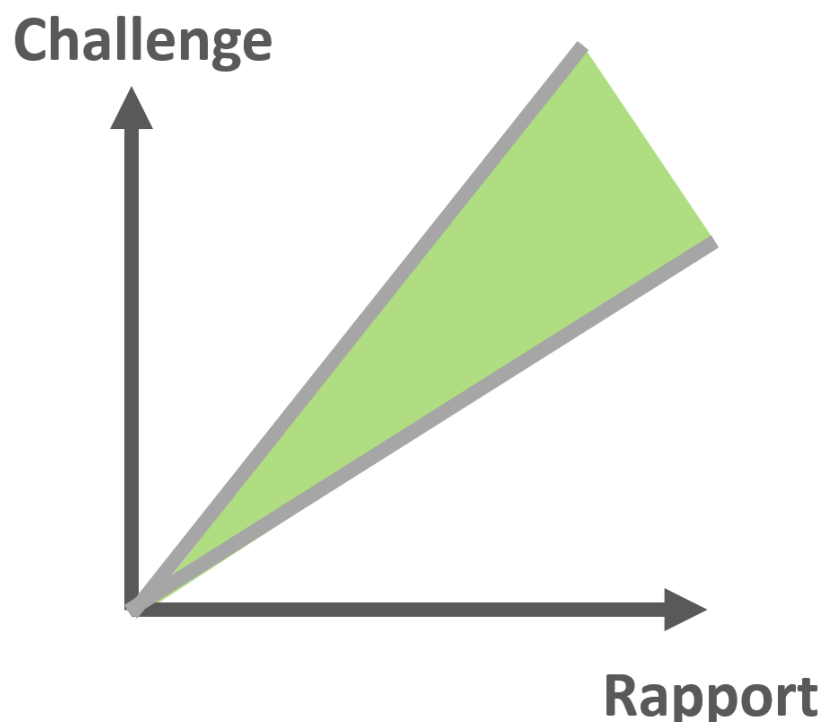


Conversation Tips (originally shared on coachingforhealth.org during the COVID-19 pandemic; please feel free to use and adapt to your situation)

How to open conversations about anxiety, psychological symptoms, and mental health

When we're talking about the parameters of the conversation, i.e. what the conversation's about, then we're in the T of TGROW – the Topic. An aspect of Topic is called Contracting, where we agree the 'Contract' for the conversation with the individual we're speaking with.

If we need to introduce a Topic like anxiety or mental health, then first we need to gauge whether introducing it is likely to feel challenging for the individual (i.e. what are their own views on the situation, how much insight do we feel they have, how open are they to have these kinds of conversations, and what might they want to be discussing instead). If the Topic is likely to feel challenging, then we need to make sure we have sufficient Rapport first to be able to introduce it. This is because the level of Challenge an individual will be open to receiving from us, is directly proportional to the level of Rapport we have in the relationship – as described by the Challenge Rapport graph.



To build rapport first, we may need to do some really high-quality active listening, with summarising and reflecting back to make sure the individual feels heard.

As part of our listening, if we feel it would be important to gauge their level of insight into their mental health, we can use Non-directive to Directive questioning. This means gradually increasing the level of directiveness of our questions to get more specific on what we want to know, while maintaining rapport. For example:

Non-directive to Directive questioning:

1. How are things going at the moment? (lower on the Communication Ladder)
2. How have you been feeling about it all?

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3. Is there anything that you've found particularly challenging or difficult recently?
4. How do you think your feelings have been impacting you recently? (higher on the Communication Ladder)

Following our discussion, if we haven't naturally moved into a conversation about mental health, we can **Ask Permission** to discuss it directly.

You may want to summarise what you've been talking about before.

And then ask – "**would you mind if we had a further conversation about how you're feeling at the moment?**" Or another frame that you'd find more useful.

And if we feel this conversation might be particularly challenging to the individual, we can use the **Challenge Sandwich** to try and introduce it.

1. Set it up

Building rapport through the following stages (you don't need to do all of them):

- Empathise/acknowledge – '**I get you've got a lot going on right now**' (here we acknowledge/validate their situation and values - so please adapt to your patient)
- Ask permission - '**Do you mind if I share my perspective on the situation?**' (Here we wait for the 'yes', or some acknowledgement, to make sure the individual has given themselves permission to hear you).
- Shared value - '**Because I really want to make sure we get to the bottom of some of the things that might be most useful to you.**' (Here we're looking for a value that you both/all share, something you all care about).

2. Deliver content/your message

Here we have a choice to use either Subjective Language, or A Rule/Procedure (if it exists). Here it could be Subjective Language (the following are a couple of examples):

- '**From what you've said, I'm wondering whether it would be useful to discuss _____**' (and provide the reasons).
- '**In my experience, people find it really useful to talk about how they're feeling in these kind of situations because the stress can have a significant impact on _____**' (and provide the reasons to have the conversation pertinent to that individual).

3. Check Validity

Checking how this lands with someone:

- '**What do you think?**' OR '**What are your thoughts about this?**'