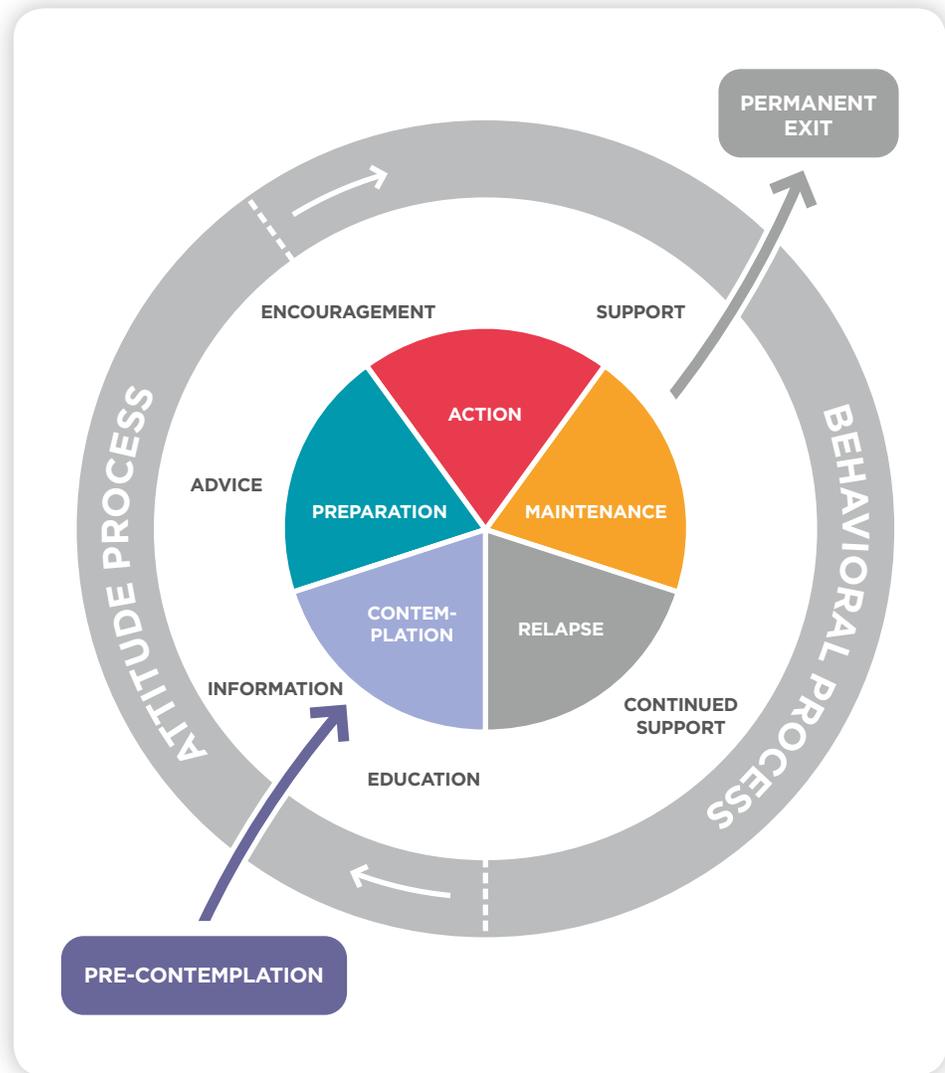


MOTIVATION TOOLS
THE CIRCLE

THE CIRCLE 1/2



Jørgensen, S.V., Hansen, H.V., Hessev, I.B., Lauritsen, J.B., Madelung, S. & Tønnesen, H. (2003). *Operation - Complications are preventable*; Copenhagen, International Health Promoting Hospitals & Health Services, Bispebjerg Hospital.

The “Circle” shows the seven different stages a patient undergoes when changing behavior: Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse and Permanent Exit.

Different stages reflect changes in the patient’s behavior. The professional support to the patient also differs according to the patient’s specific stage. Below you will find a short description of possible patient behavior and how you can assist the patient in the process of behavioral change.

THE CIRCLE

2/2

The first step is to determine where the patient is on the wheel of change. To identify this, we propose that you start by asking the patient the following question:¹ Which best describes your thinking about getting hearing aids?

Give the patient these five possible answers, which correspond to the stages of change:

1. I am not ready for hearing aids at this time. (Pre-contemplation)
2. I have been thinking that I might need hearing aids. (Contemplation)
3. I have started to seek information about hearing aids. (Preparation)
4. I am ready to get hearing aids if they are recommended. (Action)
5. I am comfortable with the idea of wearing hearing aids. (Maintenance)

We suggest that you use this question as a starting point for the dialogue; let the patient tell the story.

It is very important to remember that it is perfectly normal for a patient to move around the circle more than once before the new behavior is well established and integrated. This may take several months.

The stages in the circle interrelate with the phases of the Patient Journey, another Ida tool that you can find on our website, www.idainstitute.com.

¹ Babeu, L., Kricos, P., Lesner, S. (2004). Applications of the Stages-of Change Model in audiology. *Journal of Academy of Rehabilitative Audiology*, 37.

PRE-CONTEMPLATION

The patient:

- does not realize that he has a hearing problem or has realized a hearing problem but does not think it is of sufficient magnitude to seek help
- becomes surprised when the problem is brought up by those around him (Note: Do not mistake denial for lack of realizing that something is wrong.)
- does not recognize any of the symptoms you describe

How to assist the patient at this stage?

Listen to the patient and provide clear, short and exact information.

CONTEMPLATION

The patient:

- is ambivalent about making change (Note: Do not mistake this for lack of interest.)
- feels comfortable in the present situation, on one hand, but is afraid of the consequences of continuing without using e.g. hearing aids, on the other hand

How to assist the patient at this stage?

Listen to the patient and explore his experiences with hearing and communication. Give brief advice regarding possible options for improving hearing and communication. Support and acknowledge the patient's increasing awareness of ambivalence.

PREPARATION

The patient:

- continues to express ambivalence
- has reached a "tipping point" and decides to act on the hearing loss but is not sure exactly how to proceed
- seeks information to support the decision
- looks for support from the audiologist and others, but also considers the option of "going it alone"
- shows motivation and is ready to take action

How to assist the patient at this stage?

Support the patient in planning the use of new strategies. Listen. Give advice and ideas about what it takes to improve communication with others. Do not present "the one and only" solution. Focus on the benefits of better hearing.

ACTION

The patient:

- is relieved and proud about the decision to act on the hearing problem
- worries about not being able to follow through
- has a need to talk about the hearing difficulty with other people
- seeks acknowledgement and appreciation

How to assist the patient at this stage?

Listen to the patient. Focus on the personal benefits of improved hearing and communication. Encourage and support the patient.

MAINTENANCE

The patient:

- has now become a hearing aid user and/or is using effective communication strategies
- is still ambivalent
- is pleased to have taken the step to become a hearing aid user but also finds it hard to accept the implications of hearing loss
- sees hearing aids as a necessary evil
- feels sad from time to time and forgets why he wanted to change behavior
- feels either successful (leads to “Permanent Exit”) or may want to give up (leads to “Relapse”)

How to assist the patient at this stage?

Support and encourage the patient in sustaining the change of behavior, repeatedly.

RELAPSE

The patient:

- does not want to wear the hearing aid and struggles, gives up
- feels like a failure and becomes annoyed and angry
- feels he has a weak character
- relaxes and enjoys the freedom
- is motivated to try again

How to assist the patient at this stage?

Try to focus on the advantages of better hearing and communication. Focus on the manageable steps that enabled the patient to implement new strategies previously. Put focus on positive experiences even if they were of short duration. Try to make the patient agree on a new habituation scheme. And then, once again, support as much as possible.

PERMANENT EXIT

The patient:

- feels comfortable with the hearing aid and knows how to handle the hearing problem

How to assist the patient at this stage?

Provide the possibility to return for support.



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