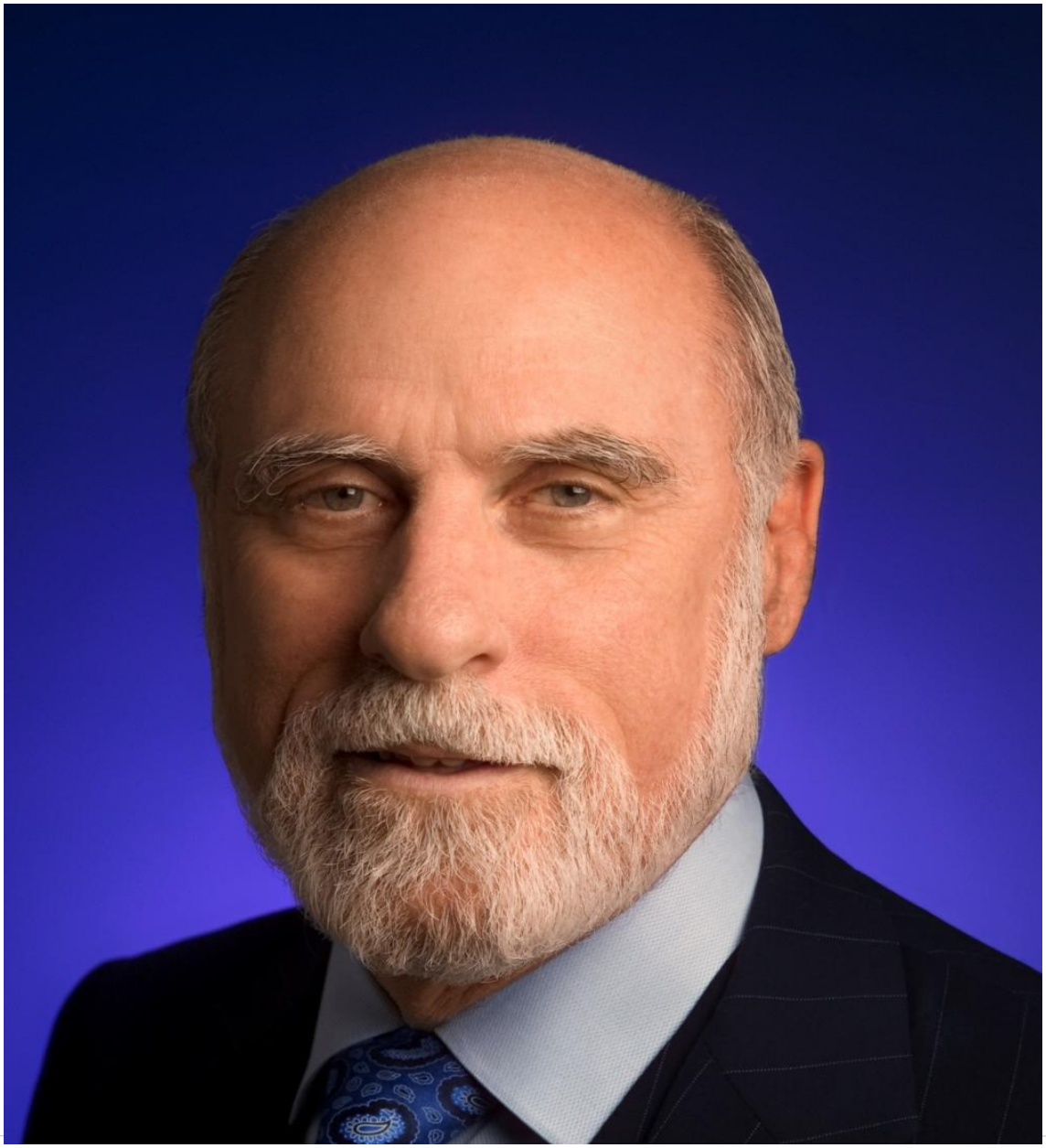
Building Relationships

Know Thy Patient



Don’t Assume…

Donald, age 80


YAMAHA
WaveRunner

Don’t confuse ambivalence with lack of motivation…

Internal Conflicts

Conflict within an individual is the simultaneous arousal of two or more incompatible motives. To understand the dynamics of conflict, psychologists have tried to answer one key question: "What factors make some choices easy and others difficult?"

Smith and Guthrie (1921) made a distinction between conflict situations that produce a stable equilibrium and those that produce an unstable equilibrium. Easily resolved conflicts are said to be in unstable equilibrium: as soon as the person moves toward one of the alternatives, the conflict disappears. When a conflict is not easily resolved, incompatible responses continue to balance each other. The person cannot accept either alternative. Since he cannot choose, he remains in conflict. The conflict is in *stable equilibrium*.

Ambivalence

Feeling 100% clear about something that is important is probably more the exception than the rule. Conflict is an important element essential to behavioral change.

Lewin (1935) identified several patterns of conflict, including:

- Approach-Approach
- Approach-avoidance
- Avoidance-avoidance
- Double approach-avoidance

Approach-Approach Conflicts

In Approach-Approach conflicts, t he individual is faced with the necessity of making a choice between two (or more) desirable goals.

Since both goals are desirable, this is the least stressful situation.

Such situations produce a state of unstable equilibrium: A step toward either goal is sufficient to resolve the conflict by making that goal seem more attractive than the other.

“High Class Worry”

Approach–Avoidance Conflicts

In this situation, the individual is both attracted and repelled by the same goal. The same goal has qualities that make the individual want to approach it and other qualities that make him want to avoid it.

Produces Stable Equilibrium, and therefore more stressful than for Approach-Approach conflicts. As the individual nears the goal , the strength of avoidance increases more rapidly than that of approach, pushing him from the goal ; at this point the strength of approach is higher than the avoidance tendency. In this manner the person is brought back to the original point of equilibrium .

“Can’t live with it; can’t live without it”

Avoidance-Avoidance

The individual is faced with two goals, both of which are negative, or repellent.

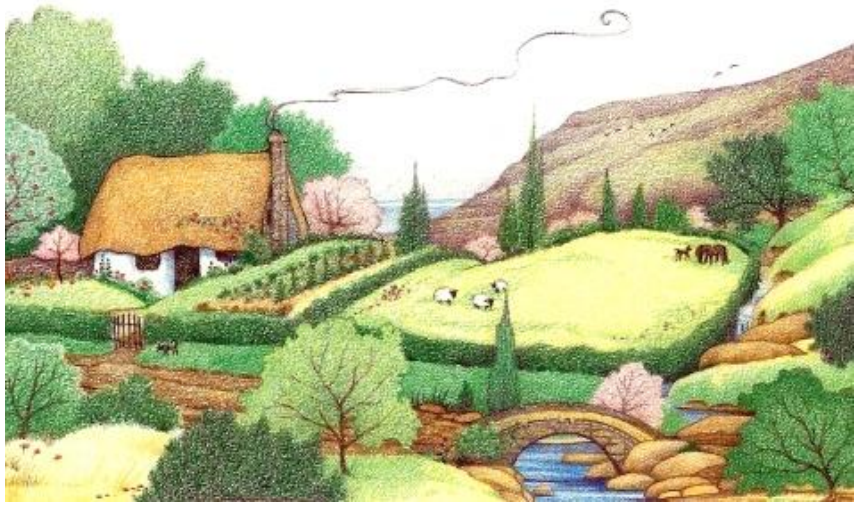
The avoidance-avoidance conflict situation is a stable equilibrium in which a movement away from one goal is countered by an increase in the repellence of the other goal so that the individual returns to the point where he was at the beginning of the conflict .For example, “Either you get hearing aids, or you continue to struggle in social situations”

The individual tries to remain balanced between the two for as long as possible;. The nearer the individual comes to a goal he wishes to avoid (a repelling one), the stronger is the tendency to avoid it.

“Between the rock and a hard place.”

Keep in mind, for most of our patients, the decision to proceed with hearing aids is an “avoidance-avoidance” conflict!

Double Approach-Avoidance Conflict



In reality, individuals frequently are faced with having to choose between two (or more) goals, each of which has both attracting and repelling aspects. Since the tendency is to approach and avoid each of the goals, this pattern is called double approach-avoidance. Choosing a house in the country means fresh air, room to live, peace and quiet. It also means many hours of commuting to work in heavy traffic and long distances from city amenities and cultural events. Choosing to live in the city will likewise present both the problems and the advantages of city life. This is a common example of the double approach-avoidance situation.

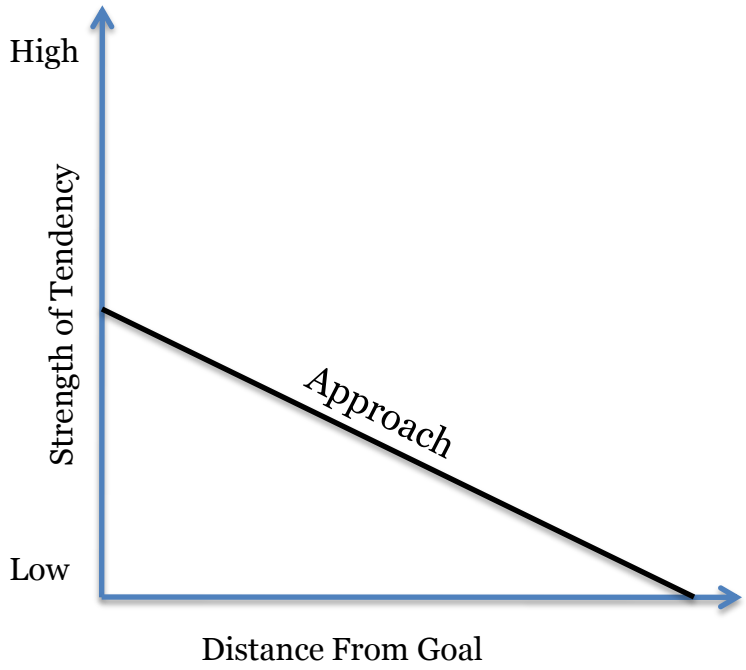
Ambivalence

Easy to misinterpret ambivalent conflict as pathological – that there is something wrong with a person's motivation, judgment, knowledge base or mental state

Ambivalence is a normal component of human nature, and is in fact a normal phase in the process of change

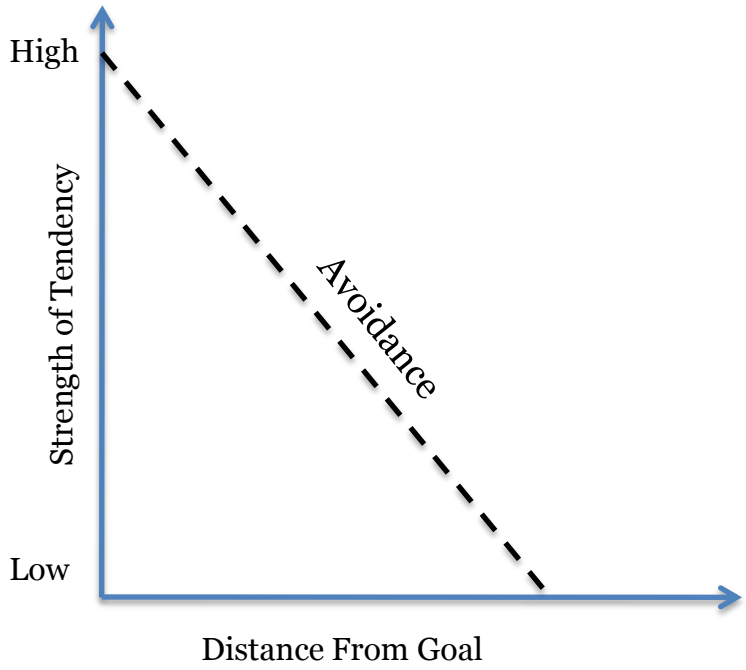
Lack of motivation may really be unresolved ambivalence

Typical Approach Gradient



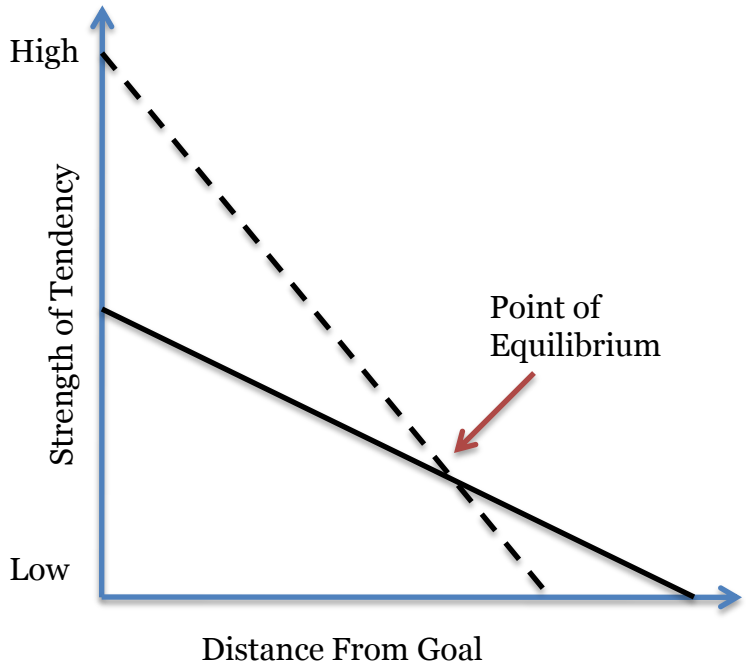
Slope of Approach gradient is flat

Typical Avoidance Gradient



Slope of Avoidance gradient is steep

Point of Equilibrium



Again, don't confuse ambivalence with lack of motivation...

What interventions are available to help build relationships?

Three Kinds of Behavioral Change Interventions

Brief Advice (BA)

Behavioral Change Counseling (BCC)

Motivational Interviewing (MI)

Three Kinds of Behavior Change Interventions

Context Session Time Setting	**Brief Advice** **5-15 min** **Mostly opportunistic**	**Behavioral change Counseling** **5-30 min** **Opportunistic or Help seeking**	**Motivational Interviewing** **30-60 min** **Mostly help seeking**
Goals	Demonstrate respect Communicate risk Provide information Initiate thinking about change in problem behavior	BA goals plus: Establish rapport Identigy client goals Exchange information Choose strategies based on client readiness Build motivation for change	BA and BCC goals plus: Develop relationship Resolve ambivalence Develop discrepancy Elicit commitment to change
Style Practitioner-recipient	Active expert-passive recipient	Counselor-active participant	Leading partner-partner
Confrontational /challenging style	Sometimes	Seldom	Never
Empathetic style	Sometimes	Usually	Always
Information	Provided	Exchanged	Exchanged to develop discrepancy

Essential (***) versus Non-essential (*) skills

Skills	BA	BCC	MI
Ask open ended questions	**	**	***
Affirmations	**	**	***
Summaries	*	***	***
Ask permission	**	***	***
Encourage choice and responsibility	**	***	***
Provide advice	***	**	*
Reflective listening statements	*	**	***
Directive use of reflective listening	*	*	***
Variation in depth of reflections	*	**	***
Elicit change talk	*	**	***
Roll with resistance	*	***	***
Help client articulate deeply held values	*	*	***

When is the "brief advice" intervention strategy appropriate?

Ernst (2000) identifies three situations in which brief advice is appropriate:

1. the patient asks for information
2. the practitioner has information that might be helpful to a patient
3. the practitioner feels ethically compelled to provide advice

In this approach, practitioner has an authoritative role, using a clear and compassionate tone

Example: "Traditionalist" generation patient referred to "expert" practitioner

Differences between "Brief advice" and "Behavior Change" sessions

1. Roles of practitioner and recipient are more egalitarian than in the brief advice session
2. Practitioner acts as an adviser to an active and engaged participant
3. More collaborative with greater attention on building rapport
4. "Task oriented", with more shared decision making than for brief advice session

Example: "Baby Boomer" armed with reams of downloaded information

Motivational Interviewing

Helping the patient resolve the contrast between personal values and the behavioral problem is another characteristic of motivational interviewing

A lot of directing and steering is done through reflective listening and selective reinforcement

Example: Blind patient with 8-year-old hearing aids

Conclusions

To Build Relationships

1. Assess which type of behavior intervention strategy is most appropriate for this patient and situation
   A. Brief advice
   B. Behavior change
   C. Motivational Interview

2. These methods are only effective if they are used
   A. Engagement
   B. Tools

Motivational engagement

Professor Hanne Tønnesen MD DMSc
Postdoc Susan Warming PhD PT

Overview

How to build up the dialogue

The tools

- Lines
- Box
- Circle
- A pedagogic trick

Changing habits

We are all familiar with patients not doing what has been recommended

- Taking vital medication
- Loosing weight if severely obese
- Using hearing devices

However, knowing is not automatically followed by doing

Stage of change

We seem to follow the same pattern, when changing habits

Therefore we can often use the same simple tools to support the changing process

- The lines
- The box
- The circle

How to begin ?

We often want the patients to do what we think is the best

- We recommend
- We persuade
- We stress

It is better to let the patient do the job him- or herself

Building up the dialogue

First

Ask, listen, observe, feel, accept

Recognise that there is a problem

- but do not tell that patient that he or she has a problem
- let the patient tell you

Continue to building up

Then

Establish a burning platform

So the patient has to respond

Focus on a few crucial elements

Focus

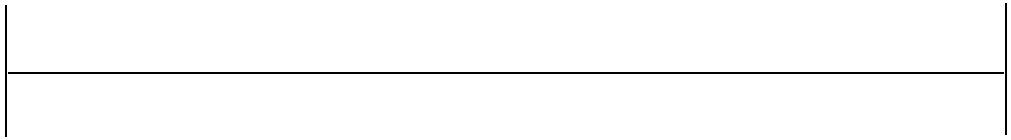
Go to

Identification of

1. how important it is for your patient to change habits
2. how much the patient believe in his or her ability to change

The importance of changing now

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

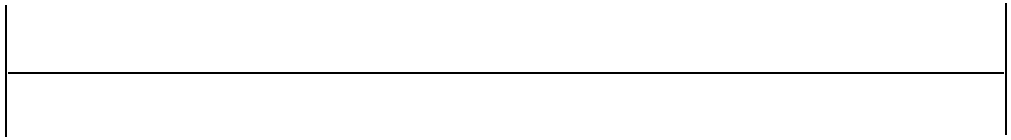


The lines go from ‘0 = not at all’ to ‘10 = very much’.

Rollnick 1999

The importance of changing now

2) If you really tried, rank your willingness to use hearing aid, amplification, communication strategy:



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Rollnick 1999

The core part of the dialogue

ASK: What is the reason for giving yourself 6 and not 1 ?

RESPONSE: The patient begins to phrasing the reasons

You are always more open to become convinced by listening to your own arguments and voice

The core part of the dialogue

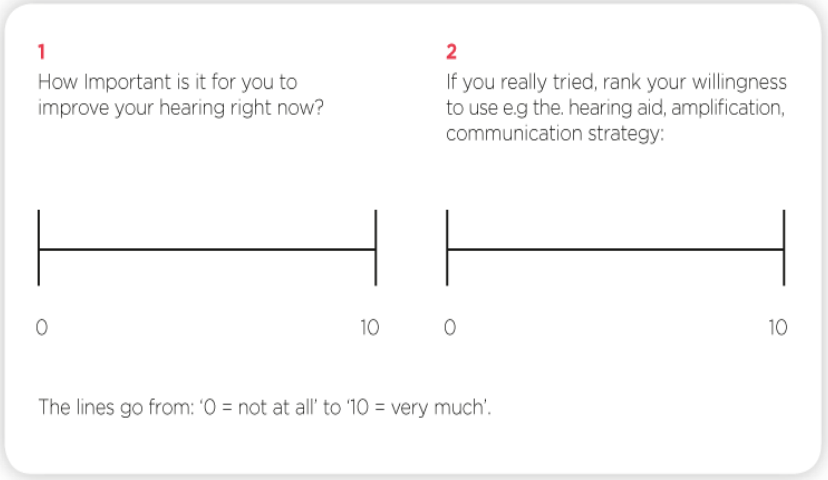
ASK: What would it take to increase the importance from 5 to 9 ?

ASK: What would it take to increase your belief in your ability to change habits from 3 to 8 ?

ASK: What can I do to help you to go from 1 to 7

RECOGNIZE: When to involve the significant other in this process, either formally or informally

The Line



Rollnick 1999

The Line asks 2 simple questions to:

1.Establish the goal

How important is it for the patient to improve hearing right now

2. Ranks commitment to the solution

How willing is the patient to use eg. the hearing aid

Decisional Balance

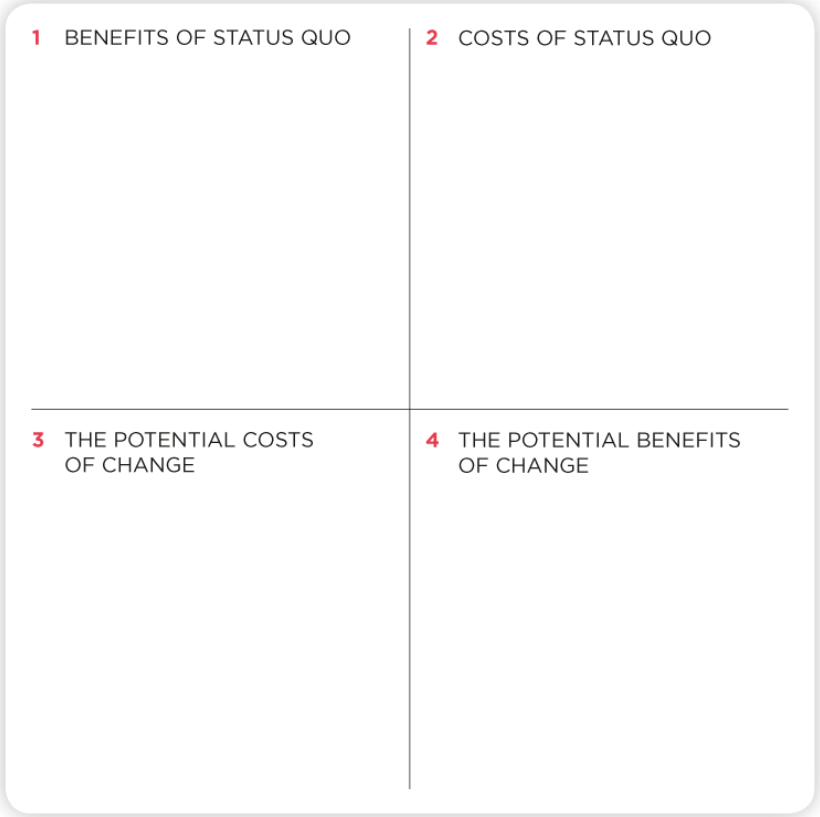
1) Benefits of status quo	2) Costs of status quo
3) The potential costs of change	4) The potential benefits of change

Janis and Mann 1977

Good advices

- Listen
- Support the patient in doing the talking
  - Repeat the last word like a question
  - Offer clear information
  - Reflect (So, on one side you say that …)
- Do not argue with the patient, let him or her convince you

The Box



Janis and Mann 1977

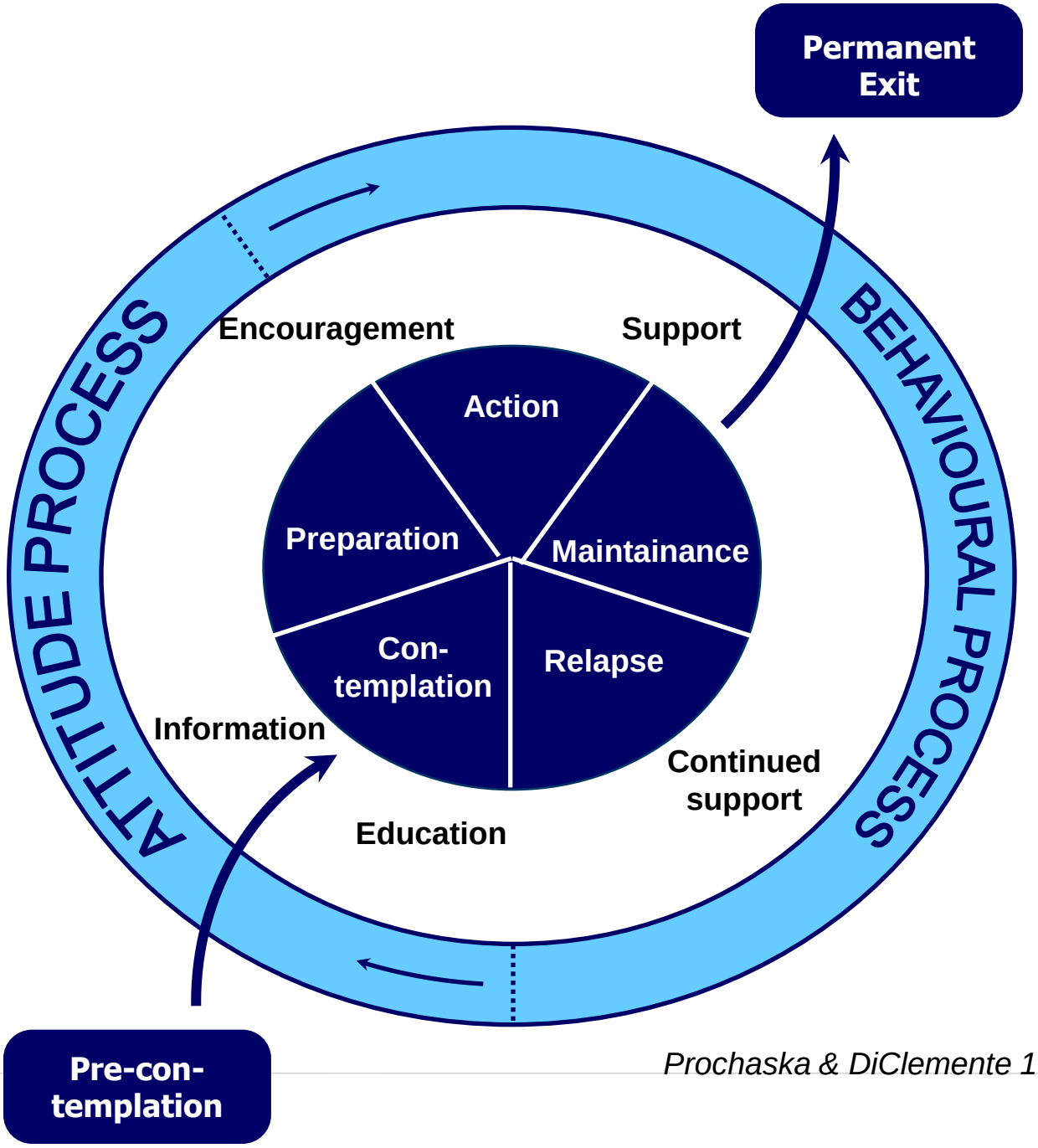
The Box is used in combination with the Line

1.Make patient aware of own positive and negative issues

2.Provides a picture on how motivated patient is

Stages of changes or

Wheel of fortune



Prochaska & DiClemente 1991

Pre-contemplation

He or she

Recognises comments and information as misplaced or ill-timed involvements

Excuses him- or herself

Does not think that he or she will succeed in changing habits

Becomes surprised when presented for problems

Contemplation=Ambivalence

He or She

Feels comfortable in the present habits / is afraid of the consequences of continuing the present habits

Rejects to change habits / wants to change

Preparation

He or she

Is looking for information on consequences
Would like to talk about changing habits
Would not like to talk about it at the same time
Looks for support
Would like to do it him- or herself

Action

He or she

Is happy and proud

Talks about the change and looks for acknowledgement and appreciation

Feels that it is not as difficult as expected

Fears to give up the change and relapse

Maintenance

He or She

Feels successful

Is sad and seeks the conflicts

Wants to take up the old habits –sometimes

Forgets why he or she wanted to change habits

Relapse

He or she

Feels like a failure

Relaxes and enjoys the freedom

Is angry and annoyed

Feels like being a weak character

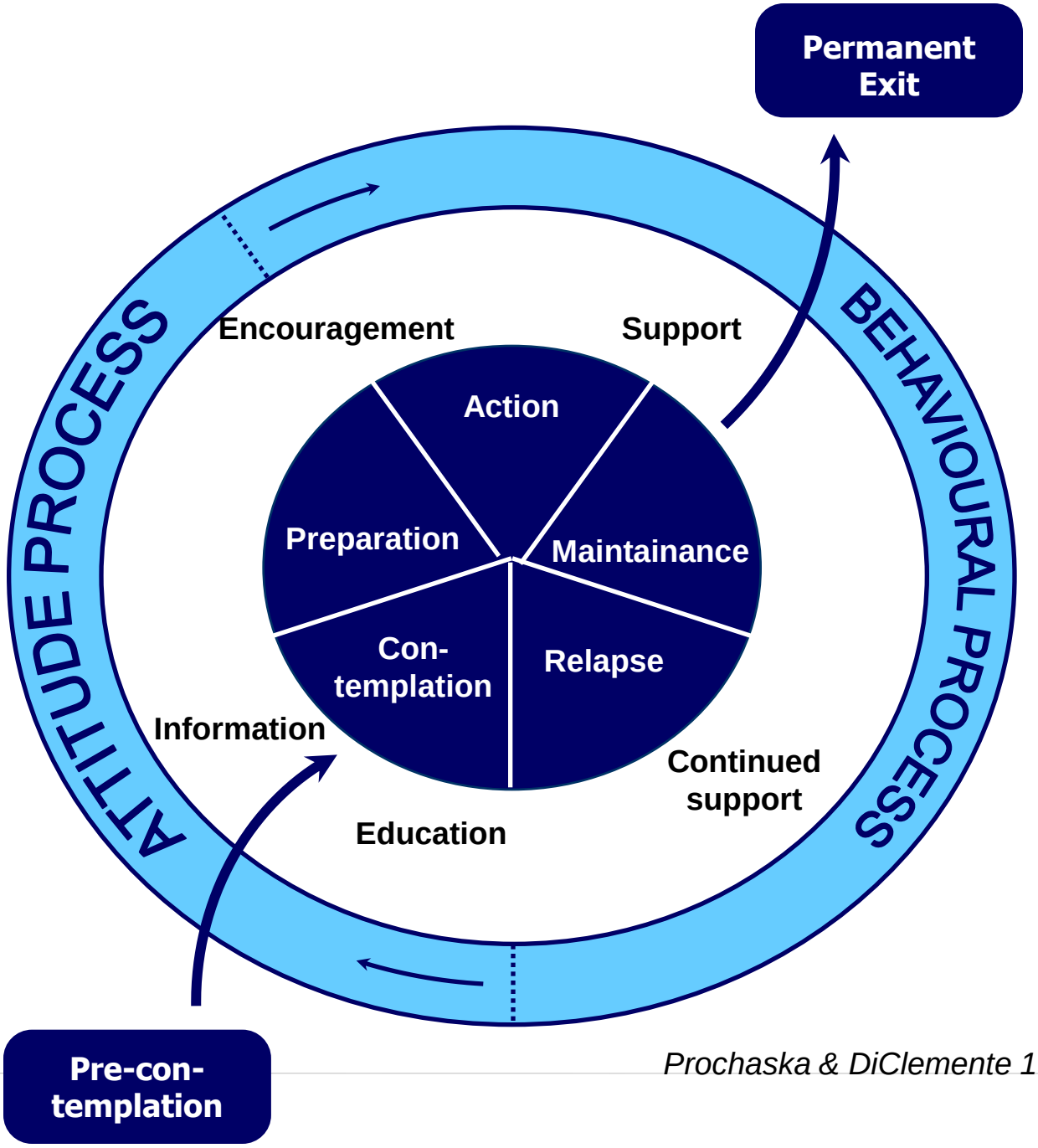
Is motivated for new attempts regarding changing habits again …

Permanent change

He or she

Feels safe and comfortable with the new behaviour

Is integrated with the new habits



Prochaska & DiClemente 1991

A pedagogic trick

A logbook / diary to measure the use the hearing devices (datalogging also may serve this purpose, at least in part)

You always try to improve your outcome, when measured

Overview

- ✓ How to build up the dialogue
- ✓ The tools
- ✓ Lines
- ✓ Box
- ✓ Circle
- ✓ A pedagogic trick

Experience from practice & an exercise

Exercise

Use a few minutes to discuss a daily situation with your client/patient.

A situation where you did not succeed – what went wrong?

Exercise

Use a few minutes to discuss a daily situation with your client/patient.

A situation where you succeed – what made it a success?

Where would the clients have put themselves on the scale questionnaire?

Where were they in the stages of change?

How do think their decisional balance work sheet would look?