we tell mothers just how good breastfeeding is (or just how bad formula is), then if they can't or won't or don't breastfeed, they'll feel GUILTY."*
- ❑ Guilt is part of grief process related to a loss of expectations

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## Stages / components of grief

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- ❑ Shock
- ❑ Anger
- ❑ Denial
- ❑ Bargaining
- ❑ Sadness or depression
- ❑ Resolution
- ❑ Integration

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## Guilt related to infant feeding

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- ❑ Belief: "BF doesn't really matter"
- ❑ Loss: finding out that it DID matter after all
- ❑ Is this *guilt* or *regret*?
- ❑ Prevention: provide sufficient information so that the decision is *fully informed*
- ❑ Implication: *teach WHY more thoroughly*

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## Guilt re: infant feeding, cont.

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- ❑ Belief: "I can do this if I want to"
- ❑ Loss: breastfeeding is painful; baby won't latch; BF doesn't work out as planned
- ❑ Is this *guilt* or *disappointment*?
- ❑ Solution: teach skills and prevention of problems to *prevent failure due to error*
- ❑ Implication: teach *HOW* very thoroughly

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## Professional guilt

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- ❑ How is this different from mothers' feelings?
- ❑ Our attitudes "get through" to mothers
- ❑ Examples from other aspects of care?
- ❑ Actions that help or hinder
  - Acts of commission
  - Acts of omission

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## Other uses of “guilt” messages

- Pressuring women to stop breastfeeding
  - “Don’t nurse him so often, you’ll just spoil him”
  - “You can’t eat *that* while you’re breastfeeding”
- Use of car safety seats
- Birth attendant / place of birth
- Immunizations
- Use of sunscreen
- Nighttime feeds / place where infant sleeps
- Etc. etc. etc.....

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## But I didn’t breastfeed...

- Separating *personal* decisions from *professional* role
  - Examples from other areas of care?
- Judicial use of “Therapeutic use of self”
- Resolving our own feelings / experiences
  - Talking with colleagues
  - Professional help – maybe with an LC
  - Other?

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## Research on guilt

- Ruth Lawrence, MD:
  - Extensive information on BF was presented repeatedly during pregnancy and early postpartum by several physicians
  - The mothers who did not intend to BF did not express the slightest feelings of guilt, even after extensive exposure to BF information
  - Non-BF mothers appreciated the full disclosure of the facts and consequences

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## Research on Guilt

- Sisk, P. M., Lovelady, C. A., Dillard, R. G., & Gruber, K. J. (2006). Lactation counseling for mothers of very low birth weight infants: Effect on maternal anxiety and infant intake of human milk. *Pediatrics*, 117(1), e67-75.
- CONCLUSION. Counseling mothers of VLBW infants increases the incidence of lactation initiation and breast milk feeding without increasing maternal stress and anxiety.

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### Don't perpetuate the trauma

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- ❑ Women often attack each other instead of addressing the larger issue of making wide changes
- ❑ Codependent behavior patterns
  - Nobody helped ME, so I won't help YOU
  - I can't yell at HIM, so I'll take it out on HER
  - I can't buck the system – THEY made the rules
  - I can't fight openly, so I'll undermine, stall, etc.
  - I need to justify what I did, right or wrong
- ❑ Other examples?

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### Support Groups (not "classes")

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- ❑ Arrange chairs in a circle without gaps
- ❑ Explain the "rules" of the day / group
  - Use what fits
  - Leave the rest
  - No gossip (share only your own story)
- ❑ Leader solicits responses from participants
- ❑ Take turns nicely; everyone gets a turn
  - Can pass your turn
- ❑ Leaders close the group at specified time

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## Counseling Summary

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- ❑ Feelings first, before problem solving
- ❑ Start with equivalent responses
- ❑ Use additive responses to expand
- ❑ Strong emotions need strong validation
- ❑ Watch for “you’ve got it” body language
- ❑ Then move into problem solving

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## References and Resources

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- ❑ LLLI: *Communication Skills Enrichment*
- ❑ Elgin: *The Gentle Art of Verbal Self-Defense*
- ❑ Evans: *The Verbally Abusive Relationship*
- ❑ Schaefer: *Women's Reality*
- ❑ Lerner: *The Dance of Anger*
- ❑ Rosenberg: *Non-Violent Communication*
- ❑ Gray: *Men are from Mars, Women/Venus*
- ❑ Berne: *Games People Play*
- ❑ *Motivational Interviewing (many authors)*

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