Patient Perceptions and Motivation





The many technological advances in our field may only be of minor importance to our success when compared to the counseling and rehabilitative aspects of our care. *David B. Hawkins*



Remember this from yesterday?

Motivational engagement is...

A connection between the audiologist and the patient that:

- allows the **audiologist** to understand the motivations that patients carry with them when they come to the clinic
- builds confidence in **patients** that the audiologist's recommendations will be right for them

The Three Rs for Engagement ...are Key to the Impressions we Give

- Paying real attention,
- respecting the patient's perspective and
- moving forward when the patient is ready are all key to patients' perceptions of us and patients' subsequent motivation to move forward with recommendations

True or False?

Audiologists are often viewed by their patients as insensitive or indifferent.

A 4th R - How are We Responding?

Are we listening in a manner that is conducive to an "in touch" response?



Listening... a skill to be honed



A quick listening test

Scoring:

5 - always
4 = frequently
3 = occasionally
2 = rarely
1 = never

cc

First... Your Predictions

- A. You are a good listener.
- B. You're OK, but you could stand some improvement.
- C. You need some work on your listening skills.

- Do you ever ask people to repeat what they just said, even though you were not in a noisy room?
- Do you ever plan on how you are going to respond (e.g.: fix the problem) to someone when that person is still talking?
- Do you ever pretend that you are paying attention to someone?
- Do you ever pay more attention to how the speaker looks, or what words he/she is using, rather than *what* is being said?

- Do you ever find yourself waiting until a person pauses so that you can let him/her know what your opinion is about the situation?
- Does your mind tend to wander when you are listening to someone speak about something that you know about?
- Do you concentrate on the facts when speaking with someone?

- Do you ever try to multi-task when listening to someone?
- Do you get so angry or concerned about what someone is saying that you have difficulty listening to what is being said?
- Does your mind tend to wander when you are listening to a topic that is difficult for you to understand, uninteresting, overly familiar or dull?

Test Score

- 10 -15 You are a good listener
- 16 39 You're OK, but you could stand some improvement
- 40 50 You need some work on your listening skills



In situations in which a mother might express something like, "The hearing aids look so big on his tiny ears," I have heard or could envision clinicians respond with...

- a) A response that suggests the child will "grow into them"
- b) A response that speaks to the miniaturization of hearing aids over the years
- c) A shift to discussion of our expectations for success now that he will being hearing so many things that he was missing before

When patients say "I always thought hearing aids were for old people," I have heard clinicians respond...

- a) By pointing out that many patients are much younger, including a number of children
- b) By reminding the patient that her hearing loss is much more noticeable than hearing aids will be
- c) By addressing the significant miniaturization that has occurred in recent years
- d) With more than one of the above

Avoiding Communication Mismatch

• Speak to the possible underlying emotions:

"It must be difficult to think of your baby wearing hearing aids."

"It's not easy when things change. I'll bet you really didn't want to hear that hearing aids are the best answer."

Reflective listening

- Confirm understanding at each step
 - A key to avoiding communication mismatch and

a key to motivational interviewing

• Delivering Bad News ... Impact on Impressions

When we complete our testing, patients should be given the results...

- a) Immediately following the evaluation
- b) In sufficient detail that the patient can understand why speech is unclear
- c) In the presence of a significant other
- d) All of the above
- e) I don't really know

Are We Giving Our Patients what They Want When They Need It?



Remember the Three Rs! Are We Giving Information when Patients are Ready?

 Alienated Angry Annoyed Anxious Bewildered Bitter Cheated Confused Depressed Disturbed Drained Enraged Fearful Frightened Frustrated Guilty Hassled Hopeless Impatient Insecure Lonely Lost Misunderstood Nervous Overwhelmed Panicked Remorseful Responsible Sorry Spiteful Tense Unsure Unloved Unwanted Useless Wasted Weary Withdrawn Worried ...

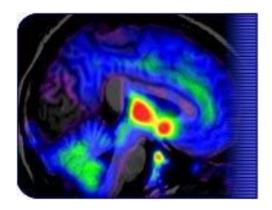
The science behind 'readiness'

What we observe:

- Patients often feel emotional when hearing loss is confirmed
- Patients do not effectively problem-solve when they are feeling emotional
- Information retention declines when emotions are high

Evidence:

- PET, fMRI show amygdala is emotional center of brain
- Neocortex is the problemsolving center; cannot be accessed if amygdala is filtering



www.lifesciences.umich.edu/news/feature-story.html Modified from KM English What should we tell our patients following our testing to respect readiness, create positive impressions and foster engagement?

Will creating positive perceptions improve patient motivation?

It Can't Hurt!



A life spent making mistakes is not only more honorable but more useful than a life spent doing nothing. *George Bernard Shaw*

The mistakes are all there waiting to be made. Chessmaster S. G. Tartakower

Experience teaches you to recognize a mistake when you make it again. *Unknown*

If I had to live my life again, I'd make the same mistakes, only sooner. *Tallulah Bankhead*

All men make mistakes, but married men find out about them sooner. *Red Skelton*

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