

Family Conversation Guide for Practitioners

Use this guide within your professional role and your organization's procedures. It supports a conversation; it is not a diagnostic tool, screening instrument or script that must be completed in order.

1. Explain the purpose and invite a priority

Briefly explain your role and the time available. Ask what the caregiver would like to discuss.

Possible opening: “What would make this conversation useful for you today?”

Explain any required topics at the start. Ask how to make room for the caregiver's concern alongside those requirements.

2. Listen for the situation

Invite a specific example. Ask what happens, when it happens and what the family has already tried. Avoid starting with an assumption about the cause.

Possible prompt: “Could you tell me about a recent time when that happened?”

Reflect back what you heard and invite correction. Acknowledge practical conditions such as work, transportation, communication and care responsibilities.

3. Ask permission to discuss options

Possible transition: “Would it help to look at a couple of options?”

Describe only options within your role and knowledge. Distinguish what you can provide from what another service would need to assess. Explain uncertainty rather than promising acceptance or a result.

4. Check the fit

Ask which option, if any, seems useful and what would make it difficult. Consider cost, timing, language, disability access, privacy and the amount of effort the next step requires.

Possible prompt: “What would need to be in place for that to work for your family?”

If the caregiver declines an option, listen to their reasons and ask whether they want to discuss alternatives.

5. Agree on one manageable action

State who will do what and when. Ask what support is needed to complete the action. If a referral is involved, identify the provider and use an appropriate permission process before sharing information.

Action:

Person responsible:

Timing:

How progress will be checked:

6. Check understanding respectfully

Explain that you want to know whether your explanation was clear.

Possible prompt: “Before we finish, what is your understanding of the next step? I want to make sure I explained it clearly.”

If the caregiver describes a different next step, explain your part again and check where the understanding diverged. For example, clarify whether you will make the first call or whether the caregiver will contact the provider. Offer the agreed details in a format they can use and confirm where further questions should go.

After the conversation

Record only what your role and procedures require. Keep sensitive information in your organization's approved record system. Review whether the agreed action was realistic and whether you left an unanswered question needing professional follow-up.

If an urgent safety issue emerges, stop the routine conversation and follow your organization's emergency or safeguarding procedures.

Practice conversation: a difficult pickup

This roleplay is fictional and intended for professional discussion. It does not describe an NPF client or an assessed case.

Caregiver: “He cries when I arrive, and everyone tells me he was fine all day.”

Practitioner: “You are seeing a difficult end to the day and want to understand it. Could you tell me about yesterday's pickup?”

Caregiver: “I arrived while they were putting toys away. He wanted to keep playing, and we were late for the bus.”

Practitioner: “The activity was ending and there was little time to leave. Would it help to discuss that transition with the caregiver?”

Caregiver: “Yes, but I cannot stay for a long meeting at pickup.”

Practitioner: “What time or contact method could work? We can identify the question you want answered without needing to discuss it at the door.”

Caregiver: “I could arrange a short call before my shift.”

Practitioner: “Then your first step is to request that call and ask what staff notice before pickup. What information would you like to have written down before you contact them?”

Discuss: The practitioner follows the caregiver's observation, asks permission and checks a practical barrier. The conversation does not assume the child's feelings have one cause or promise a result before the setting has been heard.

Practice conversation: a declined resource

This second roleplay is also fictional. The practitioner is providing general resource information within their role, not a clinical assessment.

Practitioner: “Would you like information about a parent discussion group?”

Caregiver: “No. I tried a group before, and I do not want to tell strangers about our family.”

Practitioner: “You do not want a group discussion. Is there another kind of help you want to consider, or would you prefer to leave it there today?”

Caregiver: “I mostly need to know where to ask about child care costs.”

Practitioner: “Then let's focus on the agency responsible for assistance. I can help you find the official contact information. The agency would need to explain eligibility and what documents it requires.”

Caregiver: “Will you send them my details?”

Practitioner: “Providing the public contact information does not involve sending your details. If you want help making contact later, we can discuss that separately and follow our permission process.”

Discuss: Declining the group is accepted. The next step addresses the actual need, and the practitioner explains what information will be shared instead of assuming consent.

One-page conversation reminder

Use this short sequence as a reference alongside the fuller guide, not as a form the caregiver must complete.

1. **Introduce your role.** Explain the purpose, available time and any required topics.
2. **Invite the priority.** Ask what the person wants to get from the conversation.
3. **Understand one example.** Listen for the situation and barriers before offering an explanation.
4. **Ask about options.** Get permission, describe realistic choices and distinguish what is unconfirmed.
5. **Agree on an action.** Name the responsible person, timing and any information sharing involved.
6. **Check your explanation.** Invite the person to describe the next step, and clarify anything you did not explain well.

AHRQ's [teach-back guidance](#) explains why checking understanding is a check on the explanation, rather than a test of the patient. Do not ask a caregiver to repeat a memorized script or imply that a misunderstanding is their fault.

Reflect after practice

Whose priority shaped the conversation? _____

Which question brought out useful information? _____

What did we assume before checking? _____

Was the agreed action possible within this person's circumstances?

What would we explain differently next time? _____

If a roleplay raises a real safeguarding or urgent health concern, discuss it through the organization's appropriate process rather than putting private information into a training example.

Related resources

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