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Talking With Mothers About Diarrhea

A Workshop For Physicians



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Prepared by

William A. Smith
Cecilia C. Verzosa
Patricia H. Whitesell
Robert S. Northrup, M.D.

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Introduction To The Workshop Leader's Notes

The effectiveness of an ORT program is ultimately determined by whether mothers use oral rehydration therapy effectively or not. For a mother to use oral rehydration therapy effectively, a physician must know how to talk with her about diarrhea and teach her to care for her child at home. This requires that the physician have good communication skills. An ability to communicate well with a mother can make the difference between an effective physician and an ineffective one.

This workshop is designed to provide physicians who treat children with diarrhea with the necessary skills and knowledge to improve communications with patients' mothers. The specific communication skills taught in the workshop include:

- How to ask checking questions
 - to do a better assessment of the patient,
 - to be sure a mother understands what to do at home, and
 - to monitor your staff's communications with mothers.
- How to use examples to make instructions to mothers more interesting and effective
 - by using a mother's pamphlet
 - by giving give support so a mother will feel positive about what she can do to care for her child.

In real life situations, physicians are rarely able to spend enough time with each mother. However, it is the physician's responsibility to ensure that the mothers get the right information on how she will need to take care of her sick child. The physician, as manager of the clinic, must monitor his staff's communication with mothers. To effectively supervise the staff's communication with mothers, physicians must themselves be good communicators. As the saying goes, you can't teach what you yourself do not know.

The communication skills taught in this workshop will help you become a better communicator with mothers and will guide you in monitoring your staff's communication with mothers.

In this workshop you will read and do some exercises designed to teach these communication skills. This booklet provides all the written material you will need. Your workshop leader will tell you when to read and will guide your group's work on exercises. You will do several different types of exercises during the workshop, including individual written work, role play, and group discussion. When written answers to an exercise are requested, write your answers in the spaces provided in the booklet. You can keep the booklet to use as a reference on the job.

I. The Need For Good Communications

Maria's one-year-old daughter has diarrhea.
She became concerned and brought the child to the doctor.

Doctor: Next patient please

Maria: (Enters and sits down.)

Doctor: Your card please.

Maria: (Hands card to doctor without saying anything. Child is quietly resting in mother's arm.)

Doctor: Put your child on the table for me, please.

Maria: (Places child on table and opens the blanket in which the baby is wrapped.)

Doctor: (Examines the child and discovers that the child has diarrhea. The child looks a little weak, but there are no dramatic signs of dehydration. Pulse is 110. Skin turgor is normal. But the child appears to be underweight.)
How long has the child had diarrhea?

Maria: Just this morning she became sick.

Doctor: What have you given her, any medicine?

Maria: No, doctor.

Doctor: Well, I want to give you this packet of medicine. Have you seen this before?
(Shows mother an ORS packet)

Maria: Yes, doctor.

Doctor: Then you know how to prepare it?

Maria: Yes, doctor.

Doctor: Good, come back and see me if the child does not get better.

Maria: Thank you, doctor.

Now answer the following questions about the case above.

1. How long did Maria's child have diarrhea?

2. Was Maria's child dehydrated?

3. What had Maria given her child before coming to the doctor?

4. Did Maria know how to prepare the ORS?

5. What will Maria do when she returns home with her child?

Let's look at what was going on in Maria's mind. Actually, it is hard to know what was in her mind. Did she tell the truth to the doctor? If not, why might she have lied, or been confused, or misunderstood? Imagine for a moment that you are Maria and listen to her thoughts as she answers several of the doctor's key questions. Her thoughts are enclosed in () below.

Doctor: How long has the child had diarrhea?

Maria: Just this morning she became sick. (He wants to know when she got sick. The baby had diarrhea for three days already, but that is not unusual . . . no I am sure he only wants to know when she became weak from the diarrhea.)

Doctor: What have you given her, any medicine?

Maria: No, doctor. (What have I given her . . . ? Well, I gave her that strong tea to clean out her stomach. My grandmother always used that with us children. And I have been feeding her less so her stomach can rest. Oh, but he wants to know what medicine I gave her. No, I didn't give her any medicine.)

Doctor: Have you seen this packet before?

Maria: Yes, doctor. (I have seen that once, but I don't know what it is. I better tell him I do know what it is, so that he won't get angry at me.)

Doctor: Then you know how to prepare it?

Maria: Yes doctor. (I better not tell him I don't know how or he will think I am stupid. I can always ask my neighbor, she always knows these things.)

Doctor: Good, come back and see me if the child does not get better.

Maria: Yes doctor. (How am I going to come back? I live almost four hours from here, and my husband didn't want me to come today. What does he mean. "if my baby doesn't get any better . . . won't this medicine work?")

We now have a much different picture of what really happened. If we were to follow Maria home, we would find that she went to the neighbor, but she didn't know any more about the ORS packet than Maria did. Maria prepared the medicine and gave two teaspoons, but the diarrhea continued. Maria felt the medicine was no good. She did not like the fact that it is a clear liquid with a salty taste. She decided she would not use the medicine again. By the next day the diarrhea disappeared, and Maria was not sure whether the medicine worked or not.

II. Asking Checking Questions

Asking simple checking questions can dramatically improve your communications with mothers. What is a checking question?

It is a question you ask to confirm what a mother knows or to find out more complete or specific information about something a mother has said. For example, if a mother told you she had given tea to her child with diarrhea, a checking question might be:

"How much did she drink today?" or "What else did you have her to drink or eat?"

It also can be a question that gets her to tell you what she has learned, so that you can check whether she remembers and understands what you have taught her. For example, after you have explained to a mother how to treat her child's diarrhea at home, you might ask this checking question:

"Tell me the signs that mean you need to bring Ana back to me."

When you ask a mother checking questions, it is helpful to phrase the questions so that she must say more than just "yes" or "no." For example, you would not ask:

"Do you understand the signs that mean you should bring Ana back to me?"

The mother would answer "yes" whether she did or not. She would be reluctant to say she does not remember and possibly seem stupid.

Asking checking questions requires patience. When you ask a mother a question, you must be quiet and give her a chance to think and then answer. If the mother is silent, your impulse may be to answer the question yourself or to quickly ask a different question.

Realize that the mother may know the answer but be slow to respond for several reasons. She may be surprised that you really expect her to answer. She may fear her answer may be wrong. She may hesitate to speak to an authority figure. Wait for her to answer and give her encouragement.

If the mother answers incorrectly or says she does not remember, you must be careful not to make her feel uncomfortable. Give her another explanation (or demonstration) to teach her. Then check again whether she remembers.

Think about the doctor's conversation with Maria. He could have learned a lot more about what Maria thought and knew if he had asked some checking questions. For example:

"Is this the first morning she had diarrhea? Did she have any loose stools before this morning?"

"What foods and drinks has she had today?"

"Have you ever used a packet like this with your child?
How did you prepare it?"

If she makes a mistake in explaining how to mix the ORS, he could say, "Let me show you a better way to make it—a way that is simpler and makes it work even better." Then, "Maria, now tell me how you will prepare the solution at home."

The objective is to make Maria feel comfortable, to get all the information needed to understand the child's condition and what Maria needs to be taught, and to make sure she knows how to care for her child. The doctor cannot know that Maria understands what to do until he hears her describe it.

There is another valuable use of checking questions. If you have delegated the responsibility of teaching mothers to a nurse or other staff members, checking questions can help you monitor the effectiveness of their teaching. For example:

Three-year-old Mo was treated for dehydration and is now ready to go home. The nurse has talked to his mother about what she should do at home to care for the child. You, the doctor, did not see or hear this instruction taking place. You have only a couple of minutes to spend with the mother before she leaves. You can ask 3 or 4 checking questions to find out whether the mother has been taught the most critical things about caring for the child at home.

You would not ask the mother, "Did the nurse explain to you how to mix the ORS?" or, "Do you know how to mix that ORS?" since the mother would be afraid to answer no.

Instead, you would ask, "How much water will you mix with that ORS packet?"

You could also ask, "How much of the solution will you give to Mo? How long did the nurse tell you to continue giving the ORS?"

What else will you give him to eat and drink? When will you bring Mo back to see the nurse again?"

If the mother can answer these questions correctly, you can be satisfied that your nurse communicates with mothers very effectively.

Exercise A

The table on the next few pages lists some of the main questions that a doctor needs to know during an interaction with a mother whose child has diarrhea. Questions 1 - 6 are some questions a doctor might ask when assessing the child's condition. Questions 8 - 13 are some questions a doctor might ask when explaining to a mother how to treat diarrhea and when ensuring that she understands and can follow his instructions.

Some checking questions are already provided on the table for numbers 1, 2, 8, and 9. For numbers 3-6 and 10-13, read the main question and the mother's response. Then write in one or two checking questions that you might ask the mother.

Numbers 7 and 14 are blank. Write in another question you would want to ask, a mother's response, and a checking question.

Doctor's Main Questions	Mother's Response	Doctor's Checking Questions
1. What was your concern that made you bring the child for help?	He seems very tired and weak.	Do you have any idea why he is tired and weak? What other problems does the child have?
	He has diarrhea.	For how long has he had diarrhea? Are his stools soft or watery? How many liquid stools has he had each day?
2. (For child who has diarrhea) Is there blood in the stool?	Yes	When did you first notice the blood? How much blood is there in the stool?
3. Has the child been vomiting?	Yes	

Exercise A

4. Has the child passed urine in the last six hours? Yes

I don't know.

5. What has the child had to drink since the diarrhea began? The usual drinks.

Breastmilk

6. What has the child eaten since the diarrhea began? He has not been hungry.

Special soup.

7.

<p>8. What do you usually do when your child has diarrhea?</p>	<p>I try to let his stomach rest.</p>	<p>How do you do that? Are there certain foods you avoid? Which ones? Do you give him anything to drink?</p>
	<p>I give medicine from the pharmacy.</p>	<p>What kind of medicine? (What does it look like? How is it packaged?) Do you have some of this medicine with you that you can show me? How does the medicine affect your child's diarrhea?</p>
<p>9. (If the recommended home fluid for early treatment of diarrhea is rice water) Do you ever prepare rice water in your home?</p>	<p>Yes</p>	<p>How do you prepare it? How often do you prepare it? How much do you prepare? What do you normally use it for? Could you give some to your child when he has diarrhea?</p>
	<p>No</p>	<p>Do you know how to prepare it (If so) Describe to me how you would make it. Why don't you prepare it? (Do you lack ingredients? Does it take too much time?) What fluids are usually available in your home?</p>

10. (After an explanation of how to feed a child with diarrhea) What are some good foods you can give your child when he has diarrhea?

Mashed foods.

11. (After an explanation of how to make ORS solution) How will you make this solution when you get home?

I will mix the packet in water.

12. (After an explanation of how to administer ORS solution) How much of this solution will you give the child?

One-half cup

13. How will you know if your child needs to come back for more help?

If he's not getting better.

14.

Exercise B

This exercise will be a role play. You will work in small groups of 3 to 5 participants. One participant will be the doctor and another will be the mother. The doctor will ask the questions listed in Exercise A, listen to the mother's response, and then follow up with a checking question. The other participants will be observers until they take a turn as the doctor. They can also help the doctor think of good checking questions.

Turn to Exercise A. Refer to it during the role play and, as you hear good checking questions, add them to the ones you have already written.

Instructions for the Doctor: Begin by asking the first question listed in Exercise A under "Doctor's Main Question." You may ask it in your own words. When the mother responds, follow up with a checking question or two until you are satisfied that you have complete information. Continue until you have covered 2 or 3 of the main questions.

Instructions for the Mother: Answer the doctor's questions as you wish, but be brief and somewhat reluctant to talk. As the role play continues, answer questions the doctor asks as you think a mother might, but hold back some information until the doctor's questions bring it out.

Instructions for the Observers: Listen carefully and help the doctor as the role play progresses. If he pauses to think of a checking question and you have thought of a good one, suggest it to him. Let the doctor know if he is asking too many "yes" or "no" questions, if he is leading the mother to answer a certain way, or if he is assuming what the mother means rather than asking.

After the doctor has covered the first 2 or 3 main questions, one of the observers should take a turn as the doctor. That participant should move to the "doctor's" chair and continue asking the mother questions and checking questions (with coaching from the observers, as needed).

Continue until each participant has practiced asking checking questions.

III. Using Examples

Giving clear instructions to the mother is an essential step in giving good care to a patient.

Your interaction with a mother includes getting complete and accurate information from her so that you can assess the child's current condition and the treatment given so far. Your task is also to give all the information that the mother needs to care for her child and to communicate it clearly. Using examples will make your instructions more interesting and effective.

Many different types of examples are described in the chart below. Examples can make the instruction more real and more pertinent to the mother, if the examples are relevant to her experience and knowledge. An example may be an object or a situation that the mother can see in her mind. Or, an example may be an object or an action that the mother can look at while you are talking.

For example, you can show the mother a half cup of solution as you tell her to give a half cup of solution after each stool. You can let her watch another mother who is giving her baby ORS solution with a spoon—she can see how to hold the baby and the pace to give spoonfuls. The visual image will remain in the mother's memory longer than your words.

Demonstration is particularly powerful in teaching a mother how to do a task. Showing her how to do the task is much quicker and more effective than just telling her how to do it. The most effective way to teach a mother a manual procedure such as mixing ORS is to have her watch someone else do it and then practice it herself with your guidance. As she tries it, you can observe what is difficult for her and explain or demonstrate as needed. When you have seen her do the task correctly, you can be confident that she has learned it.

Ways To Use Examples

Showing pictures	Drawing of a mother breastfeeding
Naming a specific (instead of giving only a general rule)	Telling a mother to give banana or pineapple instead of telling her to give Foods containing potassium
Doing a demonstration	Showing a mother how to feed ORS to her baby with a spoon
Showing an object	Packet of ORS

Exercise C

Below and on the next page we have repeated the list of possible ways to use examples to make your instructions to mothers more effective. For each category in the left column, list at least one additional example in the right column. Try to think of examples that would apply in your own work setting. When everyone has finished the exercise, there will be a group discussion.

Ways To Use Examples

Showing pictures	Drawing of a mother breastfeeding
Doing a demonstration	Showing a mother how to feed ORS to her baby with a spoon
Showing an object	Packet of ORS
Naming a specific (instead of giving only a general rule)	Telling a mother to give banana or pineapple, instead of telling her to give foods containing potassium
Telling a story	A story of a baby who became dehydrated and died can highlight the danger of diarrhea in a mother's mind. The story might also tell how the baby looked as he was getting worse.
Having the mother practice it herself	The mother measures the correct amount of water to mix with contents of an ORS packet.

IV. Using A Mother's Pamphlet

A mother's pamphlet can greatly improve your communications with mothers. This is a pamphlet that you and your staff can give to each mother. It should summarize the most important elements of caring for a child with diarrhea at home. A mother's pamphlet should have words and pictures that illustrate the main points. When a pamphlet is being developed, it should be shown to some mothers to test whether they understand its messages. Two examples of a mother's pamphlet are provided on pages 18 and 19. If your country does not currently have a mother's pamphlet, you should develop one for your facility that mothers in your area will understand.

There are many reasons a mother's pamphlet can be a useful communications tool.

- Referring to the pamphlet will remind you or your staff of the main points you need to cover during counselling sessions.
- The pamphlet will remind the mother of what you explained when she is at home.
- If you or your staff are in a hurry and mistakenly leave out important messages while with the mother, she will still get those messages when she refers to the pamphlet at home.
- Because the mother keeps the pamphlet, the next time her child has diarrhea she can refer to it and refresh her memory about what to do.
- The mother may show the pamphlet to other family members or neighbors, so more people will learn the messages it contains.
- The mother will appreciate being given something during her visit.
- The pamphlet will simplify the task of training your staff in the messages to tell mothers.

Exercise D

This exercise will be a group discussion. Be prepared to discuss your answers to the questions below.

1. Is there a mother's pamphlet for home treatment of diarrhea available and in use in your facility?

- a. What are the benefits of using the pamphlet?

What are the disadvantages?

- b. If **no**,

What would be involved in developing one for use in your own facility?

What would you want a mother's pamphlet for your facility to include, and why?

2. What is the greatest advantage of using a mother's pamphlet for you and your staff?
-

How To Treat Diarrhea At Home

(Mothers' Card)

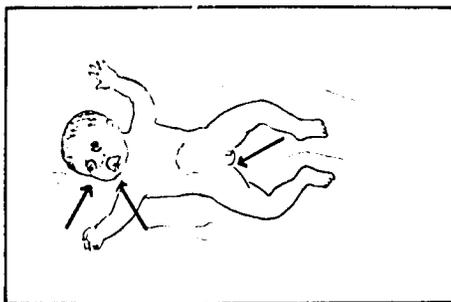
1. As Soon As Diarrhea Starts, Give Your Child More Fluids Than Usual To Prevent Dehydration. Recommended Fluids Include:

- food-based fluids, such as gruel, soup, or rice water.
- breastmilk, or milk feeds with twice the usual amount of water.



3. Take Your Child To The Health Centre if The Child:

- passes many stools
 - has unusual thirst.
 - has sunken eyes.
- } signs of dehydration
- does not eat or drink normally.
 - seems not to be getting better



2. Give Your Child Food

- which is freshly prepared, for example, mixes of cereal and beans, or cereal and meat or fish. Add oil to food if possible.
- fresh fruit juices or bananas.
- as much as the child wants 6 or more times a day.
- which is cooked and mashed or ground well so it will be easier to digest.
- after the diarrhea stops, one extra meal each day for a week.



4. You Can Prevent Diarrhea By:

- giving breastmilk for the first 4-6 months and continuing to breastfeed for the first year.
- introducing clean, nutritious weaning foods at 4-6 months
- giving your child freshly prepared and well-cooked food and clean drinking water
- having family members wash their hands with soap after defecating and before eating and preparing food.
- having all family members use a latrine.
- quickly disposing of the stool of a young child in a latrine.

If Your Child Has Diarrhea

To Prevent The Dehydration

Suero Oral



1 Litre of Clean Water



1 Packet of Suero Oral



Mix it Well



Give One Cup For Each Stool

Food And Liquids

Keep Breastfeeding



Give Soft Foods Such As

.....
.....



Give A Lot Of Liquid Such As

.....
.....

To Keep The Baby Strong



Go To The Health Center

If The Diarrhea Last More Than 2 Days
Or If Your Child Has
Any Signs Of Dehydration

To Wait Is To Risk



V. Giving Support

The effectiveness of an ORT program is ultimately determined by whether mothers use oral rehydration therapy effectively or not. During your interaction with the mother, you have given her instructions (using examples and a pamphlet) and asked checking questions to make sure that she understands. However, although she may know what to do, she still may not do it.

Experts in behavior change have identified three reasons that mothers may not carry out instructions.

- 1) Necessary skills or knowledge may be absent. For example, mothers may not know how to measure a litre of water to mix with the packet of ORS, or mothers may not recognize that a child is becoming dehydrated and that fluid is needed.
- 2) Necessary materials or implements may not be available. For example, a mother may not own a vessel that measures the appropriate amount of water to mix with an ORS packet.
- 3) The consequences following the behavior may not encourage the mother. For example:

- **There may be no positive consequences of the behavior.**

A mother's primary concern may be to stop the diarrhea. When she observes that ORS did not stop the diarrhea, she will think it did not work.

- **There may be positive consequences for not doing the behavior.**

Not feeding a child who has diarrhea is certainly more convenient than preparing special food and coaxing a sick child to eat.

- **There may be punishing consequences which discourage the desired behavior.**

During rehydration, a child may vomit, or his diarrhea may seem to increase. The mother would want to avoid these consequences and may stop giving the ORS which caused them.

During the contact with a patient, physicians and nurses usually focus on the first of the reasons—they teach knowledge and skills. They may be unaware that the other sorts of reasons are important also, or they may feel that they cannot influence reasons like unavailability of materials or the fact that ORS does not stop diarrhea. However, by giving the mother support, they can influence the mother's willingness to adopt the behavior.

It seems that most teachers will have some instruction, but then focus on finding errors that their students make. However, we now know that a good learning situation should provide the instructions, materials, and support that a student needs to do a task correctly. Then a teacher should comment on the correct behaviors. "Catching them doing it right" results in more rapid and lasting learning than emphasizing what has done wrong. Mothers will remember and will want to repeat behaviors they are praised for or that they feel confident doing. While there are many means of getting mothers to try a new behavior once, positive consequences are essential for them to continue it over time.

In a busy clinic mothers will make mistakes, and those mistakes have to be corrected. However, you can recognize and appreciate when a mother does something correctly. This will build her confidence and increase the likelihood that she will remember and repeat the action.

Asking checking questions that a mother answers correctly and then praising her is a way to catch her "doing it right". Having a mother practice a task with guidance, so that she will do it correctly, and telling her that she is doing well is another way. Complementing a mother on what she did at home to care for the child, such as continuing feeding, is another way to support her and give her confidence. When you comment on what a mother has done well or learned, you are giving her support which will help and encourage her to do the task again, the next day, or the next time her child gets diarrhea.

An important step in giving support is to help the mother think about how she will carry out your instructions. Find out whether she has the necessary materials. Find out if she is expecting punishing consequences.

Once you know her concerns, you can give a mother support by helping her find a way to overcome a problem of unavailability that would otherwise discourage her completely. You may be able to help her by giving her something she needs or suggesting a substitute.

You may be able to show the mother positive consequences and, thereby, minimize the importance of the punishing consequences in her mind. For example, you could explain the positive consequences of using ORS (such as rehydrating her child and restoring his appetite) and convince her that they outweigh the punishing aspects (such as the length of time she will spend giving the ORS slowly and in small amounts).

Once you have discussed with the mother what she will be able to do, you will be confident that she feels it is feasible and worthwhile. Also, once she has thought about and told you herself what she will do, she is more likely to do it. For example, you could ask, "What foods do you have at home that you will give your child?" When she answers, you can confirm that this food is good to give a child with diarrhea (or suggest another food) and discuss how she will prepare it. Your interest in her situation will help her to be committed to carrying out the recommendations you have made.

Exercise E

For each situation in the left column on the following chart, write at least one way the doctor could give the mother support.

Doctor/Mother Interaction	Ways the Doctor Might Give Support
----------------------------------	---

A mother has brought her child to the health facility because the child has had 5 loose stools since last night. The mother tells you that since the diarrhea started, she gave her child water and tea to drink and rice to eat.

You have asked a mother to tell you how she will know if her child needs to come back for more help. The child is not dehydrated now. The mother says she will bring him back if he does not want to eat or gets very thirsty.

You have just asked a mother if she has a vessel at home that she can use to measure a litre of water to mix with an ORS packet. The mother says she does not have a vessel of that size.

A mother is sitting in the clinic, giving her child spoonfuls of ORS solution as the nurse has shown her. The child suddenly vomits the solution. The mother looks very worried.

Exercise F

This exercise will be a role play. You will work in small groups of three participants. One participant in each group will be the doctor, one will be the mother, and one will be the observer. Each small group will decide who will play each role.

Instructions For the Doctor:

You have finished assessing a young child with diarrhea. You are counselling the mother on how to care for her child at home and are now going to teach her how to mix ORS. During the role play, be sure to:

- ask checking questions
- use examples (including having the mother practice herself)
- use a pamphlet
- give the mother support

Instructions for the Mother:

During the role play, do what the doctor asks and answer his questions as you think a mother might. You might misunderstand some of his instructions or be slow to answer his questions.

Instructions for the Observer:

Listen carefully, helping the doctor as needed as the role play progresses. If needed, remind the doctor to:

- ask checking questions to be sure the mother understands what to do.
- use examples to improve his instructions (including having the mother practice tasks herself).
- use a pamphlet, and
- give support so that the mother will feel positive about what she can do to care for the child.

When the role play is finished, give the doctor feedback on how he did these four things. Be sure to begin by discussing things done well and then discuss ways the interaction could have been improved. The mother may have helpful comments also. After the small group role plays and discussions are finished, the entire group will discuss the exercise.

Use A Mother's Pamphlet

- To remind you and your staff of the important points
- To give the mother instructions to use at home if she forgets or feels unsure

Give Support

If the mother feels positive about what she can do to care for her child, she is more likely to carry out your instructions.

- Discuss the mother's situation. If she lacks something that you have recommended, explain how to obtain it or recommend a substitute.
- Compliment the mother on things she did at home that were good for her child.
- Show the mother positive consequences of an action or treatment that will outweigh the negative ones.
- Ask checking questions that the mother can answer correctly, and then praise her.
- Have the mother practice a task with guidance so that she will do it correctly, and tell her that she is doing well.

Ask Checking Questions

A checking question asks for more complete information about something a mother has said, or it can determine what a mother has learned. Ask checking questions to:

- do a better assessment of your patient
- be sure the mother understands how to care for her child at home
- monitor your staff's communications with the mother

Use Examples

Examples will make your instructions to the mother more interesting and effective.

- Show pictures
- Name a specific, instead of giving only a general rule
- Do a demonstration
- Show an object
- Tell a story
- Have the mother practice certain tasks herself