Maximizing Patient/Family Engagement in the Treatment Process
Part II

Irv Wollman, M.A., CCC-SP, BCS-F

Clinical Director, Division of Speech-Language Pathology
Cincinnati Children's Hospital
Adjunct Assistant Professor, University of Cincinnati

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Learner Objectives

After this course, participants will be able to

- Explain how Motivational Interviewing (MI) can impact feelings of ambivalence.

- Describe the microskills of Motivational Interviewing.

- Describe the evolution of health-care providers' role within the context of patient-centered care.

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Contents

- Chapter 7: Replacing Old Models
- Chapter 8: Do you hear what I'm saying: Redux
- Chapter 9: Changing the Conversation: Motivational Interviewing
- Chapter 10: Stories: no home follow-up, unsure about visit, missed appointments
- Chapter 11: Self-Management

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Chapter 7: Replacing Old Models

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Comparing Provider Roles:
New v Old Models

Old Model

New Model

- Experts

- Coaches

- Parental

- Collaborators

- Mechanical

- Counselors

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Staff Survey: How you motivate
families/parents

- **Give**

- **Describe**

- **Explain**

- **Provide**

- Discuss

- Involve

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Old Model – Changing How We View Our Role

Experts

- Make a diagnosis and tell the family what they need to do – lead-focused –offering few if any choices

Parental

- Punish/shame for not doing what we expect or want

Mechanical

- Assume that one size fit all – uniformity with no or minimal room for individual differences/variability

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New Model – 3 C's – New Role

Counselors

- Identify barriers and clear pathways towards successful outcomes/discharge
- Listen to their patient's story, facilitate exploration
- Provide the necessary support and resources – develop connections

Collaborators

- Work alongside; develop a mutual agenda, work with families to identify success, goals, focus of treatment; offer choices/options encourage autonomy

Coaches

- Explore and encourage problem-solving rather than solving problems for them
- Demonstrate/model and then provide feedback to reinforce their competence/self-efficacy

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Actively Work to Support Basic Needs

- Autonomy - supporting patient choice, eliciting and acknowledging patient perspectives, offering options, minimize control; we cannot know what is best for this person

- Competence – identify barriers to success, develop appropriate plan based on hierarchies, provide feedback in non-judgmental manner, identify past successes

- Relatedness – demonstrate acceptance and understanding and responding empathetically to patient concerns

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Supporting/Facilitating Autonomous Motivation

- When motivation becomes more autonomous, patient engagement increases, outcomes improve, and patient's are empowered and more satisfied

- Patients become better equipped to self-manage their own problems and feel more informed, confident and competent

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Chapter 8: Redux

- **Child factors**: 3 yr. old child with severe speech sound disorder; receptively and cognitively age appropriate

- **Family factors**: only child, mother brings child to therapy on a consistent basis; homework activities are either not completed or not done as outlined by clinician

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Parent-Clinician Interaction

C: "Did you get a chance to complete the homework?"

C: " Tell me how the homework went for you?"

P: *"I didn't do it, I did something else"*

P1*: "It was hard for me, I was a little unsure how to do it once I got started."*

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Response to P2

C: " Tell me how the homework went for you?"

P2: *"I didn't do it, I did something else"*

C: *"You didn't feel that the homework task was a good fit for some reason"*

By generating an hypothesis/hazard a guess as to the underlying meaning; essentially what the patient intended to convey you gain a better understanding of their intention

P: *"Yes, it just was a little confusing, and I'm not sure I fully understand it."*

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- C: *"Thanks for letting me know. If its ok with you, we can review the assignment and I can clarify my reason for suggesting we work on it. We can also discuss whether this is something that makes sense to you and you feel comfortable doing. If not we can talk about another option. How does that sound?"*

- *"Reflective listening is a way of checking rather than assuming that you know what is meant"* (*Miller and Rollnick, 1991)

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Chapter 9: Changing the Conversation - Motivational Interviewing

Developed in 1991 by William R. Miller and Stephen Rollnick

- Is described as an empathetic, patient-focused directive counseling style

- A counseling approach that includes a specific set of techniques that help support basic needs of autonomy, competence and relatedness

- Well-suited for brief clinical encounters

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- Evidence-based >200 clinical trials, both adults and adolescents (grounded in theory, verifiable, generalizable, delivered by wide range of health care practitioners)

- Changes the focus of counseling from **"confrontational"**(since I am the expert I will impose my perspective on you) to:
- **"collaborative"** (building rapport and trust, and drawing out the client's thoughts and ideas rather than imposing their own)

- Seeks to create conditions for positive behavioral change by targeting the feeling of ambivalence that oftentimes keeps a person stuck – decisional conflict

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- MI promotes problem-solving, decision making and action planning – all necessary S-M skills- by supporting autonomy, competence and relatedness.

- Assumes that effective collaborators do not rely on their authority or expertise to influence client decisions. Instead, they are interested in the client's perspective and work effectively to learn about those perspectives

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In a Nutshell
(Miller and Rollnick, 1991)

- Motivational interviewing is a way of being with a client, not just a set of techniques for doing counseling

- Motivational interviewing is most successful when a trusting relationship is established between you and your client

- Motivational interviewing involves collaboration not confrontation, evocation not education, autonomy rather than authority, and exploration instead of explanation.

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5 Principles- READS

- Rolling with Resistance

- Expression of Empathy

- Avoid Argument

- Develop discrepancy

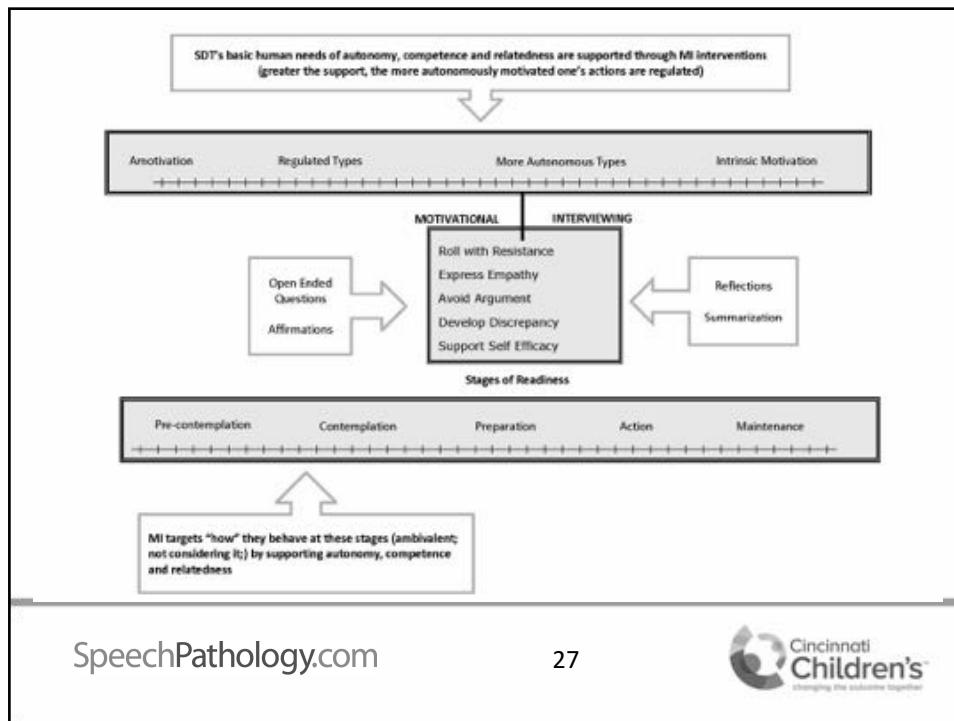- Support self-efficacy

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Microskills - OARS

- **O**pen-ended questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarization

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Patient Story – Ambivalent about Observation and Active Participation

- Child factors:

- Severe speech sound disorder, behavior issues (overall goal – increase speech intelligibility to enable him to communicate with peers/family); ultimately moved towards transitioning to AAC therapist/device.

- Family factors:

- Mother, father and older sister at home; sister had issues with behavior/psychological functioning; financial stressors, difficult for mom to follow through due to physical limitations/abilities

- Parent was in action stage of readiness for attendance, however, did not want to observe the treatment, practice or participate in sessions.

Open-Ended Questions

- Are designed to investigate and explore a patient's thinking/perception and move us away from offering or giving advice

- Provide us with an opportunity for the patient to "tell their story" – they will tell you what you need to know

- Enable us to gain a better understanding of the patient because it provides more opportunity for sharing information

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Examples of Open-Ended Questions

- *"Tell me what success would look like for you"*
- *"Help me understand why you/your parents/your doctor wanted you to come see me today"*
- *"How did that homework assignment go for you last week?"*
- *"What do you think could have been different in that situation?"*
- *"Describe why you feel the previous therapy was not successful"*

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Open-Ended Questions

- Video 1

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Affirmations

- Orient clients to their own particular strengths and resources

- Use You/Your, rather than I (moves the vantage point from external to internal)

"You gave me an excellent description of what you were working on; that really helps me understand"

"Your demonstration of ……….was great, it sounds like you remember a lot from your previous therapy"

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Video 2

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Video 3

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Affirmations and Self-Efficacy

- Are used to build a positive relationship - also develops greater feeling of control, feeling of competence and **self-efficacy (**Bandura, A., 1998)

- The subjective expectation of how likely you are to succeed at some specified goal

- An individual develops the conviction that they can successfully execute the behavior required for the desired outcome - a key ingredient to successful self-management

- Low self-efficacy leads to avoidance behavior. We don't try things we believe we can't do

- Avoidance guards us from the bad consequences we believe result in failure. We may even convince ourselves that it is a waste of time

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- Self-efficacy can be measured, and can be influenced. **Most importantly it correlates with success in tasks requiring motivation and persistence -** supporting self-efficacy is simply supporting competence (SDT)

- **Mastery experiences** – success builds a robust belief in one's self-efficacy - **hierarchies**

- **Modeling** – seeing people similar to oneself experience success by sustained effort – Listening to stories about how others (other patients) in similar circumstances have achieved. They make sense to the listener (they are the way we think), they are easier to recall (stimulate attention and emotion) and are effective tools to teach, inspire and inform. Peers working with current patients

- **Social persuasion** – people who are persuaded verbally that they have the ability to master given activities – support groups

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Support Self-Efficacy

- Many clients in who are in the pre-contemplative or contemplative stages do not have a well developed sense of self-efficacy. They find it hard to believe they can actually impact an outcome- pull it off

- Requires eliciting and supporting hope and optimism and the feasibility of success.

- By developing appropriate hierarchies

- Providing feedback

- Focusing on previous experiences that highlight the client's ability to succeed . Recognize your client strengths and bring them to the forefront whenever possible

- *"How did you do that?"*

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Supporting Self-Efficacy and Providing Affirmations

- Video 4

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Video 5

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Reflective Listening

- Restate and clarify what is said, not asking more questions – making a statement

- Responding with empathy and acceptance; deflects resistance

- Trying to understand the feelings contained in what the other is saying

- Allows the speaker to expose feelings and thoughts that might otherwise be suppressed

- Gets inside another's thoughts and feelings

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- Demonstrates genuineness and candor on the part of the listener which evokes the same on the part of the speaker

- Requires more listening than talking

- Reduces the likelihood of resistance, encourages the patient to keep talking, communicates respect, cements the therapeutic alliance, clarifies exactly what the client means and reinforces motivation (* Miller et. al., 1992)

- Use 2 – 3 before asking next question

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Types of Reflective Listening

- Simple reflections: stays close to what the client has said; communicates attention and interest. No additional points are added.

- Complex reflections: go beyond what was said. Contain additional depth and direction.

- Double – sided reflections: reflects both parts of the client's ambivalence

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Reflection Examples

- It sounds like you……

…didn't feel this was a good activity (complex)
…had something else in mind (complex)

- You ……..

…decided to work on colors and numbers instead (simple)
…felt like learning colors was more important (complex)

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Simple Reflections

- Video 6

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Affirmations, Open-ended Q's and Reflections

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Reflections video 8

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Complex Reflection

Hypothesis testing:

"You felt the activity we discussed wasn't appropriate"

"You thought something else might be better"

If correct, the parent would agree and further discussion could occur based on parent's thinking

If incorrect in your hypothesis- the parent would correct you and provide the reason (another opportunity for further discussion).

Double-sided

- Parent: " *I know I should be calling you when I can't come to therapy but something always seems to come up and I forget"*

- Clinician: " *On one hand there are some things that make calling me difficult and on the other you understand that finding a way to do that is the right thing*

- "On one hand you……………and on the other……………………"

CONTINUED

Video 9

Reflections Examples

"These speech tools don't work well for me"

"You sound upset because when you try to modify your speech it hasn't worked out the way you had planned"

-"You're confused and don't think that playing those games in therapy is helping your child develop his speech" or
-*"you see no real value in those activities"*

"All you seem to do is play games with him"

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Reflections Examples

"This appointment time is not going to work"

-"Something has come up and is getting in the way of you getting here at 11:00"
or
-*"It's hard for you to get here at 11"*

My parents think I should be using my tools all the time"

"You sound frustrated that your parents don't understand how hard it really is to modify your speech all the time"

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Reflection Exercise

"You guys just don't get me"

1.
2.
3.
4.
5.

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Reflection Practice

- His teachers wont follow through on the things that I have suggested

- I just want him to speak more clearly

- He doesn't have any friends at school

- I didn't like the therapy I had before

- These strategies don't work for me

- He doesn't do that with me at home when I work with him

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Autonomy Support: Exploring Goals Collaboratively

- Use open-ended questions to help the client/patient identify what success would look like – envisioning a preferred future

- These questions help the client explore the concerns in greater depth

- Reflect back to help clearly shape intentions that are realistic

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Avoid The Righting Reflex

- The natural inclination to make things better

- As health care providers we often have the tendency to "tell people" what to do

- In so doing, we do not allow them to explore solutions for themselves and decide what is best for them

- In effect, "we need to get out of their way" Cole, C. (2012).

- Motivational Interviewing step by step [DVD or streaming]. United States: Psychotherapy.net. Retrieved from http://www.psychotherapy.net/video/ motivational-interviewing-series

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Developing Discrepancies

- A difference between how things are now and how they would like them to be (once the goals/values are established and how the behavior is incongruent)

- Develop that awareness for the patient

"You mentioned last time we spoke that it was important for your kids to be smart and coming to therapy was helping them. Yet, your attendance rate lately has been poor, so I am wondering how your goal of success will be achieved if they continue to miss their sessions"

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Video 10

Summarizations

- Used to organize thoughts/ discussion, clarify motivation/review information

- Occurs typically at the **beginning or end of a session** or close of a conversational topic

"Now that we have both shared our thoughts about what you would like to gain from therapy and how I can help you get there, it sounds like we need to create a plan moving forward, how does that sound?"

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Patient Scenarios Activity: Case 1

- Write 2 different reflections to help elicit more information from the patient/parent

At the beginning of the session, a mother tells you that the PECS board that you developed for her child was not hung on the wall by her husband as you both had decided at the last session. Mother first indicates that father did not have time to do it, and then says, *"I really don't think my husband actually wants to do it at all."*

Your response: 1

2

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Case 2

- A parent with twins in treatment arrives late for her third session, reporting that it is incredibly hard to get her children out the door on time and that she is overwhelmed with trying to manage their behavior in instances such as these. Her husband works from home, but is on the phone in the morning doing business. She apologizes for being late again, and then says, ***"I have tried to start getting them ready earlier, but it's just not working."***

Your response: 1

                  2

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Chapter 10
Story: No Home Follow-Up

"Tell me about how the homework has gone for you this week"

" I've had a lot going on wasn't able to get our homework activities done again this week"

"Sounds like there isn't enough time in the day to get the homework completed"

"Yes, I feel totally stressed all the time. I have a million things to do and just can't fit this in. That's why I think if you could just work with him every week he should still progress even if I can't get involved."

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"True, there should be some progress, but what are your thoughts about how MUCH progress we'll make if you are not involved"

"Well, I'm sure it won't be as fast that way but I just can't do it"

"So the amount of progress will be limited compared to what might happen if you are involved"

"Yes that's true. Probably not that much"

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"I agree. That said, if we're not progressing very much at this point, what might that look like in 2 or 3 years from now?"

"Well, not too good I guess. I suppose I just didn't realize"

Change talk

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Story: Unsure About the Visit

"Tell me about what brings you in today?"

"Because my doctor told me "

"Your doctor thought it would be a good idea to have your son's speech checked"

"I guess so. I can't figure out why he thinks that"

"Well, I'm glad that you made the effort to come in and meet with me even though you were unsure about what your doctor was concerned about"

"I guess he had some ideas about his speech"

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"Can you describe your son's speech to me "

"Well I understand him most of the time, but other people sometimes don't….But I had some speech problems when I was his age too and they just got worked out"

"So as a child you had a speech problem that corrected itself and now your son is having some difficulty being understood by other people"

"Yeah, that's true"

"Well, would you mind if I take a look and do a few things with him to see if this might be similar to what you went through at his age?

"Sure, go ahead that would be fine"

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Story: Missed Appointments

"I appreciate that you are willing to talk with me about that problem"

"OK"

"Tell me about what's happening with your children's therapy"

"Sometimes I have trouble keeping these appointments or getting here on time"

"It sounds like you have a lot going on that's making it hard to for you to get to therapy "

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"Yeah, that's right, I'm trying to get them here but you guys keep trying to kick us out"

"You're upset because you think that we're treating you unfairly and trying to keep your kids from getting therapy"

"Yeah, I'm doing my best. I have transportation problems and my kids have been sick"

"And our staff doesn't seem to realize everything you're trying to deal with right now just to get them here"

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"That's right"

"What ideas do you have that might make this work better for you?"

"I don't know. I just want my kids to be smart"

"Well it sounds like you think the therapy is important and you want us to work with you to make sure your kids can improve"

"Yes that's right."

"Ok. Lets see if we can come up with a plan together that works for you, given some of the challenges you are facing. How does that sound to you?"

"That would be good"

Change talk

CONTINUED™

Targets for Pre-Contemplation

- Establish a relationship of mutual trust (connectedness) with the client by demonstrating understanding (listening, reflecting, seeking to understand, withholding judgment)

- Provide feedback on your assessment findings related to the problem; express concern but keep door open

- Explore the pros and cons of continuing the problem. Offer factual information on the risks of continuing the problem

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- Explore the meaning of the events that brought the client to treatment now (your choice or someone referred you?) *Tell me why you think they did that?*

- Examine discrepancies between the client's self-perception and others' perceptions of the problem. Why do you think they wanted you to come? (physician/family member)

- Discuss other previous treatment experiences and perceptions

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Targets for Contemplation

- Guide the client in exploring the pros and cons of beginning treatment (what would be better for you/your child?; What would it be like if you didn't begin now?)
- Offer factual information on the risks of continuing the problem
- Elicit the client's expectations regarding treatment and ideas regarding goal-setting
- When offering information ask permission *("would you mind if I make a suggestion?"),* but always seek to elicit first

- Examine and explore personal values

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- When you do make a suggestion or discuss an option always provide a rationale for what you are doing/suggesting

- Once choices/options are offered, elicit feedback *("How does that sound to you?")*

- Guide the client towards potential goals

- Explore the barriers (e.g., being taken out of the classroom, transportation, health issues) and support the client in addressing these barriers.

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In Later Stages

- Continue to engage the client in treatment.

- Encourage small steps toward change (build competence)

- Assist the client in identifying relapse triggers and developing a plan for managing those triggers (problem-solving)

- Reinforce positive changes (competence)

- Monitor and review the client's progress toward long-term goals (how are we doing? What have you gained so far?)

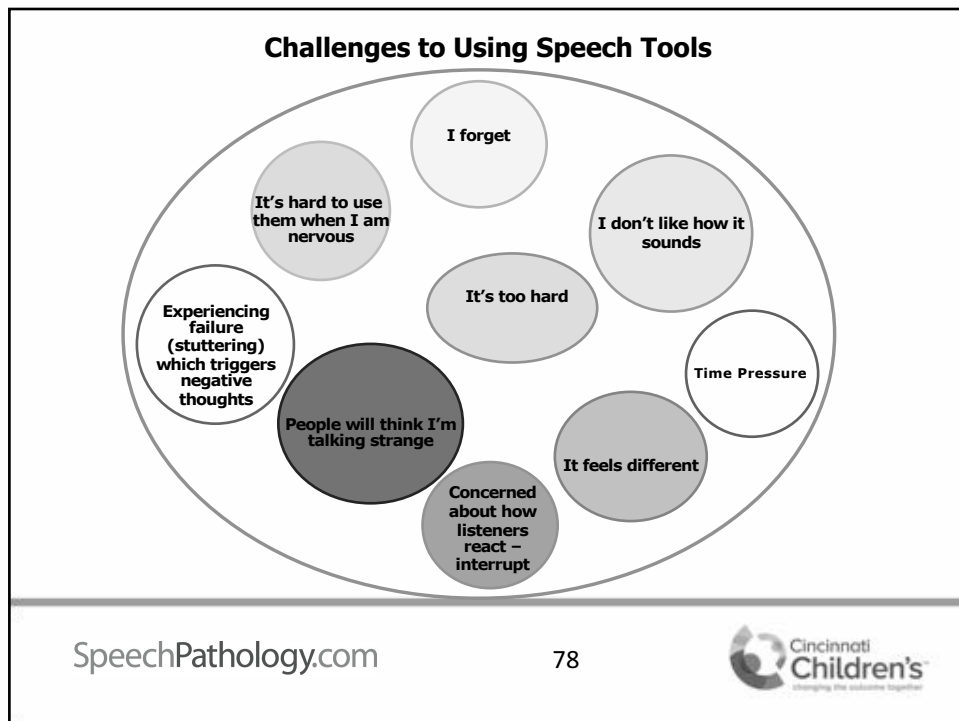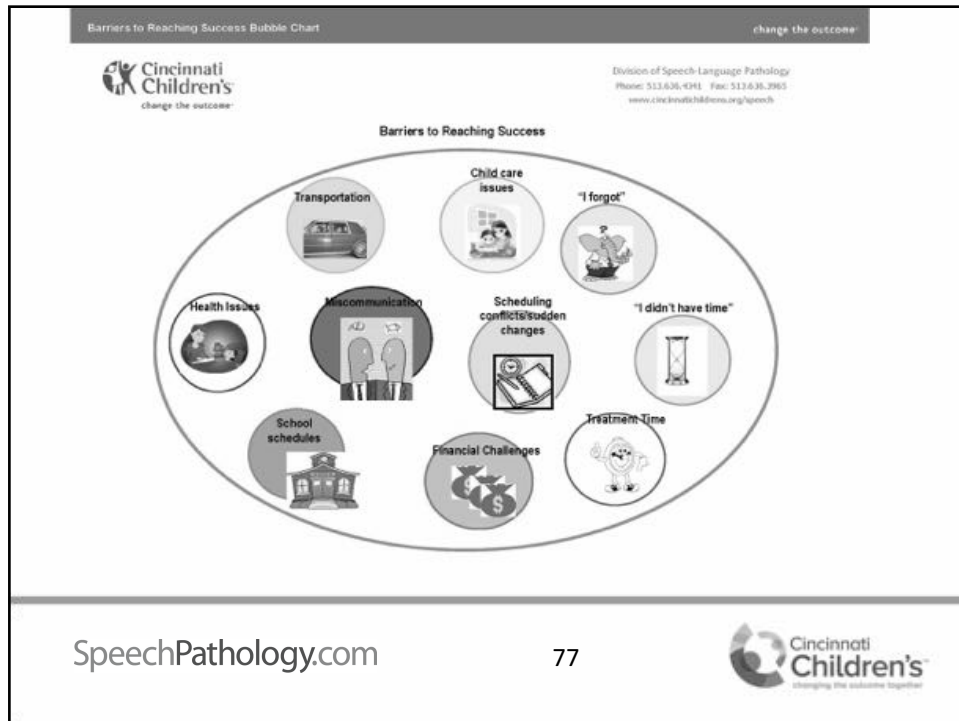- Celebrate all successes – large and small

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Tools to Support Autonomy:

- I. Goal: Uncovering potential or current barriers to success

- Develop bubble-charts

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Barriers to Reaching Success Bubble Chart

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Challenges to Using Speech Tools

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- II. Goal: Supporting choice during exploration of goals - Help the patient/family begin to think about what they want out of therapy - what success would look like
- Helps guide the conversation through collaborative discussion and exploration

- *"What would you like to work on today?"*
- *"What would you like to discuss today?"*

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What would you like me to help you with today?

Understanding whether to use sign or oral language

Help me understand more about the testing that was done

Understanding how to teach my child to be more aware of sound

Help me learn to make sure hearing aids and implants are working

Teach me how to identify the best listening situations for my child

How does an FM system work and how can it help my child

Ways to increase the time my child wears hearing aids/cochlear implants

Ways to help my child identify sounds they hear

Ways to help my child understand language

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Tool for Providing Feedback

- III. Goal: Provide opportunities for patient feedback on a session-session basis.

- Facilitates active participation and engagement.

- Ensures that there is open discussion regarding ideas/perceptions/questions

- When patients are given the opportunity to provide feedback regarding treatment sessions and the direction of treatment, satisfaction increases

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Can Do Card

CAN DO
Comment
Ask me a
question
Need more
information?
Demonstrate
Observation

- Index Card - in the terminology of self-efficacy
- C- comment on something you noticed at home or during the session
- A-ask me a question. Something you are unsure of
- N- Need more information- clarification, additional information
- D- Demonstrate what you did for me
- O – Observation I made

Chapter 11: Self-Management

"The purpose of self-management support is to assist and motivate patients to become informed about their conditions and take an active role in their treatment"

- (Bodenheimer, T, (2005). Helping Patients Manage Their Chronic Conditions

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Patients/Parents as Self-Managers

- Goal: To enable the patient/parent to manage their own/their child's care away from the treatment setting.

- In medical care this might be monitoring medications as prescribed, calling your provider to ask a question, understanding fluctuations and how to handle them

- In speech pathology it might mean carrying out a home program, consistently attending appointments, knowing when/how/ to slow down speaking rate in order to facilitate more fluent speech or any other strategy or tool that the patient or family has learned in order to maintain effective functioning consistent with stated goals

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How does support for autonomy, competence and relationship set the stage for development and maintenance of self-management skills?

SM requires the development of collaborative relationships with patients/families which include:

- Development of patient/family goals and interventions based on family concerns, problems

- On-going assessment of self-management needs including barriers to care

- Provision of resources to support self-management

- Development of patient confidence (competent) in their ability to manage away from the clinical setting

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Development of Self-Management Skills

- Starts at the beginning of treatment. The collaborative relationship – partnership between provider and patient is established and nurtured – autonomy is supported by providing as much choice as possible

When choice is not an option, a clear rationale for the activity must be provided

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- Feedback regarding patient/family performance is reinforced. The patient must begin to feel that he has mastery of the skills needed to succeed. Steps must be taken to insure that activities are designed accordingly as competence is supported- small steps at a time if necessary

"The goal of therapy is to support the clients/families efforts so they can leave therapy and be effective problem-solvers on their own" (Tallman, K. and Bohart, A.C., 1999)

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- Establishment of a therapeutic alliance in which patients feel empowered to discuss their successes and difficulties openly in an effort to manage their problems –relatedness

"The therapeutic relationship (accounting for 30 per cent of the outcome) is enhanced when clients feel understood and respected. Miller and Duncan report that therapists can listen for those under-appreciated extra therapeutic factors – accounting for 40 per cent of change – as well. In fact, they suggest digging for more information. A therapist whose antenna is out for that unseen 40 per cent will be listening for references to people and places and situations that the client looks to for support, inspiration and learning"

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http://www.reseaufranco.com/en/research/best_of_crosscurrents/beyond_therapeutic_models.html

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It Aligns with the Triple Aim

- Improve the health of the population served (greater access)

- Reduction of long term patients

- Improve the experience of each individual (individualized based on need and preference)

- Patient Satisfaction and Patient Retention

- Affordability as measured by the total cost of care (costs are reduced)

- Evidence of patient/family self-management skills- patients are better equipped to care for themselves

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