



## THE CORE ELEMENT OF **EXPLORE**

The heart of the ParentingWell® practice approach lies in the open flow of information and knowledge between practitioner and parent (or parent-to-be) to raise awareness about and to develop a shared understanding of the parent's situation and concerns, strengths and vulnerabilities, and priorities and motivation.

Exploration involves asking how things are going currently regarding parenting, family life and experiences with children, and asking about past experiences to the extent they contribute to the person's current functioning as a parent.

As you and the parent get to know each other better, you will have opportunity to explore family experiences further, particularly as they relate to the parent's engagement in the relationship, participation in treatment and progress in recovery.

***Respectful curiosity contributes to relationship building; to the identification of strengths and vulnerabilities, supports and resources; and to addressing a parent's needs effectively.***

## TRANSLATING PRACTICE PRINCIPLES



### Family-focused

- Views adults not only in terms of behavioral health symptoms, diagnosis, and illness management, but also in terms of roles, responsibilities, and priorities as parents and family members.
- Acknowledges that parents are the experts on their children and family life. Respects the information and questions they have.
- Recognizes that parents benefit from understanding children's common worries about their mental illness or addiction and from knowing how to have conversations with children about their behavioral health, treatment, and recovery.
- Seeks support in understanding their own attitudes and emotional responses when talking about parenting, children, and families.



### Culturally-sensitive

- Identifies experiences, strengths, and resources related to cultural context and identity (e.g., LGBTQ community supports, extended family, faith community).
- Understands that cultural context and identity inform consideration of a person's social network and social support.
- Recognizes that discussing culture and identity with a parent highlights differences and similarities with the practitioner's own background and beliefs that may either enhance or interfere with the relationship.

## CORE ACTIVITIES

- Begins the conversation with "How are things going?" in general, and then more specifically, how things are going with children and family life.
- Discusses daily routines, household chores, and taking care of the children. Suggests describing a typical day to provide the parent support and structure for talking about these issues, if this will help.
- Anticipates a parent's hesitancy, responds sensitively, and supports the parent in sharing their experiences in a positive way.
- Listens carefully and is genuinely curious as parents talk about their experiences, strengths, and vulnerabilities and those of their children.
- Makes brief notes about children's situations, development, and functioning in relevant life domains (e.g., school, with peers, at home, etc.).
- Guides the parent in understanding the bi-directional nature of parent's and children's wellbeing.
- Provides information in response to adult's questions about behavioral health and parenting.
- Asks about a parent's understanding, in situations of custody loss or limited contact with children, of why/how this happened and how the parent is coping (e.g., possible feelings of loss, grief, pain, relief). How do children understand the separation? How are they coping?

## TRANSLATING PRACTICE PRINCIPLES

## CORE ACTIVITIES



### Strengths-based

- Recognizes that strengths inspire hope and help a person get through the day and that identifying and building on strengths demonstrates respect for the parent and leads to success.
- Understands that parents, especially those who are quite depressed or see themselves as “failures,” may require assistance in identifying strengths and resources in themselves and in their children.



### Trauma-informed

- Considers and respects the parent’s efforts to control the content and pace of questions and answers.
- Anticipates that parents with behavioral health conditions are vulnerable to stigma and may have experienced the negative attitudes of others.
- Reflects on their own skills and knowledge and the emotional content of the work to recognize issues that may trigger the practitioner’s own traumatic experiences.

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- In situations of loss of custody or contact with children, asks about parent’s understanding of why/how this happened and how the adult/parent is coping (e.g., possible feelings of loss, grief, pain). How do children understand the separation? How are they coping?
- Supports the parent in identifying strengths and resources, particularly as they relate to parenting/relationships with children and family life, social support, and self-care.
- Asks about any history of trauma and consequent impact (e.g., significant losses, deaths of loved ones, homelessness, abuse or violence, etc.).
- Returns to the topic of traumatic experiences in general when the parent is ready and willing to discuss.
- Asks about cultural norms and family beliefs regarding behavioral health concerns and treatment.
- Asks about beliefs regarding parenting, expectations for children, and child behavior management.
- Asks parent if they have talked with their children about their behavioral health and treatment and what their children witness, perceive, and understand. How do children interpret the symptoms and behaviors of their parent?
- Discusses children’s common worries and fears about parent’s condition (e.g., Did I cause it? Will I catch it? Can I fix it?).
- Discusses the perspectives of older/adult children (e.g., anger, disappointment, resilience, empathy, success).