Integrating Motivational Interviewing counseling skills and Family Centered Care
A Phonak Audiology Initiative

Introduction and agenda:

Nikolas Klakow, Au.D
Phonak: Manager, Clinical Training

Learner objectives:
- Participants will be able to identify the difference between questions and reflections
- Participants will be able to identify the components of the OARS micro-skills
- Participants will be able to describe the strength of using scales as a tool to uncover reasons for promoting behavior change

Presented in partnership with continued
Family Centered Expert Circle

- Louise Hickson
- Kris English
- Joe Montano
- Gurjit Singh
- Mary Beth Jennings
- Sigrid Scherpiep
- Ora Buerki
- Ulrike Lemke
- Barbra Timmer
- Gabrielle Saunders
- Jill Preminger
- Stef Launer
- Nerina Scarinci
- Christopher Lind
- Patricia McCarthy
- Christine Jones
- Bettina Turnbull
- Jana Besser

What is Family Centered Care?

Presented in partnership with
Starting with a definition

Family = any individual who plays a significant role in an individual's life

Two or more persons who are related in any way, be it through a continuing biological, legal or emotional relationship

FCC in real life: The current status in clinical practice

<30% 50% 70%
40% 80% 60%
### FCC in real life: The current status in clinical practice

1. Family members did not know they could attend appointments
2. Family members only observed and were not included in the conversation
3. Family members self-selected to speak, self-initiated additional information and questions
4. Audiologist typically shifted the conversation back to the patient

---

### The impact of hearing loss on the family

- **Psychosocial Stress**
  - Communication challenges
- **Embarrassment**
  - Changes in relationships
- **Quality of life**
  - Emotional reactions
- **Avoidance of social activities**
  - Changes in roles & responsibilities

---

Presented in partnership with [Continued](https://www.continued.com)
Involving the family member in hearing rehabilitation

Family can
– Encourage seeking help
– Advocate for the adoption of hearing aids

Family can
– Act as cheerleaders and provide motivation during rehab

Family can
– Reduce hearing aid difficulties for the person with hearing impairment

What is Motivational Interviewing?

A person-centered, **goal-oriented** counseling method for helping people change by working through **ambivalence**.
With what are we really dealing?

Denial
- Refusal to recognize or acknowledge.

Ambivalence
- Uncertainty caused by inability to make a choice.

Ambivalence

Change
Thinking of a reason for change

No-Change
Thinking of reasons not to change

Status Quo!
... not doing anything at all!
Resist - Righting Reflex Example

PATIENT: “I feel like I sometimes miss what people are saying especially when there is some background noise; and kids are just impossible to understand.”

CLINICIAN: “Hearing aids would allow you to hear better in those noisy situations like restaurants and at church socials. You would also understand your grandchildren more easily.”

PATIENT: “Well… I am not in restaurants that often and the grandkids talk so fast that I just can’t understand.”
Understand Patient’s Motivation

- Patient’s reasons for change are most likely to trigger behavior change.
- Evoke and explore patient’s perceptions about current situation and own motivation for change.

Listening to what?

- How does the hearing loss uniquely affect this patient/family?
- Does the patient/family think it is important to treat hearing loss?
- Are they confident they can?
Listen with Empathy

**Good listening is a complex skill involving:**

- Interest in understanding patient
- Avoiding barriers to empathy
- Guessing about meaning

---

How to communicate understanding – Reflective **listening**

“**You are wondering if…”**

“**You are feeling…”**

“**It sounds like you…”**

Always in the form of a statement; not a question.
Empower your patient

“A patient who is active in the consultation, thinking out loud about the why and how of change, is more likely to do something about this afterwards.”

Motivational Interviewing in Health Care (2008)

Implementation – First steps
Implementing FCC

1. Get a family member in the room
2. Set up the room
3. The conversation
4. Measure outcomes for patient and family

The real “first step”
1

Step 1
Get a family member or important communication partner in the room

Impact of involving the family member
A retrospective study completed in the UK explored the impact of whether or not hearing aid adoption is associated with significant other (SO) attendance at audiology appointments

- 60,964 patients
  - 33,933 patients attended appointments alone
  - 27,031 patients attended appointments w/SO

Results
- **13 point improvement** in adoption rate HA adoption when the patient attended audiology appointments with a SO vs. alone

---


Presented in partnership with
Impact of involving the family member

SO involvement is positively associated with hearing aid adoption

– Particularly for individuals with mild hearing loss

(96%)


2

Step 2
Setting up the room

Presented in partnership with

continued
3

Step 3
Starting the conversation

Presented in partnership with
Step 3: Starting the conversation

• The aim is to set up from the start of the appointment a **collaborative approach**, promoting shared power and developing a team mindset.

• The clinician lets the patient and family know that **both** will be included and listened too with the understanding of a goal to attain an integrated understanding of the patient’s needs and the family’s needs.
Step 3: Starting the conversation

- Set Agenda
- Set boundaries
- Asked for permission
- OK with “dead air”
- Waited & listened

Inclusive physical setup

- Third party disability
- Shared goals

Step 3: Practical Application

When starting the conversation:

- "We are going to do a lot today. For the next 10 minutes, I want to find out about your hearing and then I want to find out about this from your perspective."

- "Tell me about your hearing and why you've come here today?"

- "How do you see things (family member)?"
Affirmations

- Statements of appreciation for patients and their strengths
- Take form of clear words of understanding and appreciation
- Focus on specific behaviors
- Minimize “I” statements
- Compliments are not affirmations
Resistant Behavior and Affirmations

Upset patient has tried amplification several times and has been unsuccessful. Commented on having spent too much money on hearing aids that haven’t helped.

“Given your experiences with hearing aids, it makes sense that you might be concerned about coming here today. It must have taken a lot of determination to come anyway.”

Beyond Affirmations

Move patients beyond affirmations

Ask for elaborations

“How” and “What” Questions are good

“What made you decide to come in and try this again?”
Questions vs. Statements

- Questions derail the patient and slow down momentum of their thought process or explanations of situation

- Statements made as reflections of the patient’s words maintain momentum, even if incorrect

Why Reflections?

Questions:

People don’t feel listened to;
Agenda is listener’s not speaker’s.

Reflections:

Speaker feels heard and cared about;
Will disclose/share more;
Says what’s on mind rather than answering what is on listener’s mind.
“I want to be part of the group. I don’t want my children to treat me like I don’t understand.”

**Feeling Reflection**
- “You are scared that you will be isolated.”

**Meaning Reflection**
- “Your family is important to you and you want to be part of the group”

**Meaning Reflection**
- “You see a connection between your hearing loss and the way your children treat you.”

**Simple Reflections**

- Words close to what patient said.
- Mark important emotions but don’t go far beyond original intent.
- Keep conversation alive
Simple Reflections

“I have a sense of humor.”
You mean that...

you like to laugh.

you find things funny.

humor helps you lighten the load.

laughing is something you do easily.

you don’t take yourself too seriously.

Complex Reflections

- Go beyond the words used by patient
- Include more depth, affect or direction than patient voiced
- Adds to patient self-understanding
Complex Reflections

“I know I don’t hear everything, but why does she always have to yell at me when she wants me to do something. I’m not deaf!”

- Sometimes you make mistakes.
- It bothers you when she shouts at you.
- You feel like you are treated like you don’t understand anything.

Double-Sided Reflections

- Highlights ambivalence in patient’s statements
- Start with element favoring status quo
- End with dimension favoring change
- “and” versus “but”
Double-Sided Reflections

“I know I don't hear everything, but why does she always have to yell at me when she wants me to do something. I'm not deaf!”

- It feels like she is coming down pretty hard on you for not hearing her, and, at the same time, you know that hearing better would help.

4

Step 4
Measure outcomes

Presented in partnership with
Step 4: Measure outcomes

Measure outcomes of the treatment plan agreed upon by the patient and the family member

Has the treatment and rehabilitation process effected the goals?

- FOCAS
- IOI-HA & IOI-HA-SO

FOCAS
- Family Oriented Communication Assessment and Solutions
- Developed to address efficiency and efficacy of family involvement
- Goal oriented, benefit measurements
- Goals are rated on the importance they play in the patient & SO life
- Helps patients express themselves
- Helps patients gain self-awareness about the impact on QOL
IOI-HA

- 7 item questionnaire
- Applicable in evaluating the effectiveness of hearing aid treatment
- Simple, easy to use
- Available in many languages
- Includes question about the effect of hearing aids on the SO
- Designed to be answered by the family member (SO)

Tip: How to make scales work for you

2. Think about the situation where you most wanted your partner to hear better, before getting their present hearing aid(s). Over the past two weeks, how much has (have) the hearing aid(s) helped in that situation?

- helped not at all
- helped slightly
- helped moderately
- helped quite a lot
- helped very much
Step 4: Incongruent Outcomes

When a family member is included, the complexity of the conversation inherently increases and can often catch us off guard.

- What if patient and family perspective contradict each other?
- Will we lose control of the appointment?
- Will the patient feel defensive?

This is called having "difficult conversations" and managing "incongruent outcomes".

Tools to support you
Moving forward: implementing FCC
Together, we change lives