The 5A's Behavior Change Model Adapted for Audiology

1. **Assess patient level of behavior.**
The audiologist should:

- Ask the patient about the impact of perceived impairment on communication function and daily living.

- Ask for specific examples of communication function – is listening more difficult in different situations, for different stimuli – familiar voice v. environmental noises.

- Ask patient about daily living routines.

- Ask about general health and well-being.

- Elicit general concerns/ questions related to impairment.

- Obtain complete/comprehensive medical and otologic history.

- Discuss impact of impairment on communication partners.

- Engage the patient in active conversation without barriers that impede communication.

- Effectively listen to patient and family "tell their story."

- Address patient's motivation for behavior change. How important is changing their behavior to them personally and what is their assessment of resources to make the change. (For example, use the Ida Motivation Tools)

2. **Advise the patient based on personal health risks**.
The audiologist should:

- Make specific recommendations for next steps, such as use of technology and communication strategies.

- Make appropriate referrals to other professionals to participate in care of the patient and explain purpose of expected outcomes of the referral.

- Explain the impact of recommended strategies in a way that is meaningful to the patient/family.

- Discuss implications of not following through with recommendations.

3. **Agree with the patient on a realistic set of goals.**
The audiologist should:

- Allow patient to establish the goals for communication.

- Discuss different treatment options and expected outcomes of each possible option to enable informed decision making.

- Relate goals to concerns expressed by patient – allow patient to prioritize based on their needs.

- Provide input on how realistic goal achievement may be.

- Give specific suggestions on how to best achieve high priority goals

4. **Assist in anticipating barriers and develop an action plan.**
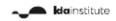The audiologist should:

- Discuss potential barriers to successful goal attainment.

- Support the patient in developing a plan to minimize barriers (can be done through role-playing).

- Use information about daily-living routines to brainstorm potential barriers and possible solutions to improving function.

- Include information about patient's values, traditions and priorities in suggested solutions.

- Provide information in a way that is sensitive to a variety of learning styles (provide written and well as verbal instructions).

- Suggest a plan for monitoring progress, problems and questions that arise between encounters.

5. **Arrange follow-up support.**
The audiologist should:

- Develop a plan for contacting the patient to check on the progress following the appointment.

- Make recommendations for support or information-sharing groups.

- Help make plans for how to get support from friends, family and community.

- Refer the patient to additional mental support if need is identified (concerns expressed were beyond scope of clinician's practice).

- Establish a plan for purposeful follow-up to support patient in achieving goals when needed.

6. **Affect was appropriate.**
The audiologist may have:

- Give the patient full attention – no obvious distracters, time was sufficient

- Acknowledge the emotions the patient expressed in the appointment

- Listen to the patient
  - Use minimal encouragers – use well placed comments that do not interrupt the patient, yet encourages them to continue speaking and tell more of their story

  - Body language includes an open posture

  - Paraphrase and repeat what the patient stated

- Ask questions for clarification

- Remain compassionate and attentive throughout the interaction

- When feedback is solicited, it should be descriptive and non-judgmental

- Room is physically designed to facilitate an open conversation – no barriers between the audiologist and the patient, tissues available