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Incorporating a client-centered approach to care in audiology practice

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Outline

• Background
  — Origins of client-centered care
  — Client-centered approach in healthcare
• Development of the model of client-centered care in audiology
• The preliminary model of client-centered care in audiology
• Incorporating client-centered care into practice—
  — Barriers and facilitators
Client-Clinician Interaction

- Most important aspect of healthcare
- Effectiveness of the treatment
- Client satisfaction
- Adherence to treatment
- Positive client outcome

Silverman, et al. 1998; Neumann et al., 2010; Bertakis, et al., 1991; Bartlet et al., 1984; Gavin et al, 1999; Dibbelt, et al., 2009; Gyllenesten, et. al. 1999

Client-centered approach origin

- Developed by Carl Rogers in 1940s
- Focus on the person as opposed to focus on the problem
- Coined the term “client” for persons who receive services in non-medical setting
Rogers’ 3 basic principals of client-centered therapy

• CONGRUENCE
  – Clinician is congruent with the client
  – Being genuine and willing to relate to clients without hiding behind a professional facade.

• UNCONDITIONAL POSITIVE REGARD
  – Complete support and acceptance of the client

• EMPATHY
  – Clinician shows an empathetic understanding to the client
  – Clinician understands what client feels and communicate that to the client

Definitions

• Client-centred care “embraces a philosophy of respect for, and a partnership with people receiving services”

Law, Baptiste & Mills, 1995
Definitions

Patient-centred care is “a collaborative effort consisting of patients, patients’ families, friends, the doctors and other health professionals ...”

Lutz & Bowers, 2000

Client-centered care models

Several models described in literature

- Client-centred counselling
- Patient-centred medicine
- Person-centred nursing
- Client-centred occupational therapy
Patient-centered medicine

Model 1- Stewart et al. (2003)
1. Exploring both disease and illness experience
2. Understanding the whole person
3. Finding common ground
4. Enhancing client-clinician relationship
5. Incorporating prevention and health promotion
6. Being realistic

Patient-centered medicine

- Model 2: Mead & Bower (2000)
  1. Bio-psycho-social perspective
  2. Patient as a person
  3. Sharing power and responsibility
  4. Therapeutic alliance
  5. Doctor as a person

CONTINUED
Patient-centered medicine - Model 2

• Mead and Bower model emphasizes both patient and doctor in patient care

Person-centered nursing

Four Constructs (McCormack & McCance, 2006)
1. Prerequisites
2. The care environment
3. Person-centered processes
4. Expected outcomes
Person-centered nursing

Factors enabling person-centered care to operate in practice:
- Patient values
- Nurse’s values
- The context of the care environment

Human autonomy can be retained through partnership with nurses via:
- getting “close to the person”
- providing care consistent with the person’s values
- biographical approach to assessment
- focus on ability rather than dependency

Client-centered occupational therapy

1. Autonomy and Choice
2. Partnership & Responsibility
3. Enablement
4. Contextual Congruence
5. Accessibility
6. Flexibility
7. Respect for diversity
Client-centered occupational therapy

Law et al. (1995)

• Autonomy and Choice
  • clients have the right to receive information in a manner they can understand so they can make choices about their care

• Partnership and Responsibility
  • Each person in partnership brings their expertise and experience and have responsibilities in the partnership

• Enablement
  • change focus from illness to wellness and considering client’s capabilities versus deficiencies

• Law et al (1995)
  • Contextual Congruence
    • understanding the client’s roles, values, interests and the environment and culture
  • Accessibility and Flexibility
    • equitable service provision in a timely and accessible manner to meet the needs of the client
  • Respect for diversity
    • respect differences in values and beliefs
Common elements in 6 client-centered models

- Provision of information
- Person-centered communication
- Facilitation of client participation
- Flexible, individualized service delivery
- Physical comfort

Law & Mills, 1998

Factors in Client-Clinician Interaction That Influence Hearing Aid Adoption

Goal

• To identify factors in client-clinician interaction that influence hearing aid adoption in first time adult hearing aid candidates

Participants

• Audiologists and hearing instrument practitioners who prescribe/dispense hearing aids

• Persons (45-85 yrs) with sensorineural hearing loss who received a hearing aid recommendation within 3 months prior to the study
### Concept mapping approach

- Structured conceptualization process
- Integrates input from multiple participants with differing ideas, expertise, or interest
- Creates a series of maps that visually depict what participants think as a group
- Uses multivariate data analyses to construct visual maps

Trochim, 1989; Trochim & Kane, 2005

### Process

- Idea generation
- Sorting the ideas
- Statistical analysis
  - Multidimensional scaling
  - Hierarchical cluster analysis
- Interpretation
Idea generation

• Participants were asked to generate brief statements and sentences that complete the following statement from their point of view.

In interactions between clients and clinicians “one thing that may influence a client’s hearing aid purchase decision is…”

• 177 statements generated in 4 focus groups (7 clinician, 12 clients)

Sample statements

• The client feels his/her concerns have been heard and validated.
• The clinician values what is important to the client.
• The clinician explains why a hearing aid needs to be adjusted by the clinician.
• The client feels that he/she is a part of the process.
• The client feels the decision is not final.
Sorting the ideas

- Research team reduced the items to 122 by eliminating redundant ideas
- Participants received 122 statements each printed on a card
- Individual sorting of the 122 statements into piles that have similar meaning

Point map
Interpretation of the map

- Results were presented to a subgroup of participants (3 audiologists, 4 clients)
- Concepts were labeled by participants
- Labels were reviewed by research team
- Final titles were assigned for each concept
Concept map of client-clinician interaction

Client Empowerment
- Conveying device information by clinician
- Understanding and meeting client needs
- Acknowledging Client as an individual
- Client-Centered traits and actions
- Ensuring client comfort
- Supporting choices and shared decision making
- Factors in client readiness
- Imposing undue pressure and discomfort

Client-centered care

Patient-centered medicine

1. Exploring both disease and illness experience
2. Understanding the whole person
3. Finding common ground
4. Enhancing client-clinician relationship
5. Incorporating prevention and health promotion
6. Being realistic
Similarities with patient centered-medicine

- Exploring disease and illness experience
  - The clinician asks what situations are difficult for the client
  - The clinician provides an opportunity for the client to express his/her concerns
- Understanding the whole person
  - The clinician considers the client's life style and/or work requirements
  - The client feels his/her concerns have been heard and validated

Similarities Continued

- Finding common ground
  - The clinician provides enough information about hearing loss
  - The clinician helps the client to explore his/her communication importance
- Enhancing client-clinician relationship
  - The client feels the clinician has patience with the client during the whole process
  - The clinician provides sufficient time in the appointment to explain recommendations
Empowerment process

- Interpersonal Dimension
  - Interactive process
    - The client is given time to think about the hearing aid purchase
    - The client feels the decision is not final.

- Intrapersonal Dimension
  - Personal process
    - The client accepts there is a need for hearing aids
    - The client's readiness to pursue hearing aids

(Aujoulat, 2007)

Client’s perspective in development of client-centered models

- Partnership, shared decision making, and client empowerment are fundamental elements of client-centered approach

However

- Only one model (psychosocial rehabilitation) has involved clients’ perspectives in the development of the model

Corring & Cook, 1999
Concept map as the base for the client-centered model development

- The concepts represent essential elements of established client-centered models to care
- Views of both clients and clinicians were sought
- Focus on interaction

Preliminary Model of Client-Centered Care

- Acknowledging and understanding the client as an individual
- Provision of information
- Ensuring client comfort
- Facilitating shared-decision making
- Considering client motivation and readiness
- Pre-requisite element
Client-centered traits and actions

- Competence
- Professionalism
- Expertise
- Being sincere
- Upfront and honest
- Communicates easily
- Knowledgeable
- Shows empathy

Client-centered traits and actions

- Similar to *Attributes of the nurse*
  in person-centered nursing framework
  - Professional competency
  - Development of interpersonal skills
  - Commitment to the job
  - Ability to demonstrate clarity of beliefs and values
  - Knowing self
Provision of information

- More information is associated with better subjective and functional health status
  Kaplan et al., 1989
- Poor transmission, low understanding, low recall of information is associated with communication dissatisfaction and lack of adherence
  Ley, 1982
- Misinformation or lack of information is reported as barrier in hearing aid adoption
  Winsor, 2011

Facilitating Shared Decision Making

- Decision making process
  - Information exchange
  - Deliberation
  - Decision making

Charles, Gafni, & Whelan, 1997
• For meaningful deliberation and shared decision making:
  – Information should be tailored to client's needs

Epstein & Peters, 2009

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Considering client readiness and motivation

• Consider what has motivated the person to seek help
• Consider client’s attitude and readiness
• Unique element to client-centered model in audiology
• There is strong evidence on the influence of self-reported (self-perceived) hearing disability, attitudes, and significant others on hearing aid uptake

Davis et al., 2007; Duijvestijn et al., 2003; Fischer et al., 2011; Humes, Wilson, & Humes, 2003; Mahoney, Stephens, & Cadge, 1996; Meister, et al., 2008; Stephens et al., 1990; van den Brink et al., 1996
Ensuring client comfort

- Refers to both Physical and psychological comfort in the interaction
- Physical comfort is an element in several other client-centered models
- Psychological comfort is unique to audiology model

Ensuring client comfort

- Ensuring client feels comfortable in the interaction by:
  - Creating a trusting and caring relationship
  - Not providing too much or too little information
  - Providing enough time for appointments and decision making
  - Avoiding pressure for quick decision making
Acknowledging and understanding client as an individual

• Patient-centered medicine
  – Understanding the whole person
  – Exploring both disease and illness experience
• Client-centered occupational therapy
  – Individual autonomy and choice

"If I am truly open to the way life is experienced by another person...if I can take his or her world into mine, then I risk seeing life in his or her way...and of being changed myself, and we all resist change. Since we all resist change, we tend to view the other person's world only in our terms, not in his or hers. Then we analyze and evaluate it. We do not understand their world. But, when the therapist does understand how it truly feels to be in another person's world, without wanting or trying to analyze or judge it, then the therapist and the client can truly blossom and grow in that climate."

Rogers, 1975
Evidence based vs client-centered

Epstein & Street, 2011

- Is client-centered care at odds with evidence-based practice?
  - Focus on the client vs. focus on the population
- According to recent research the outcome must be defined in terms of what is meaningful and valuable to the individual client
  
  Guyatt et al, 2004

- Both evidence-based practice and client-centered care consider:
  - Art of generalization
  - Science of particulars
  
  Epstein & Street, 2011

Barriers

- Clinicians not knowing how to translate client-centered care into practice
- Clinicians uncomfortable to shift the power
- Clients’ willingness and ability to make decisions
- Work environment tradition

Law et al., 1995
Barriers to client-centered care

- Change
  - Attitude
    - Clinician’s need to help the client
    - Clinician’s need to maintain power
    - Focus on the problem not the person
  - Skills
    - Effective exchange of information
    - Shared decision making

- Time
  - Most frequent obstacle reported by clinicians in implementing shared decision making

Coulter & Collins, 2011; Legare’ et al, 2008; Stern, Restall, & Ripat, 2000

Obstacles to client-centered communication

- Most of the initial visits spent on hearing assessment and technical aspects of hearing instrument evaluation
- Clients stay mostly passive in initial visits
- Too much information
- Client’s understanding of information not verified
- Time limits
Facilitators

• Reflection
  – Bridging the gap between belief and action
  – Identifying discrepancies between what clinicians would like to do and what is actually done
    
    Ng, 2011; Schön, 1987

• Practice guidelines
  – Incorporating clinicians’ input in developing the guidelines

    Browman & Brouwers, 2009; Browman et al., 2005; Evans et al., 2006

Facilitators

• Training clinicians
  – Communication and counselling skills
    • Only factor in hearing aid adoption that could be modified to improve adherence

• Using tools such as:
  – Self assessments
  – Decision aids
  – Goal settings
**Decision aids**

- Improve client’s knowledge regarding available options
- Reduce client-clinician disagreement on decisions that are due to the lack of information
- Increase participation of clients in decision making
- Reduce the number of clients who remain undecided

O’connor et al., 2009

**Goal attainment scaling**

- Allows client and clinician collaboration in setting rehabilitation goals
- Involves all stakeholders input in rehabilitation process
- Involves more active participation of the client in rehabilitation process
- Evaluates change overtime
- Considers client’s needs and available resources for goal setting

Jennings, 2009
Other goal setting scales

**Gaol Sharing for Partners Strategy (GPS)**

- A tool for audiologists to use with persons with hearing loss (PHL) and their communication partners (CP)
- GPS helps both PHL and CP to:
  - Acknowledge the hearing loss
  - Acknowledge activity limitation and participation restriction
  - Acknowledge they are partners in communication
  - Develop a shared responsibility in dealing with hearing loss

Preminger & Lind, 2012

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**Client-centered care in hearing aid adoption**

- Most important factors in selecting a hearing service provider
  - Provider expertise
    - e.g.: qualification, reputation, communication skills
  - Nature and effectiveness of the treatment expected
    - e.g.: What actually happens if a hearing loss is detected, can a hearing aid help?, freedom to choose the hearing aid

Milhinch & Doyle, 1990
Client-centered care in rehabilitative audiology

- Focus on the person rather than management of the hearing impairment
  - Danermark, 1998

- Involving client and families in setting goals
  - Jennings, 2009

- Use of shared decision making when several options exist
  - Laplante-Lévesque et al., 2010

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On becoming a person

- “.... In my early professional years, I was asking the question: how can I treat, cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?”
  - Carl Rogers
May Webinars from the National Centre for Audiology, Western University

**Wed 5/22:** The UWO PedAMP: An Evidence-Based Outcome Evaluation Guideline for Infants, Toddlers and Preschool Children
Marlene Bagatto, Au.D., Ph.D.

**Wed 5/29:** Hearing Aid Technologies, Hearing Aid Testing, and Kids: Bringing it all Together
Susan Scollie, Ph.D.