PRE-EXCHANGE REFLECTION GUIDE

Beyond “Difficult”

Understanding What Families Carry into Healthcare

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OUR CENTRAL QUESTION

What does family-centered care require of us when families enter healthcare carrying not only the acute stress of illness or hospitalization, but also the cumulative weight of the world in which they live?

An invitation

Families do not begin at the hospital door. They arrive carrying histories, identities, relationships, strengths, fears, experiences with institutions, and experiences of belonging or exclusion. The healthcare encounter unfolds inside that larger context—whether we recognize it or not.

This guide invites us to begin before we gather: to move beyond labels and quick conclusions, see context, replace assumption with genuine curiosity, and examine what we bring to the encounter. During the Community Exchange, we will build on this reflection through conversation, practice, and relational action.

BEFORE WE GATHER

Spend some unhurried time with these prompts. Your written reflections are yours; you will not be asked to submit them or disclose anything you do not wish to share. Please bring the guide—and whatever you are willing to carry into conversation—to the Exchange.

Our shared intention

- Be present rather than perform certainty.
- Speak from our own experience; resist speaking for others.
- Protect confidentiality; carry learning forward, not people's stories.
- Make room for discomfort without confusing discomfort with danger.
- Remain unfinished and accountable—willing to listen, learn, and repair.

A GROUNDING REMINDER

We cannot know everything about every family. But not knowing and choosing not to know are different. Cultural humility asks us to recognize the limits of our understanding and remain willing to learn.

1 | SEE

The family did not begin at our door

Before we interpret what a family does, we can pause to consider the visible and invisible realities shaping how healthcare feels to them. What appears in the present may carry echoes of earlier harm, exclusion, loss, powerlessness, or justified mistrust—and may also reflect courage, advocacy, protection, and love.

REFLECT **When a family enters our healthcare setting, what might they be carrying that we cannot see?**

REFLECT **What experiences outside healthcare might shape how safe, trusting, welcomed, believed, or understood they feel inside it?**

A relational intersection

FAMILY-CENTERED CARE	TRAUMA-INFORMED CARE	EQUITY
Families are essential partners whose knowledge, priorities, and relationships matter.	**Trauma, adversity, power, safety, and trust shape the present encounter.**	**People do not enter healthcare with equal histories, resources, risks, or institutional power.**

RELATIONAL RESPONSIBILITY

Given all of this, how will I show up?

Context is not assumption

Seeing context does not mean deciding that we know a family's story. It means remembering that there is a story and resisting the urge to fill its unknown places with stereotypes.

THEY DO NOT OWE US THE STORY

A professional role does not entitle us to another person's vulnerability. For many people, sharing a need or story has led to judgment, punishment, surveillance, or harm. Trust is not ours to presume; we must earn it through consistency, humility, transparency, and respect.

REFLECT **Where might I confuse being aware of context with assuming I know this family's experience?**
(You do not need to share this aloud.)

2 | WONDER

From "difficult" to curiosity

A FAMILIAR PHRASE

"This family is really difficult."

REFLECT **What happens inside us when we hear a family described this way? What story begins to form before we have even met them?**

Try the reframe

MOVE FROM	MOVE TOWARD
What is wrong with this family?	**What might this family be carrying that I do not yet understand?**

Compassion · Curiosity · Conversation

Compassion — recognizes the humanity beneath behavior and refuses to reduce a person to the hardest moment we have experienced with them.

Curiosity — replaces assumption with genuine wondering about what matters, what is needed, and what we may not yet see.

Conversation — moves beyond transmitting information toward listening, reciprocity, relationship, and the willingness to be changed by what we hear.

Beneath all three is courage: the willingness to remain present when the conversation becomes uncomfortable.

Language that can open the relationship

- "I want to make sure I understand what matters most to you right now."
- "It sounds as though it has been difficult to feel confident in what is happening here. Would you help me understand?"
- "What have we not yet asked that you need us to know?"

REFLECT **What other words or questions could help you open a relationship rather than close it?**

REFLECT **Is there something you have said to a family in the past that you would now like to reframe? What might you say instead?** *(You do not need to share this aloud.)*

3 | EXAMINE

Turn the lens toward ourselves

Self-examination is not public confession or an invitation to shame. It is an honest practice of noticing our part: how what remains outside our awareness can still shape our tone, interpretations, decisions, and use of power. Accountability asks us to own what is ours without turning a behavior that needs attention into a verdict on our whole identity.

REFLECT **Think of a family encounter that left you frustrated, defensive, impatient, avoidant, or uncertain. Without judging yourself, what was happening inside you?** *(You do not need to share this aloud.)*

REFLECT **What assumptions might you have been making? What else could have been true?** *(You do not need to share this aloud.)*

REFLECT **Would I have interpreted the same behavior in the same way if it came from someone with a different race, culture, socioeconomic status, education, accent, gender identity, or relationship to institutional power?** *(You do not need to share this aloud.)*

Unbundling "I treat everyone the same"

BEGIN WITH INTENTION

The statement "I do not see color; I treat every family exactly the same" may arise from a desire—or a need—to be seen as fair and nondiscriminatory.

REFLECT **What might we unintentionally fail to see when we treat everyone the same?**

REFLECT **What is the difference between treating everyone identically and responding to each person equitably?**

END WITH IMPACT

Good intentions do not erase harmful outcomes. When we say, "I do not see color," another person may hear, "I do not see you." Accountability asks us to become curious about what happened on the other side of our words or actions—and to let that impact guide listening, learning, and repair.

REFLECT **What might the impact of this statement be for a person whose identity, history, or unequal treatment has shaped their healthcare experience?** *(You do not need to share this aloud.)*

A distinction worth holding

Psychological safety does not mean we will never feel discomfort. It means there is sufficient relational safety to stay present, ask questions, listen, make mistakes, learn, and repair—without humiliation or loss of dignity.

REFLECT **What helps me remain in an uncomfortable conversation rather than retreat, defend, or become silent?** *(You do not need to share this aloud.)*

BRING THIS QUESTION TO THE EXCHANGE

What am I beginning to see—and what am I willing to examine more honestly in conversation with others?

Come unfinished. Stay curious. Remain accountable.