

NH WIC Program Conflict Resolution Training Case Studies

Case Study #1

Tina (a new nutritionist) just finished a child certification appointment for a child, whose mother has a strong accent and uses a wheelchair.

As they head toward the door, Tina says something to the caregiver. She replies, "I'm sorry, I didn't understand what you said." So Tina repeats her comment.

The caregiver continues to look confused and says, "One more time please?" Tina repeats her comment again in a louder and very slow voice.

Looking a bit flustered, the caregiver says, "Okay".

Tina reaches for the door and says, "Let me get that for you." The caregiver at the same moment angrily pushes the button for the automatic door and rolls away. Tina walks back to her office feeling embarrassed and that she is no good at working with disabled clients.

1. What could Tina have done differently to avoid or minimize this conflict?
2. What could Tina learn from this experience?

Case Study #2

Mr. Olsen checks into the WIC clinic for his appointment. He enters asking for assistance in Spanish. Mr. Olsen has brought his pregnant wife and children with him to the clinic. While in the waiting room before the appointment, the children are noisy and begin running through the waiting area.

Jane is trying to work at the front desk and is getting frustrated by the noise and rowdiness as she is making phone calls. She begins speaking in English to another WIC employee, loudly enough so that some people in the waiting room can hear what she is saying. She is overheard saying, "These people (referring to the Olsen family) don't know how to control their kids."

Jane tells the family in English, "If you don't control your children, we'll have to reschedule your appointment for another day." Mr. Olsen gets up and leaves the clinic without getting his vouchers.

Mr. Olsen later calls the state WIC office and states that his family was discriminated against and was denied WIC services. Mr. Olsen says that Jane thought he couldn't understand English, but in fact he heard what she said about his family in English.

1. What are some assumptions that people make about WIC clients?
2. Can you think of other examples where these assumptions could lead to conflict?

Case Study #3

In a predominately Asian community, a new client is transferred in. The new client, Ashley, is not Hispanic and speaks English and Spanish.

Ashley just found out she is pregnant, and she also needs to schedule a recertification appointment for her daughter. She calls the WIC clinic to schedule the appointments. The clerk, Melissa, answers the phone with a strong accent.

Ashley is having a hard time understanding Melissa. The WIC staff, Melissa tries to explain that she can't get two appointments together until the end of the following week.

Ashley is frustrated and says, "This is not going to work. Obviously you don't want to help me, why don't you get someone on the phone who speaks clear English so I can get my vouchers."

Melissa is offended and says, "Well, I guess you should have planned ahead instead of waiting until the last minute to call for vouchers."

Ashley hangs up the phone and decides she will not ever go to this WIC clinic.

1. Have you ever been treated rudely by a WIC client? How did you respond?
2. How could these two women have handled this differently?

Case Study #4

A WIC clinic in a diverse area employs several bilingual staff. There is a group of staff who speak Spanish, and they often converse in their native language, Spanish.

Jenn, an employee who doesn't speak their language, feels self-conscious and sometimes wonders if they are talking about her. Jenn has gone to her boss to express how uncomfortable it is for her when the staff speak in Spanish openly in front of her. Her boss states she will speak to the staff.

The next day Jenn walks into a meeting room and several staff are already there, speaking in Spanish. Jenn walks in and says, "Hello." The other staff say "Hello" back and then resume with their conversation in Spanish, which Jenn does not understand. Jenn rolls her eyes and sits down on the other side of the room to wait for the meeting to start. Jenn's supervisor is in the room too.

1. Why might the bilingual staff choose to speak in their native language?
2. Why would this upset Jenn? How should Jenn handle this? How could the supervisor handle this?

Case Study #5

Mrs. Smith arrives to her WIC certification appointment with her twins. She is hesitant to go in due to difficulties with a staff person at a previous appointment and feels staff at this clinic is disrespectful to her because she is a Black American; but she needs her WIC vouchers so she goes in anyway. The clinic is very busy, staff indicates they are missing a piece of equipment today and will need to mail her vouchers tomorrow.

Mrs. Smith states, "I really need my WIC vouchers today, I don't have any more milk."

Mrs. Smith continues with her appointment with the nutritionist. The nutritionist proceeds to ask how the twins are eating. Mrs. Smith states they drink a lot of milk, 4 oz. with each meal and that the milk WIC gives doesn't last long. Staff reply, "They do not need to drink milk every day and that doctors really do not know much about kids". The WIC person then states, "WIC foods are for the participants only and not for the other members of the family." The nutritionist then asks about what is Mrs. Smith's fridge at home.

Mrs. Smith observes while she is with the nutritionist she overhears other staff talking at another table about people needing jobs and laughing. Mrs. Smith feels the staff is talking about her and her family. She continues with her appointment because she needs the WIC vouchers for her kids. Mrs. Smith finishes her visit and then proceeds to the parking lot. At that time she asks a woman if she was asked the same questions in the clinic, the woman states no and encourages Mrs. Smith to call the State Office to complain and provides her the number.

1. How would you feel if you were in an appointment and overheard people talking about sensitive subject matters and laughing?
2. Where did this appointment go wrong?
3. How can we make sure this does not happen at our WIC clinics?

Case Study #6

Andrea had one WIC appointment during her pregnancy. At that appointment Andrea disclosed that she had a history of drug abuse, but once she found out she was pregnant she stopped and was receiving help from the methadone clinic for the remainder of her pregnancy. Andrea then delivers her baby and is breastfeeding. Andrea states to the WIC staff that her baby was having withdrawal symptoms after delivery but is doing much better. Andrea states she is keeping all her doctor appointments and continues to work with the methadone clinic to make adjustments to her dosing after delivery.

The nutritionist observes during the visit Andrea dozing off in her office. She is aware of the history Andrea has had with substance misuse and has feared she has relapsed. Andrea stated some problems with breastfeeding but that she does not want to give up.

1. What is the easy assumption here?
2. How can the staff be supportive?
3. What would you do?