



MOTIVATION TOOLS THE LINE, BOX AND CIRCLE

LET THE PATIENT DO THE WORK

Do you often feel that you waste energy persuading your hearing loss patients to change behavior with a questionable result? And somehow the responsibility for change inevitably becomes yours? If yes, the Ida Institute has three tools which may be helpful to you.

The models: the 'Line'¹, the 'Box'² and the 'Circle'³ have been used successfully by health care professionals in other therapeutic areas to coach patients into taking responsibility for their actions and making appropriate behavioral changes.

Background

The 'Circle' describes the different stages and processes a patient experiences when changing behavior. The 'Circle' is used for tracking present and future motivational levels of the patient with regards to the behavior change. It also provides guidance for healthcare professionals on ways to support the changing process in the most efficient way.

The WHO Collaborating Centre has translated the 'Circle' into practice and combined it with the 'Line' and the 'Box'. The 'Line' and the 'Box' are tools that help to clarify where the patient envisions him/herself in the changing process and to shed light on their ambivalence.

Since 1990, the Danish health care system has implemented these tools with surgical and chronic disease patients who required life style modifications before and after medical procedures.

Ida's point of view

We believe that the 'Line', the 'Box' and the 'Circle' can be useful in the field of hearing health care; to support and engage the patient and to understand and coach the patient. We have thus adapted the tools to make them workable within audiology.

When using the tools it is very important that you very carefully listen to and observe the reactions of your patient. By doing so, you also show respect and empathy for the patient and create a foundation for a balanced dialogue in which the patient feels accommodated and understood.

On the following pages you will find a short description on how to use the three tools.

¹ Based on the VAS (Visual Analogue Scale), by Rollnick, 1999

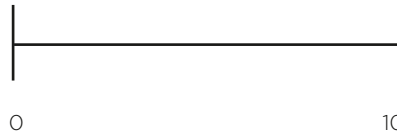
² Based on the Decisional Balance, by Janis and Mann, 1977

³ Based on the Changing Process theory, by Prochaska & DiClemente, 1991

THE LINE 1/2

1

How important is it for you to improve your hearing right now?



2

How much do you believe in your ability to use e.g. hearing aids, assistive listening devices or communication strategies?



The lines go from: '0 = not at all' to '10 = very much'.

Rollnick 1999

The 'Line' is helpful when the patient appears to be undecided whether he/she is ready to embrace the use of hearing instruments. It is used to clarify where the patient sees him/herself in the change process. It consists of asking two separate questions to identify if there is an ambivalence between importance of improving hearing and the patient's personal commitment to making the necessary changes, then asking the patient to mark their own position along a line stretching from 0 to 10. Use it in one of the first sessions with the patient – or as often as needed.

The first question identifies the goal; how important is it for the patient to improve the hearing right now.

The second question identifies the process: how high does the patient rank his/her own commitment to a specific solution. If the patient scores high on both questions, he/she will have a high motivation to act to improve the ability to hear.

Based on the two questions above you continue the session by elaborating on the patient's feedback thereby empowering the patient to phrase the reasons for the change of behavior. You may find it useful to focus on the following:

If the score is low on the first question, 'How important is it for you to improve your hearing right now?' the patient does not seem to take an interest in hearing. However, life style questions may yet reveal that there are areas in which the patient wishes to hear. If, on the other hand, the score is high, try to elaborate e.g. on the wish to participate in social networks or to keep up a job. If the patient scores about 7, you may ask 'why not a ten?' in order to make the patient reflect on the need to hear.

THE LINE

2/2

As to the second question, 'How much do you believe in your ability to use e.g. hearing aids, assistive listening devices or communication strategies?' it refers to the difficult process of changing hearing strategies and other behaviors that would lead to improvements. If the score is high, there is no need to elaborate much on the question. If the score is low, you may elaborate on the inhibitions the patient may have on acting on his hearing loss. The inhibitions could concern change in life style, emotions e.g. connected with the perception of being less attractive, lack of faith in technological devices or lack of perseverance when it comes to making things work. Try to discuss these matters with the patients and acknowledge their apprehension while at the same time reassuring them that the problems to some degree can be solved and that issues often resolve once the patient start acting on their hearing loss. At all costs, avoid telling the patient that his/her concerns are unfounded: they are real to the patient at that time.

THE BOX 1/2

1 BENEFITS OF STATUS QUO	2 COSTS OF STATUS QUO
3 THE POTENTIAL COSTS OF CHANGE	4 THE POTENTIAL BENEFITS OF CHANGE

Janis and Mann 1977

In the box above, 'status quo' means 'taking no action to improve my hearing' and 'change' means 'taking steps to improve my hearing'.

The 'Box' is used in combination with the 'Line' for mainly two reasons; to make the patient aware of his/her own positive and negative issues towards hearing loss and to give you a picture of how motivated the patient is. At the same time, pros and cons of continuing status quo or changing the behavior become apparent to the patient.

It is important that the patient fills out the 'Box' him/herself. Afterwards, you can assist the patient by asking follow-up questions and encourage elaboration of his/her response.

On the following page you can see an example on how to elaborate on the response you may get from the patient.

1 BENEFITS OF STATUS QUO

No need to hear anymore than I do now!

Are there any situations you avoid because of your hearing difficulties?

Have you considered that your communication partners may be unhappy or dissatisfied because you miss out on things?

I do not have a hearing problem!

You never find that people mumble?

Have you experienced any situations in which it is difficult to hear?

2 COSTS OF STATUS QUO

I can't really think of any

You never feel exhausted when you are in group contexts?

Would your communication partners agree to that?

I will feel excluded from social contexts

In which situations do you feel excluded?

I might lose my job!

Is it only in job situations that you have hearing problems?

3 THE POTENTIAL COSTS OF CHANGE

Hearing aids whistle!

Have you experienced that?

Other people might not like me because hearing aids are unattractive!

What do you think when you see other hearing aid users?

Have you considered that the relationship to other people might suffer if you can't hear them or you misunderstand them?

4 THE POTENTIAL BENEFITS OF CHANGE

I can participate more

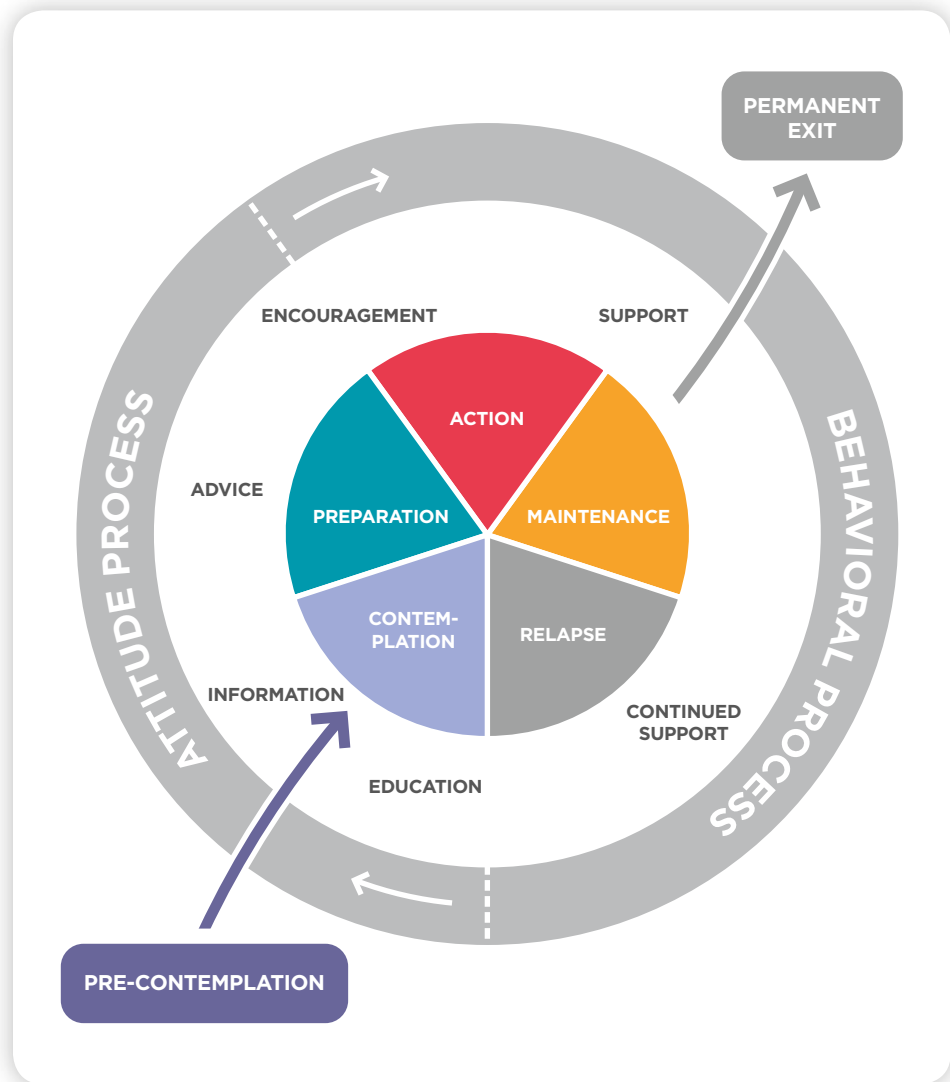
It will be less tiring for me if I don't have to pretend that I know what people are talking about

It will help me keep my job

There will be less conflicts in the family

Acknowledge the response and ask if there are any other benefits - get as many benefits as possible on the list to keep the motivation

THE CIRCLE



Prochaska & DiClemente 1991

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 specific stage he/she is in. Below you will find a short description of possible patient behavior and how you can assist the patient in the process of behavioral change.

It is very important to remember that it is perfectly normal for a patient to move round 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.

PRE-CONTEMPLATION

The patient:

- is not motivated to change behavior at all
- does not realize that he/she 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 her/him
- 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 (but do not mistake it for lack of interest)
- realizes that he/she has occasional problems with hearing; on the other hand does not think there is a hearing problem as such, or does not consider it severe enough to merit action

How to assist the patient at this stage?

Listen to the patient and talk about the hearing difficulty. Try to help the patient become aware of the personal costs related to the difficulty.

PREPARATION

The patient:

- continues to express ambivalence from time to time
- has reached a 'tipping point' and decides to act on the hearing loss but not sure exactly how
- seeks information to support the decision
- looks for support (consultation with you)
- shows motivation and is ready to take action

How to assist the patient at this stage?

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 his/her decision to act on the hearing problem
- worries about reaction from others when revealing the hearing deficit
- has a need to talk about the hearing difficulty with other people
- seeks acknowledgement and appreciation

How to assist the patient at this stage?

Focus on the benefits of changing behavior. 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;
- finds it hard to accept the hearing loss
- sees hearing aids as a necessary evil
- feels either successful (leads to 'Permanent Exit') or the patient 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 like a weak character
- is very ambivalent

How to assist the patient at this stage?

Try to make the patient verbalize the exact nature of the problem and if possible solve it. Put focus on the benefits of better hearing. 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 possibility to return for support



Egebaekvej 98
DK-2850 Naerum
Denmark
Tel: +45 70 22 72 17
E-mail: contact@idainstitute.dk
www.idainstitute.com

© Ida Institute 2009