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Still having issues?

- Call 800-753-2160 (M-F, 8 AM-8 PM ET)
- Email customerservice@AudiologyOnline.com

Counseling Across the Lifespan, Part 2: Adult Patients and Their Families

Kris English, PhD
The University of Akron
ke3@uakron.edu

Learning Objectives

As a result of this course, participants will be able to:

1. List four interactive components of patient-centered care.
2. List three positive health outcomes associated with family-centered care.
3. Describe how change affects patients, families, and clinicians.

First, PCC: Not Always Clear

Recent exchange:

- Aud 1: I fit hearing aid XYZ with a new patient today.
- Aud 2: I've heard about that one, brand new. What was your patient's reaction?
- Aud 1: Well, it doesn't matter, I know it will work quite well

- Aud 1: My decision is completely patient-centered! It's based on what I know is best for the patient.
- Aud 2: Yes but … in the spirit of patient-centered care, her input would be taken into consideration, so….

Not Unusual: "Clear Definition Lacking"

- PCC "poorly conceived"
- No consensus
  - Soothing room design?
  - Emotional support?
  - Shared decision-making?

Cassel, 201; Hobbs 2009; Morgan & Yoder, 2012; Rathert et al, 2012; Robinson et al., 2009

Definition Does Exist:

March 2001

INSTITUTE OF MEDICINE

Shaping the Future for Health

CROSSING THE QUALITY CHASM:
A NEW HEALTH SYSTEM FOR THE 21ST CENTURY

The U.S. health care delivery system does not provide consistent, high-quality medical care to all people. Americans should be able to count on receiving care that meets their needs and is based on the best scientific knowledge--yet there is strong evidence that this frequently is not the case. Health care harms patients too frequently and routinely fails to deliver its potential benefits. Indeed, between the health care that we now have and the health care that we could have lies not just a gap, but a chasm.

Definition: Health care goals…

- Safe…
- Effective…
- Patient-Centered: Care that is respectful and responsive to individual pt preferences, needs & values; ensuring pt values guide all clinical decisions
- Timely…
- Efficient…
- Equitable…

Implementation

Patient-Centered Medicine
Transforming the Clinical Method
Stewart et al.
3rd ed, 2014

4 Interactive Components

1. Exploring Health, Disease & Illness Experience
2. Understanding the Whole Person
3. Finding Common Ground
4. Enhancing Pt-Clinician Relationship

Applications to Audiology

4 Interactive Components

1. Exploring Health, Disease & Illness Experience

"What brings you here today?"

Conversational Crossroads

How: Discuss Self-Assessment

E.g., Self Assessment of Communication (SAC)

Various Communication Situations

1. Do you experience communication difficulties in situations when speaking with one other person? (for example, at home, at work, in a social situation, with a waitress, with a store clerk, with spouse, with boss, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
2. Do you experience communication difficulties in situations when conversing with a small group of several people? (for example, with friends or family, co-workers, in meetings or casual conversations, during dinner, while playing cards, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
3. Do you experience communication difficulties while listening to someone speak to a large group? (for example, at a church, in a civic meeting, in a fraternal or women's club, at an educational lecture, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
4. Do you experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio, plays, night clubs, musical entertainment, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
5. Do you experience communication difficulties when you are in an unfavorable listening environment? (for example, at a noisy party, where there is background music, when riding in a car or bus, when someone whispers or talks from across the room, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
6. Do you experience communication difficulties when using or listening to various communication devices? (for example, telephone, telephone ring, doorbell, public address system, warning signals, alarms, etc.)
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always

Feelings about Communication

1. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
2. Does any problem or difficulty with your hearing upset you?
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always

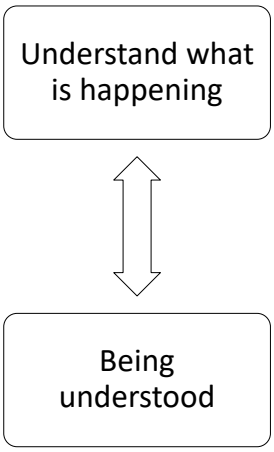
Other People

1. Do others suggest that you have a hearing problem?
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always
2. Do others leave you out of conversations or become annoyed because of your hearing?
   1) almost never 2) occasionally 3) about half of the time 4) frequently 5) practically always

Follow-up, Open-Ended Questions

- "You've helped me understand your family's concerns. What are **your** thoughts?"
- "So you are thinking about hearing help – sometimes it helps me to know 'why now?' Has anything specific come up?"

Basic Counseling Principle



"Speak to the Elephant"

- "A few things you've mentioned suggests you might be worried about what other people will think about you using hearing aids.
- The worry about stigma is something many people mention.
- Is this on your mind as well?"

"Let people feel how they feel"

Caveat:

- Not every patient will want to actively participate in these conversations
- They have a right to decline
- "Listening to patients and having them decide how much they want to participate may actually be the essence of patient-centered care" (Van Dulman, 2003, p. 195)

How: Listen, Watch, Wait

Challenges

- Comfortable with silences?
- Are patients asking for advice, or are they asking for support?
- Can we listen without problem-solving?
- Do we trust a patient's ability to work through her problems?

Exploring: A Mutual Journey

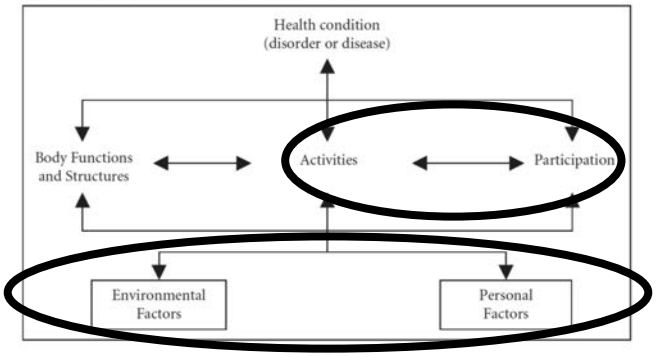
4 Interactive Components

1. Exploring Health, Disease & Illness Experience
2. Understanding the Whole Person

Context:

"Consideration of contextual factors is hallmark of pt-centered clinician" (Stewart et al., p. 89)

Fig. 1. Interactions between the components of ICF



"Listening" not necessarily = "feeling heard"

Evidence:

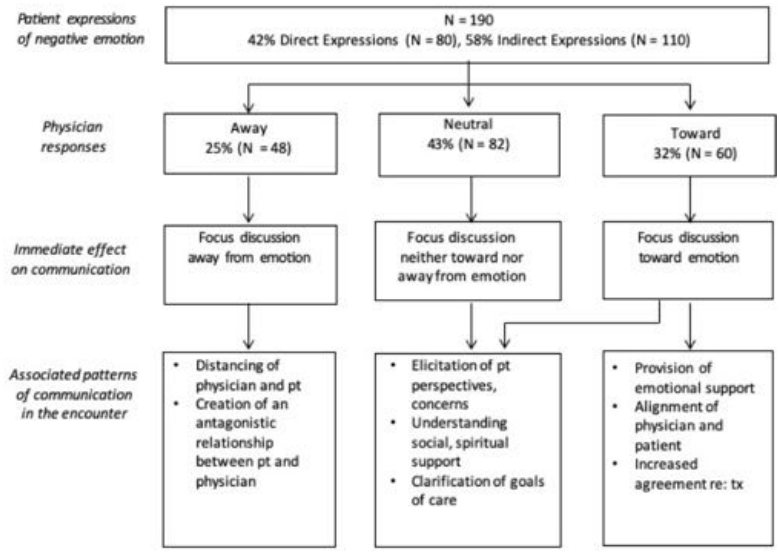
Adams, K. et al. (2012).

Why should I talk about emotion?

Communication patterns associated with physician discussion of patient expressions of negative emotions in hospital admission encounters. *Patient Education and Counseling, 89*, 44-50.

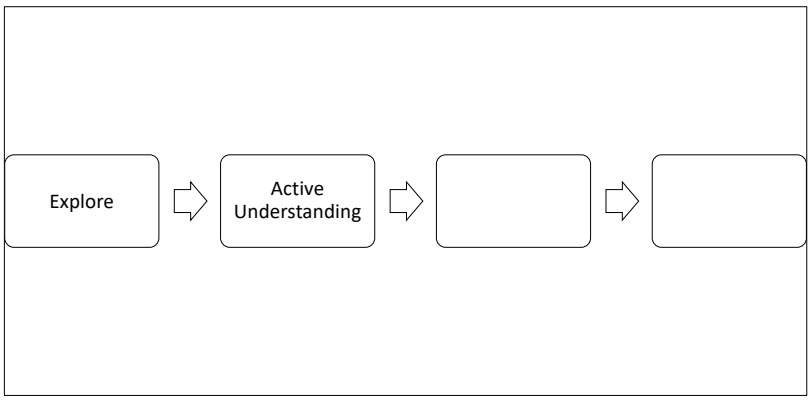
Adams et al. (2012)

- Evaluated 79 pt-physician encounters
- ID'd 190 instances of pt emotional expressions; coded physician responses
- Three categories:
  - Responses that *focused away* from emotion
  - Neutral (Focused neither away from or toward)
  - Responses that *focused toward* emotion



Did Response Make a Difference?

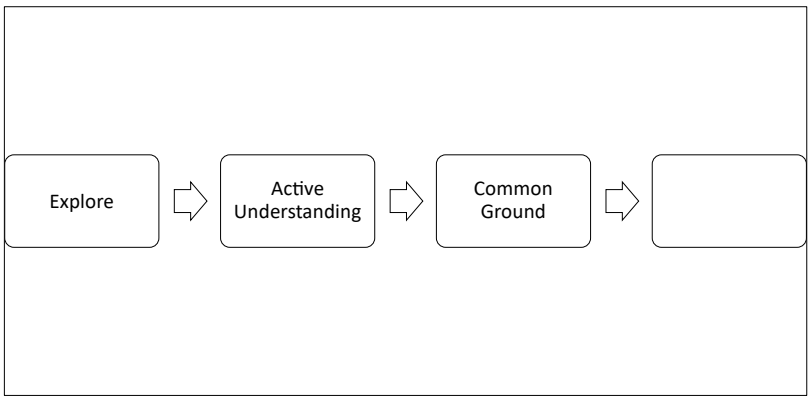
Beginning of Process:
Building a Positive, Direct Pathway



4 Interactive Components

1. Exploring Health, Disease & Illness Experience
2. Understanding the Whole Person
3. **Finding Common Ground**

Advancing Process ➔ A Natural Progression



From *Exploring* to *Focusing*

- Clarifications
- Goal setting, treatment options

National Acoustic Laboratories
A division of Australian Hearing

NAL
CLIENT ORIENTED SCALE OF IMPROVEMENT

Name : Category. New
Audiologist : Return
Date : 1. Needs Established
2. Outcome Assessed

SPECIFIC NEEDS

Indicate Order of Significance

Degree of Change: Worse | No Difference | Slightly Better | Better | Much Better

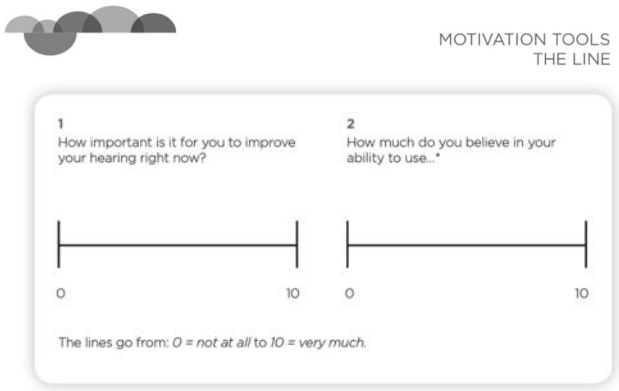
CATEGORY

Final Ability (with hearing aid): Person can hear 10% 25% 50% 75% 95%
Hardly Ever | Occasionally | Half the Time | Most of Time | Almost Always

Strategies in Health Literature

- Health Belief Model (Harrison et al. 1992)
  - Theory of decision-making as applied to health-related behaviors and change
- Shared Decision Making (Laplante-Lévesque, 2010)
- Motivational Interviewing (MI)

Easier: Scales (idainstitute.com)



Cleveland Clinic
Section of Audiology

Characteristics of Amplification Tool (COAT) v2

2. How important is it for you to hear better? Mark an X on the line.

Not Very Important ---------- *Very Important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not Very Motivated ---------- *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect them to:

Not be helpful at all ---------- *Greatly improve my hearing*

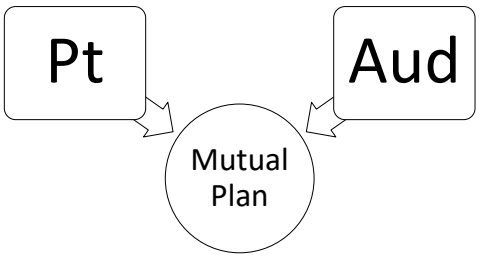
8. How confident do you feel that you will be successful in using hearing aids.

Not Very Confident ---------- *Very Confident*

"The Readiness is All" (Hamlet V, ii)

On 1-10 scale, how ready are you to …

- … hear better?
- … try amplification?
- … try an assistive device?
- … advocate for self @ work?



"Mutually influencing each other, each potentially ending up in a place different from where they began, with different understandings than either would have reached alone.

It is not a matter of who has power and who does not. It is a matter of mutual influence" (Stewart et al., p. 138).

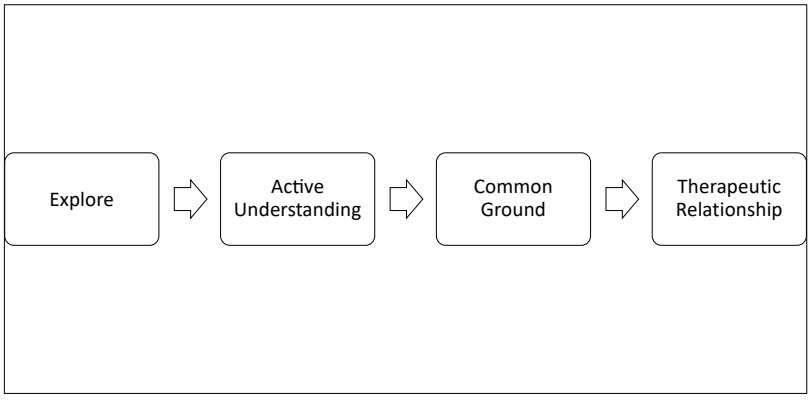
We Need to Speak About Power

- The person who speaks has power
- Less aud talk-time = more pt talk-time
- More pt talk-time = more pt power
- HOW TO MONITOR?

4 Interactive Components

1. Exploring Health, Disease & Illness Experience
2. Understanding the Whole Person
3. Finding Common Ground
4. **Enhancing Pt-Clinician Relationship**

Culmination of Process



The clinical relationship

"has been the focus of attention since the beginning of Western Medicine"

(Cassell, 2013)

Sustainability of "investment"

- Ongoing support, attention, dedication
- Continuity of care
- If not continuity, constancy
  - Process is trustworthy, even if clinician changes
  - Consistent procedures, information, language
  - Complete documentation (patient doesn't have to re-introduce self time and again)
  - Sustainable partnerships within system

Recall: Health care goals…

- Safe…
- Effective…
- Patient-Centered: Care that is respectful and responsive to individual pt preferences, needs & values; ensuring pt values guide all clinical decisions
- Timely…
- Efficient…
- Equitable…

Evidence Supporting PCC?

Evidence Re: Our PCC Questions

- Does PCC work? (efficacious?)
- Do patients want PCC? (expectations?)
- Can audiologists provide PCC? (achievable?)

Evidence Re: Our PCC Questions

- Does PCC work? (efficacious?)
- Do patients want PCC? (expectations?)
- Can audiologists provide PCC? (achievable?)

PCC ≈ Positive Effects

- Adherence
- Pt self-reported health
- Physiologic health outcomes

- Satisfaction = mixed results

Sample measurements

- *Pt Perception of Pt-Centeredness**
- *Patient Perception of Quality*
- *Patient Reactions Assessment*
- *Perceived Involvement in Care Scale*
- *Consultation and Relational Empathy*
- *Interpersonal Processes of Care*

The Journal of Family Practice

September - Vol. 49, No. 9

The Impact of Patient-Centered Care on Outcomes

Moira Stewart, PhD; Judith Belle Brown, PhD; Allan Donner, PhD; Ian R. McWhinney, OC, MD; Julian Oates, MD; W. Wayne Weston, MD; John Jordan, MD

London, Ontario, Canada

Recorded 39 MDs, 315 patients

- Transcriptions scored for pt-centered communication
- Pts were interviewed (perceptions); completed "Pt Perception of Pt-Centeredness," other measures
- Patient health assessed by self-report, chart review, MD report, 2-month follow-up data
- Results
  - Patient-centered communication correlated with perceptions of finding common ground
  - Positive perceptions correlated with better recovery
- Conclusions
  - Pt-centered practices improved health status, increased efficiency of care by reducing dx tests and referrals

Evidence Re: Our PCC Questions

- Does PCC work? (efficacious?)
- Do patients want PCC? (expectations?)
- Can audiologists provide PCC? (achievable?)

1990s: Patients' Rights Movement World Health Organization

- "Highest available standard of care"
- Confidentiality
- Full disclosure
- Options
- Shared Decision Making
- Non-discrimination

"The End of Paternalism"

- Replaced by:
  - Patient Autonomy
  - Clinician-patient dialogue
  - Exchange of views, ideas
  - Sharing power for common purpose (patient's best interests)

Physician Communication and Patient Adherence to Treatment*

A Meta-Analysis

Kelly B. Haskard Zolnierek, PhD, and M. Robin DiMatteo, PhD†*

Medical Care • Volume 47, Number 8, August 2009

The Gold Standard: Meta-Analysis

- Conducted a literature search ranging across 60 years (1949 - 2008)
- Examined results of 106 correlational studies, 21 experimental interventions
- A strongly positive and significant relationship ($p < .001$) between pts' adherence and their physicians' communication skills

What does Patient-Centered Communication Look Like?

- Eliciting, validating patients' concerns
- Inquiring about, legitimating patients' ideas and expectations
- Assessing impact of symptoms on QOL
- Responding to patient clues to emotional distress by using empathic language

What Does *Audiology* Conversation Tend to Look Like?

J Am Acad Audiol 26:36–50 (2015)

The Nature of Communication throughout Diagnosis and Management Planning in Initial Audiologic Rehabilitation Consultations

DOI: 10.3766/jaaa.26.1.5

Caitlin Grenness*†
Louise Hickson*‡
Ariane Laplante-Lévesque§**
Carly Meyer*‡
Bronwyn Davidson†

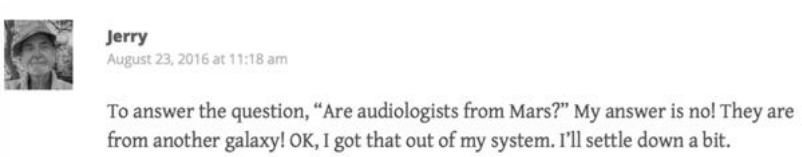
Methods:

- Video-recorded 62 patient-aud encounters
  - 60 of 62 patients were dx w/HL
  - 50 of 60 were recommended to obtain HA
  - 26 audiologists
- Communications analyzed (dx, tx)

Findings: Patient-Centered Communication Rarely Observed

- Psychosocial concerns not addressed
- Missed opportunities to build relationships
- Patients: little involvement in management
- Majority of talk was about hearing aids
  - Recommendations made to 85% of patients
  - Only 56% followed recommendations
  - Alternative options rarely discussed
- Likely reflects our training

Patient Values: Shari Eberts



Jerry
August 23, 2016 at 11:18 am

To answer the question, "Are audiologists from Mars?" My answer is no! They are from another galaxy! OK, I got that out of my system. I'll settle down a bit.

"My Audiologist Visit Wish List"

1. Focus on the person, not the product.
2. Supply a written summary of visit with detailed follow-up instructions.
3. Welcome us with open arms (it takes 7-10 years to make appt)
4. Offer full range of product options.
5. Think outside the device.
6. Make your office hearing loss friendly.
7. Understand that HL is fraught with emotion.
8. Set realistic expectations.
9. Share tips and tricks of the trade (speechreading, etc.)

Russell Misheloff
August 23, 2016 at 10:55 am

Couldn't agree more. But the real question is how to get audiologists to adopt a patient centered approach. Some do. But many seem to feel that that selling hearing aids is all they need to be concerned about. Some have relationships with one or two HA manufacturers and, not surprisingly, recommend their products to patients. Is that a conflict of interest. Legally, maybe not. IMO it is. What is clearly needed is a different business model, one that makes it remunerative for the audiologist to focus on the unique needs of the individual.

Mary Clark
August 23, 2016 at 9:17 am

Another item for the wish list could be to invite my significant other, roommate, spouse, someone close to me to join us in part of that interview. I have a lifelong hearing loss and one audiologist long ago had a questionnaire that was sent to my husband so he had a chance to explain which situations he found difficult with my hearing loss. I found out things through that questionnaire that I had not realized were problems for others, so we worked to include those in fitting my hearing aids too.

Evidence Re: Our PCC Questions

- Does PCC work? (efficacious?)
- Do patients want PCC? (expectations?)
- Can audiologists provide PCC? (achievable?)
- YES

The Reflective Practitioner

How Professionals Think in Action

Donald A. Schön

- Architecture
- Teaching
- Nursing
- Social Work

Reflection on Practice: Example

Reflection on Practice: Example

- Do we explain audiograms to every patient every time?
- Have we asked ourselves *why*?
- "Patients need to know" = audiologist-centric
- What do *patients* want?
- Concerns: choice, control, health literacy levels

Is This Us?

"Virtually all professionals have been deformed by the myth that we serve our clients best by taking up all the space with our hard-won omniscience."

- All the expertise
- All the talking
- All the experience
- All the planning

(Palmer, 1998, p. 132)

At the end of the day …

Dear Patient, how do you see us?

- Device providers?
- End point of a financial transaction?
- Part of your support system?

Poll: To what extent is PCC applied in your work setting?

- A central tenet; a "living breathing principle;" a formalized standard of care
- Frequently applied; informally acknowledged as a goal
- Occasionally/inconsistently applied
- Not on the radar
- Not applicable to my setting

Next Consideration: Family-Centered Care

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Adding Family:

THE Hearing Review

NEWS PRODUCTS BUYER'S GUIDE RESOURCE CENTER BLOGS

RESEARCH

Family-Centered Adult Audiologic Care: A Phonak Position Statement

Published on March 25, 2016

Research | April 2016 *Hearing Review*

Recommendations for moving toward a family-centered model in hearing healthcare

By Gurjit Singh, PhD; Louise Hickson, PhD; Kris English, PhD; Sigrid Scherpiet, PhD; Ulrike Lemke, PhD; Barbra Timmer, MACAuD; Ora Buerkli-Halevi, MS; Joseph Montano, EdD; Jill Preminger, PhD; Nerina Scarinci, PhD; Gabrielle H. Saunders, PhD; Mary Beth Jennings, PhD, and Stefan Launer, PhD

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Position Statement Highlights:

- Overall, family-centered care (FCC) is associated with superior health outcomes (Rathert et al., 2013)
  - Patient well-being (less symptomology)
  - Greater adherence to treatment recommendations
  - Greater satisfaction with medical services

Family Centered Care Benefits

- Moral support for:
  - HA adoption, adherence (Carson, 2005; Preminger & Meeks, 2012)
  - Validating success/progress/improvements unobserved by patients
- Additional "RAM" re: proper use/care (Manchaiah et al., 2013)
- Increases pt's confidence (Meyer et al., 2014)
- Decreases perception of hrg handicap when attending AR classes (Preminger, 2003)

Family Involvement in Audiology

- Key reason why adults seek help/obtain HAs (Singh et al, 2015)
- Family experiences "3rd party disability" (Scarinci et al., 2012)
- Best predictor of hearing aid satisfaction (Singh et al., 2015)
- Best differentiates successful from unsuccessful users of HAs (Hickson et al., 2014)

Patients, family members, audiologists support *concept* of FCC

- Adults with HI and their families agree:
  - FCC would help develop shared understanding of their issues, share responsibilities for treating their mutual communication difficulties (Grenness et al., 2015; Ekberg et al., 2015)
- Audiologists agree:
  - FCC helps facilitate family member engagement, provide education/ communication training (Meyer et al., 2015)

Application of Family-Centered Care?

- Family attendance at appointments is low (30% or less)
- Families: not aware that they could attend the appointments
  - When they did, often simply observed the appointment
- Families not typically invited to join the conversation
- Family efforts to engage:
  - Responding to audiologist's questions directed to the patient
  - Expanding on patients' turns
  - Initiating questions
- Audiologists: shift conversation back to patient

(Grenness, Hickson, et al., 2014; Ekberg, Grenness & Hickson, 2014; Ekberg, Meyer, et al., 2015)

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How to Affect Change?

Evidence-based, family-centered practice → Standard of Care

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Understand Barriers:

1. Discomfort with change
2. Discomfort with unpredictability

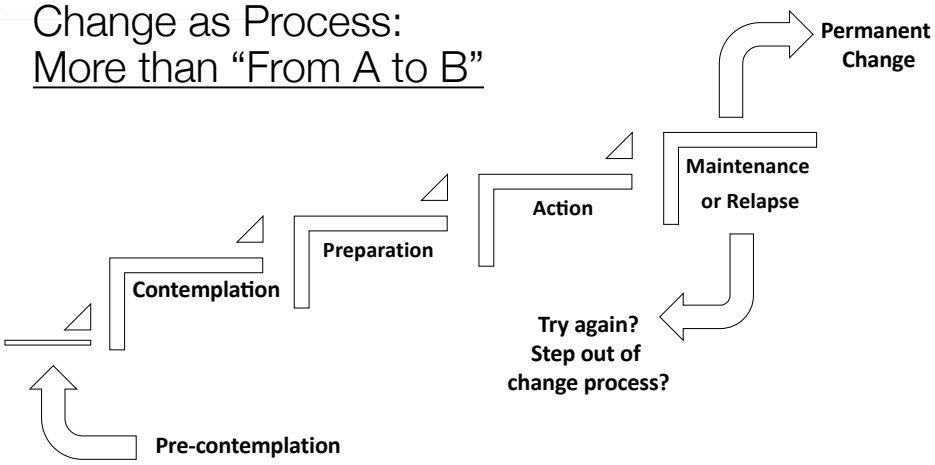
1. Discomfort With Change

1889 World's Fair

"We, writers, painters, sculptors, architects and passionate devotees of the hitherto untouched beauty of Paris, protest with all our strength, with all our indignation in the name of slighted French taste, against this useless and monstrous Eiffel Tower …"

https://www.nypl.org/blog/2014/02/24/gustave-eiffel-beyond-tower

Change as Process: More than "From A to B"



Clark & English, 2019

"Change is Hard" Why?

Change = loss

Powerful Mental Habit: Loss Aversion

- Holding on to status quo is easier
- When considering change, people become conservative
  - Would rather hold on to a sure thing than take a chance
- Avoiding loss = inertia

Kahneman & Tversky

The Undoing Project
Michael Lewis

Ex: Choose between getting $900 for sure or a 90% chance of getting $1,000.

A. Getting $900

People would rather accept a small but certain gain over a mere chance at a larger gain.

- Reactions to loss more intense than reactions to gain
- The pain of losing: winning $100 and then losing $80 feels like a net loss even though actually ahead by $20

Where Seen?

- Holding on to old clothes we will never wear again

Checking Our Assumptions about Motivation to Change

- Stage 1: Become aware of / aroused to problem
- Stage 2: Identify a goal
- Stage 3: Change

Assumption: we are "aroused to problem" and thus "inspired to change" in this order:

Awareness or Arousal:

There's a Problem!

What exactly is the problem? (analyze)

What would solve the problem? (think)

Change!

Hence our first instinct: to teach/educate
(take patients through Analyze-Think process)

Awareness or Arousal: There's a Problem!

What exactly is the problem? (analyze)

What would solve the problem? (think)

Change!

And yet …
Knowledge (awareness, analyzing, thinking) doesn't change behavior

- When people fail to change, it's usually *not* because we don't understand problem
- Examples?

How People Actually Change:

Awareness or Arousal:

There's a Problem!

See/Feel Problem

Change!

Recall: We Feel before We Think!

Reducing Discomfort w/Change: Key Points

1. Change = loss; reaction = loss aversion
2. Knowledge doesn't change behavior
3. "Alarming" emotions about status quo can change behavior

2. Discomfort With Unpredictability

Risk of Difficult Conversations

Difficult Conversations

How to Discuss What Matters Most

By Douglas Stone – Bruce Patton – Sheila Heen

- "Options" re: difficult conversations
  - Avoid
  - Confront/persuade
- 3rd option: "learning conversation"
  - Learn the other's perspective ("help me understand")
  - Share our perspective
  - Work together toward change (co-create "3rd story")

The Heart of the Matter

- How we feel: the "very core of difficult conversations"
- May seem efficient to "leapfrog" over emotions into problem-solving mode

And Yet: Fundamental Rule

- Feelings crave acknowledgement

> *Unacknowledged feelings do not disappear. They fester*.
>
> (Pipher, 2006, p. 100)

- Rushing process is counterproductive

Reducing Discomfort w/ Unpredictability: Key Points

1. Strive for "learning conversations"
2. Responding "toward" emotional states provides important patient support
3. Ongoing in-house reviews about emotional responses lessens unpredictability

Two Recommendations to Support FCC

RESEARCH // FAMILY-CENTERED HEARING CARE

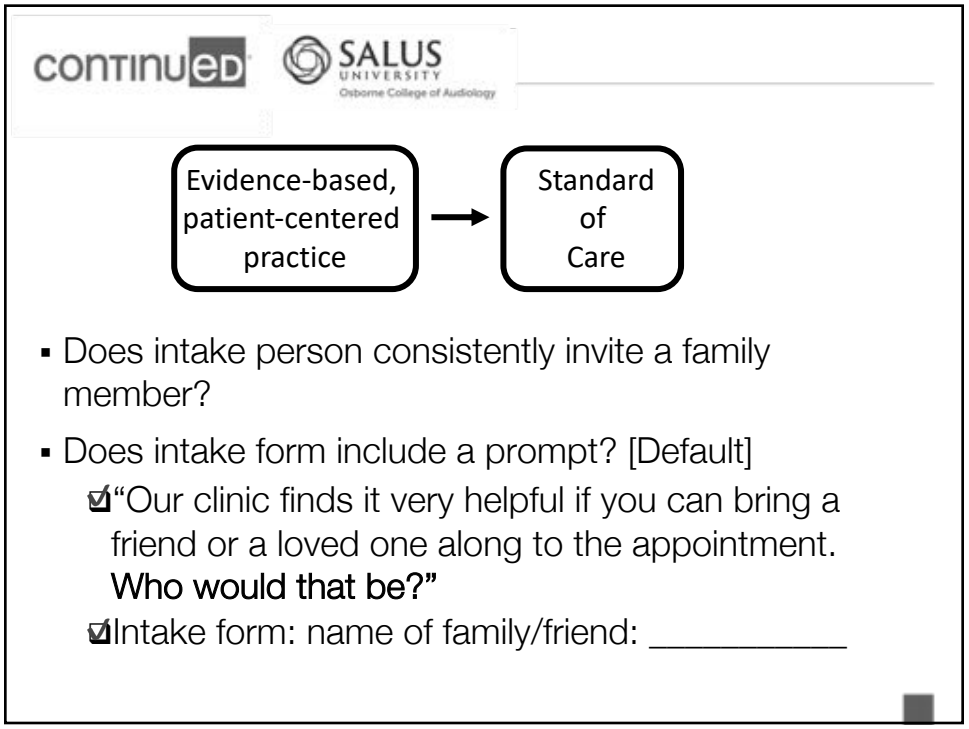
10 Recommendations to Implement Family-Centered Care

1) **Invite a family member along to audiologic appointments.** When making appointments say: "Our experience is that it is very helpful if you can bring a friend or a loved one along to the appointment. Who would that be?" If patient asks for more information, you could say "There is a lot to discuss and it helps to include family and friends in the process." This information should be reinforced in any written information provided to patients regarding appointments.

2) **Set up the physical environment so that family are comfortably included in the consultation** rather than being relegated to a seat at the back of the room. An inclusive physical environment fosters a sense that everyone can equally provide their thoughts and perspectives.

1. Invite a family member to appt

- When making appointments say: "Our experience is that it is very helpful if you can bring a friend or a loved one along to the appointment. Who would that be?"
- If patient asks for more information, you could say "There is a lot to discuss and it helps to include family and friends in the process."
- This information should be reinforced in any written information provided to patients regarding appointments.



- Does intake person consistently invite a family member?
- Does intake form include a prompt? [Default]
  - ☑"Our clinic finds it very helpful if you can bring a friend or a loved one along to the appointment. Who would that be?"
  - ☑Intake form: name of family/friend: _____

2. Consider Physical Environment

- Set up physical environment so that family are comfortably included in the consultation rather than being relegated to a seat at the back of the room.
- An inclusive physical environment fosters a sense that everyone can equally provide their thoughts and perspectives.

Report, recent workshop

Aud: Any issues?

Pt: No, I don't think so.

Wife *sitting in corner of room*: Yes he does!

Seating Arrangements Matter

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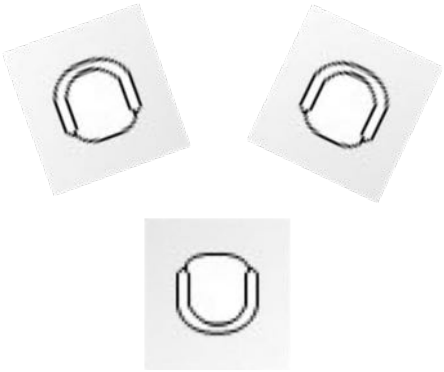
Seating Arrangements Matter



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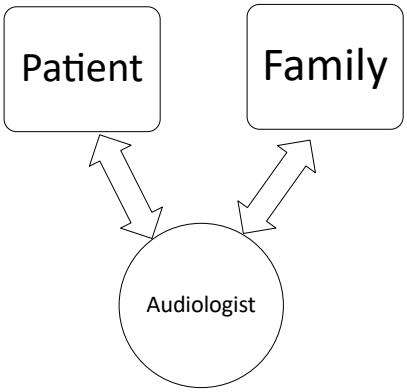
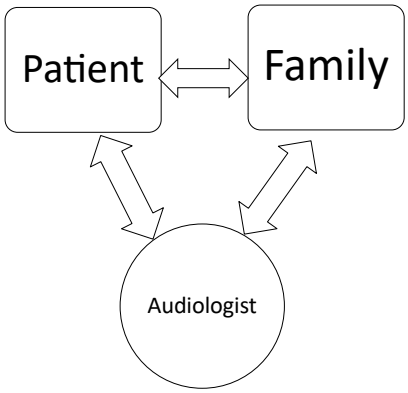
At the Minimum:



Even Better:



Evidence-based, patient-centered practice → Standard of Care

Caveats re: FCC (no surprise)

- Not all families are functional
- We are NOT family counselors
  - Need to know when/how to refer
- Need to expect – not avoid –
  - Uncertainty
  - Ambiguity
  - Complexity

Poll:

- Re: steps to include families in appointments, does your work setting:
  - Have procedures in place to ensure family members are invited to attend appointments? (Yes/No/not applicable)
  - Ensure seating arrangements include family in the conversation? (Yes/No/not applicable)

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