

# **Difficult Conversations and the Fine Art of Persuasion**

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**April 25, 2019**

**Transitions from  
one type of care to another  
are often stressful  
for all involved,  
even for those of us who are  
tasked with helping to create as  
smooth a transition  
as possible.**



# Why are transitions so **stressful**?

1. People are comfortable with what is familiar.
2. Change feels like a “curve ball”.
3. Fear of the unknown.
4. Distrust of “the system”.
5. Fear of never returning home.
6. Loss of independence.
7. Finances: \$ Can I afford it?
7. Uncertainty: can I handle any of it??

The *distress* that our patients/clients/residents and their caregivers are feeling is what makes these conversations so difficult.

**How do we persuade our clients/patients to agree to the recommended plan of care?**



**persuade:**



**to cause someone  
to do something  
through reasoning or  
argument**

# What makes persuasion an “art”?

Art, in its broadest sense, is a form of communication.

Art is an act of expressing feelings, thoughts, and observations.

Art pushes our limits.



# **Remember that we are dealing with serious issues:**

- 1. the direction of a person's life**
- 2. the circumstances of that person's family**
- 3. their immediate future**
- 4. their long-range plans**
- 5. (sometimes) their bank account**

**We are not selling used cars...even though it often feels as if we need to put on our salesperson hat!**



# **Are YOU the best person to be presenting the recommended plan?**

- \*Have you already established a relationship with your client?**
- \*Personalities clash...are you the “best fit”?**
- \*Who on Earth will the patient listen to?  
Can she or he be present during your discussion?**

# Does your patient/client have any limitations?

- \*Intellectual/developmental disabilities??**
- \*Literacy concerns?**
- \*Medicated and not able to fully understand the plan?**
- \*Hearing loss?**
- \*Physical complexities that limit understanding? (brain tumors; dementia)**

**Do you have facts, research, and science to back up your recommendations?**

**Many people want supporting data to help them make tough choices.**

**(Example: “Patients who receive physical rehab are more successful when they return home.”)**

*Unhelpful learned*

*messages*

**interfere**

**with a person's willingness  
to accept help.**

**“I must be a weak person if I need help.”**

*“Others will see me as a failure.”*

**“Whatever I have achieved doesn’t matter anymore, now that I need help.”**

**“I should be able to handle everything that life throws at me!”**

*“I am not worthy of help.”*

How can we cut through  
all of this and go from no,  
to maybe, to

**yes**



# **1. Set the tone of your conversation:**

**Be kind, friendly, and likeable!**

**Sit at eye level; don't hover.**

**Put the clipboard/tablet down.**

**“You will accomplish more with honey than with vinegar.”**

## **2. Make it easy to understand**

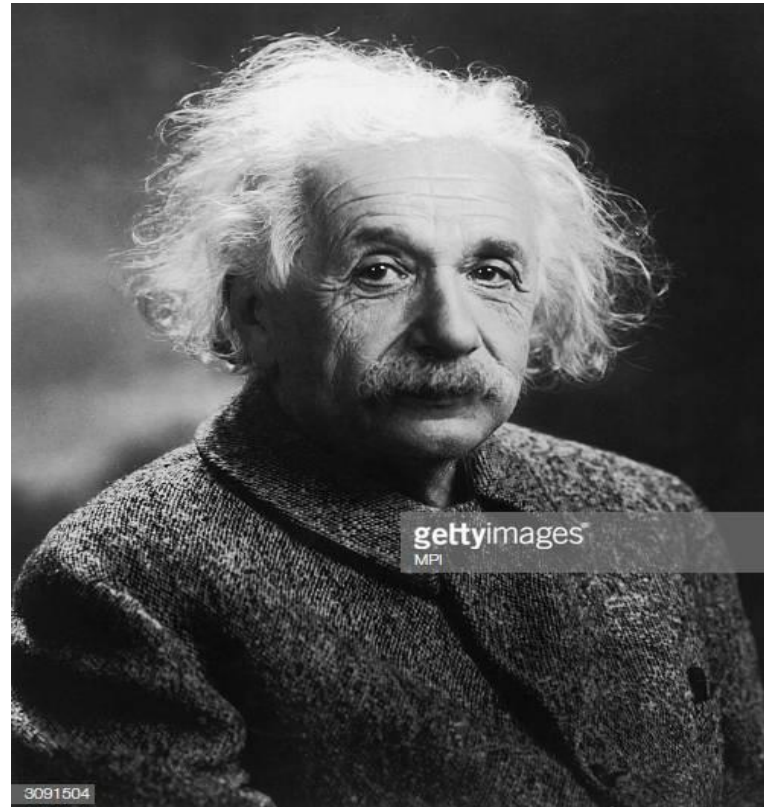
**Take a complicated plan and frame it more simply.**

**Complexity can make it hard for a person to agree with you.**

**When people understand why the plan is the best one, their skepticism and stubbornness is reduced.**

**“If you can’t explain it simply, you don’t understand it well enough.”**

**~ Albert Einstein**



### **3. Be ethical**

**Don't act in a pushy or forceful manner.**

**Refrain from intimidation, coercion, or “strong-arming”.**

**Push too hard, and they may dig their heels in even deeper.**

**No threats or ultimatums about what will happen if they say no.**

## **4. Consensus**

**Interject your facts with stories of others who were in a similar situation.**

**People are more likely to make a decision if they know of others who agreed to the services you are recommending.**

**Don't lie about what others have chosen.**

## **5. Small steps!**

**Recognize that your patient may only accept one aspect of your plan, and that is OK.**

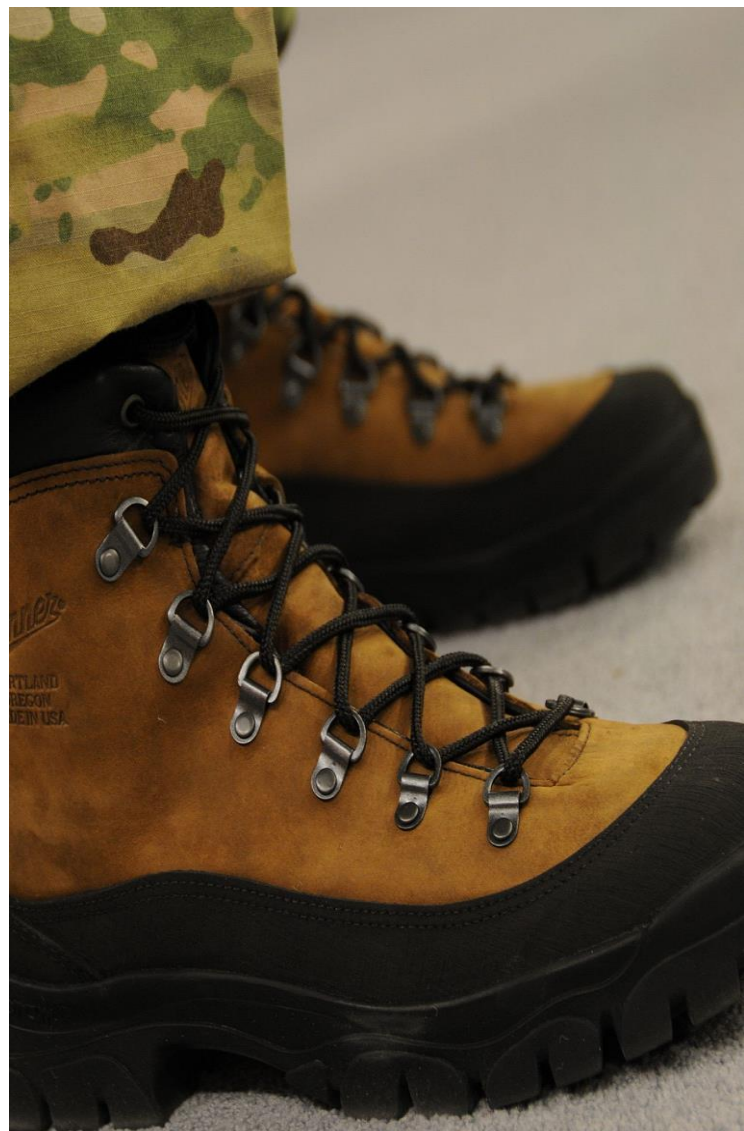
**A positive experience with one service or program can set the stage for accepting other assistance in the future.**

**We are in the business of “planting seeds” with those we serve.**

**They may not accept our plan at first, but with time and thought and discussion with others, and sometimes a repeated medical or psychological event, those we are trying to help may grow more receptive to services.**







**“Boots on the  
ground”  
stories  
and  
advice...**

Thank you for every small (or big!)  
thing that you all do, each and every  
day, one person at a time.

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