



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 their behavior, only to achieve a questionable result? And somehow the responsibility for change inevitably becomes yours? If yes, the Ida Institute has three tools that may be helpful to you.

The “Line,” the “Box” and the “Circle” models 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. It is used for tracking present and future motivational levels of the patient with regard to the behavior change. As all patients undergo similar change processes and experience ambivalence, this model provides guidance for health care professionals on ways to support the changing process in the most efficient way.¹

The WHO Collaborating Centre has translated the “Circle” into clinical 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 himself in the process of change and to shed light on his ambivalence.²

Since 1990, the Danish health care system has implemented these tools with surgical and chronic disease patients who required lifestyle 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 these tools it is very important that you listen carefully to your patients and observe their reactions. This shows respect and empathy for the patient and creates a foundation for a balanced dialogue in which the patient feels accommodated and understood.

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

¹ Rollnick, S., Mason, P. & Butler, C. (1999). *Health behavior change: A guide to practitioners*; London, Churchill Livingstone.

Miller, W. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*, 2.ed.; New York, Guilford Press.

Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1994). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward*; New York, Avon Books.

² Jørgensen, S.V., Hansen, H.V., Hesselov, I.B., Lauritsen, J.B., Madelung, S. & Tønnesen, H., (2003). *Operation - Complications are preventable*; Copenhagen, International Health Promoting Hospitals & Health Services, Bispebjerg Hospital.

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...*



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

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

• As the audiologist, you need to fill in the solution you suggest; e.g., hearing aids, assistive listening devices or communication strategies.

The “Line” is helpful to open a dialogue with reluctant patients and to help explore whether the patient is ready to embrace the use of recommended treatment. It consists of asking two separate questions to identify whether there is ambivalence between the importance of improving hearing and the patient’s personal commitment to making the necessary changes. The next step is to ask the patient to mark his own position along a line from 0 to 10. You can use this tool 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 his hearing right now?

The second question identifies the process: How high the patient ranks his own commitment to a specific solution? If the patient gives a high ranking on both questions, he will have a high motivation to improve his hearing.

Based on the two questions above, you continue the session by elaborating on the patient’s response, 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 appear to take an interest in hearing. However, lifestyle questions may yet reveal that there are situations in which the patient does wish to hear. If the score is high, also try to elaborate, e.g., regarding the wish to participate in social networks or to perform a job. If the patient scores about 7, you ask “Why a 7?” in order to make the patient reflect on his own explanation and articulate his underlying thoughts.

THE LINE

2/2

The second question, “How much do you believe in your ability to use e.g. hearing aids, assistive listening devices or communication strategies?” refers to the process of change that will lead to better communication. No matter what the score is, elaborate on the objections the patient may have regarding acting on his hearing loss. The inhibitions could concern change in lifestyle, such as emotions 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 patient and acknowledge his apprehension. At the same time, reassure him that the problems can be solved to some degree and that issues are often resolved once the patient starts to act on the hearing loss. At all costs, avoid telling the patient that his concerns are unfounded; they are real to the patient at that time.

THE BOX

1/2

| | |
|---|--|
| 1 BENEFITS OF NO ACTION | 2 COSTS OF NO ACTION |
| 3 THE POTENTIAL COSTS OF TAKING ACTION | 4 THE POTENTIAL BENEFITS OF TAKING ACTION |

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

The “Box” is used in combination with the “Line” primarily for two reasons: To make the patient aware of his own positive and negative thoughts about hearing loss and to give you a picture of how motivated the patient is. At the same time, pros and cons of continuing the status quo or changing the behavior become apparent to the patient.

It is important that the patient fills out the “Box” himself. Afterward, you can assist the patient by asking follow-up questions and encouraging him to elaborate.

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

1 BENEFITS OF NO ACTION

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 NO ACTION

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 TAKING ACTION

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 TAKING ACTION

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

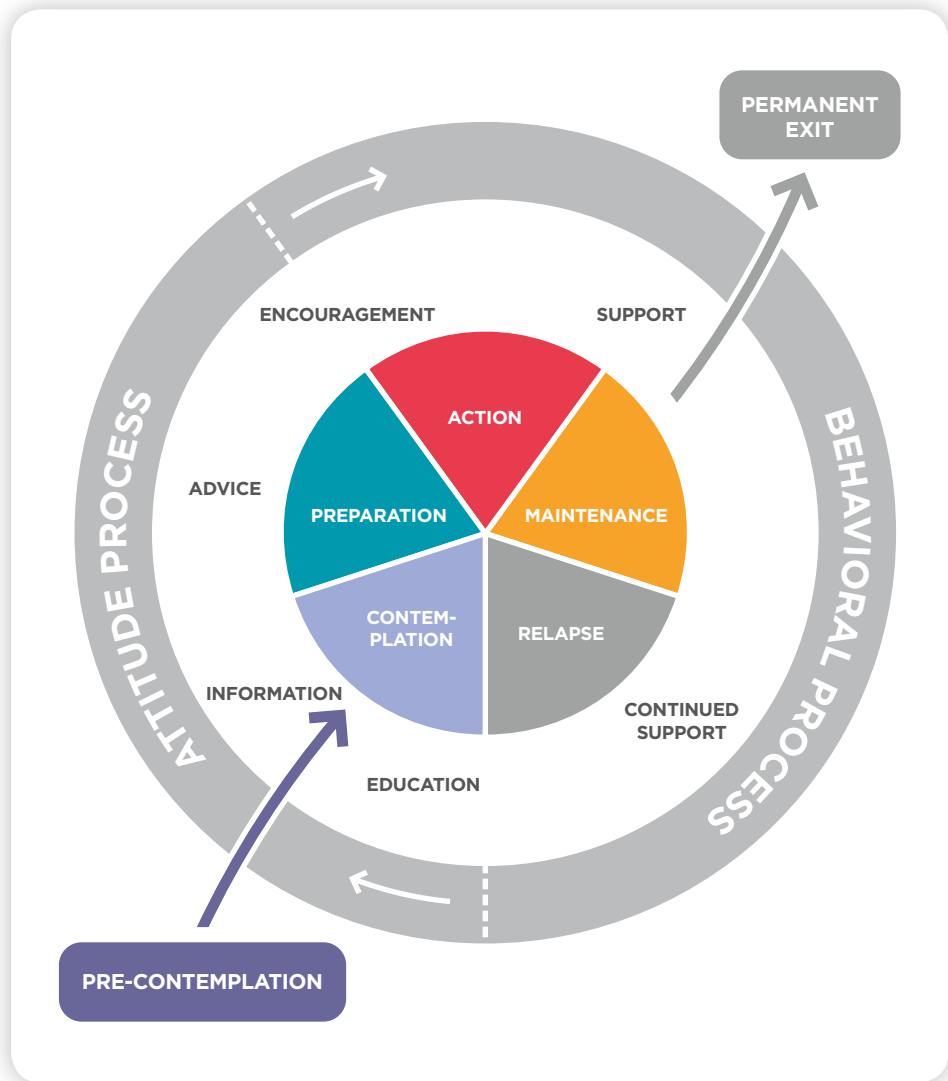
It will help me keep my job

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

1/2



Jørgensen, S.V., Hansen, H.V., Hessov, 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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The Ida Institute is an independent, non-profit institute supported by an unrestricted educational grant from the Oticon Foundation.