

Therapeutic Techniques for Counseling Complex Patients with Hearing Challenges and Their Families with Michael Hoffman – 7 pm ET

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Therapeutic Techniques for Counseling Complex Patients with Hearing Challenges and Their Families

Michael Hoffman, PhD, Pediatric Psychologist,
Nemours/Al duPont Hospital for Children

Nov 12, 2020



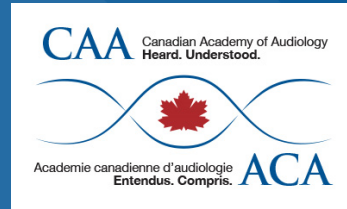
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Canadian Academy of Audiology is a professional association dedicated to enhancing the role of audiologists as primary hearing health care providers through advocacy, education and research.



Amberley Ostevik- Host



Amberley Ostevik, co-chair of the Science and Education Committee of CAA, is a research coordinator at the University of Alberta in the Faculty of Rehabilitation Medicine.

Amberly works at the University of Alberta as a research coordinator for Dr. Bill Hodgetts and Dr. Jacqueline Cummine in the Faculty of Rehabilitation Medicine.

Speaker: Michael Hoffman, PhD, Pediatric Psychologist

Dr. Michael Hoffman is a Pediatric Psychologist at Nemours/Al duPont Hospital for Children who specializes in working with children with chronic medical conditions. Dr. Hoffman's clinical work centers on children with hearing differences, related hearing disorders, and cleft palate/craniofacial differences.

Dr. Hoffman's research focuses on integrating psychological services into Audiology/ENT clinics and improving quality of life in children and adolescents with hearing differences. Dr. Hoffman is also a deaf individual, utilizing one cochlear implant and one hearing aid.



Therapeutic Techniques for Counseling Complex Patients with Hearing Challenges and Their Families

Michael Hoffman, Ph.D.

11/12/2020

Overview

- Introduction to this speaker
- General strategies to use with all patients
- Diversity within healthcare setting
- Motivational interviewing
- Role play
- Summary, Q&A

Goal: Provide new communication tools to use with patients

No conflicts of interest to report

About Me

- Born with severe to profound hearing loss (Connexin 26)
 - Diagnosed at 4 months
 - Aided at 5 months
 - Cochlear Implant at age 28
- Over 30 years of experience as a patient



Normalizing

- Normalizing is one of the most powerful tools you can use
 - Patients are often wondering if their problems are unique to them
 - Results in disclosing anxiety/discomfort or further discussing
- “A lot of children will say..”
- “Many others frequently tell me”
- “Given your level of hearing loss, I would expect it to be...”
- “This is very common among other with hearing loss”

Reflective Language

- How do you show your patients that you are listening to them?
- “If I am understanding you correctly...”
- “It sounds like...”
- “What I am hearing is...”
- “I get the sense that...”
- “It feels as though...”
- Reflecting back to them: Using downturns instead of upturns

Avoid Being The Finger-Wagger



Reactions to Finger-Wagging/Lecturing

- The patient/family is likely to:
 - Become defensive
 - Become closed off
 - Justify/explain their current views and behavior
 - Feel misunderstood
- In sum, you are experiencing resistance!

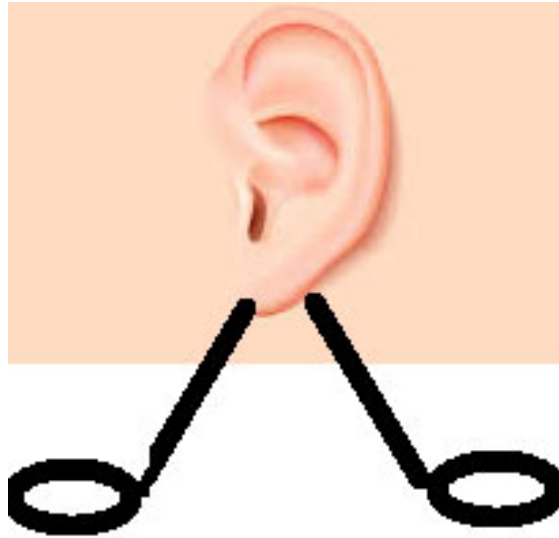
Roll with Resistance

- If you find yourself experiencing resistance or on opposite sides of an discussion with a patient, ask yourself:
 - “How can I roll with the resistance?”
- Call it out!
- Gather more information
- Find a middle ground. Is there a compromise to be had?

How to Provide Information

- Asking permission: When providing information, asking for permission can get more buy-in
 - “Is it OK with you if I tell you about...”
- Asking permission makes the patient feel like they are in some control of their own visit
- If they say “no” (which is rare) they likely were not ready to hear any information

REMINDER: You are not just treating the ears



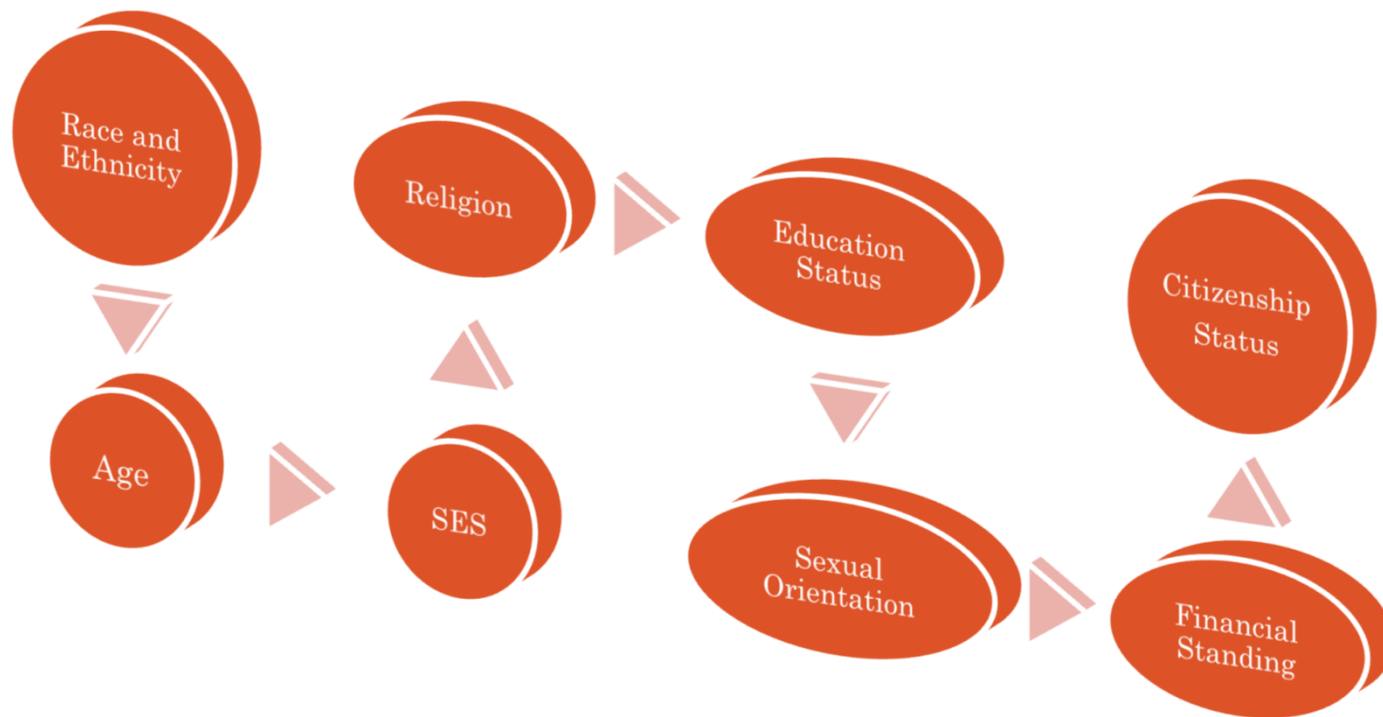
A Note About Data Logging

- This is a situation to be mindful about making a patient defensive
- Approaching from a curious perspective rather than questioning
- Ask curious questions rather than judgment

Multicultural Identity

The Role of Multicultural Identity

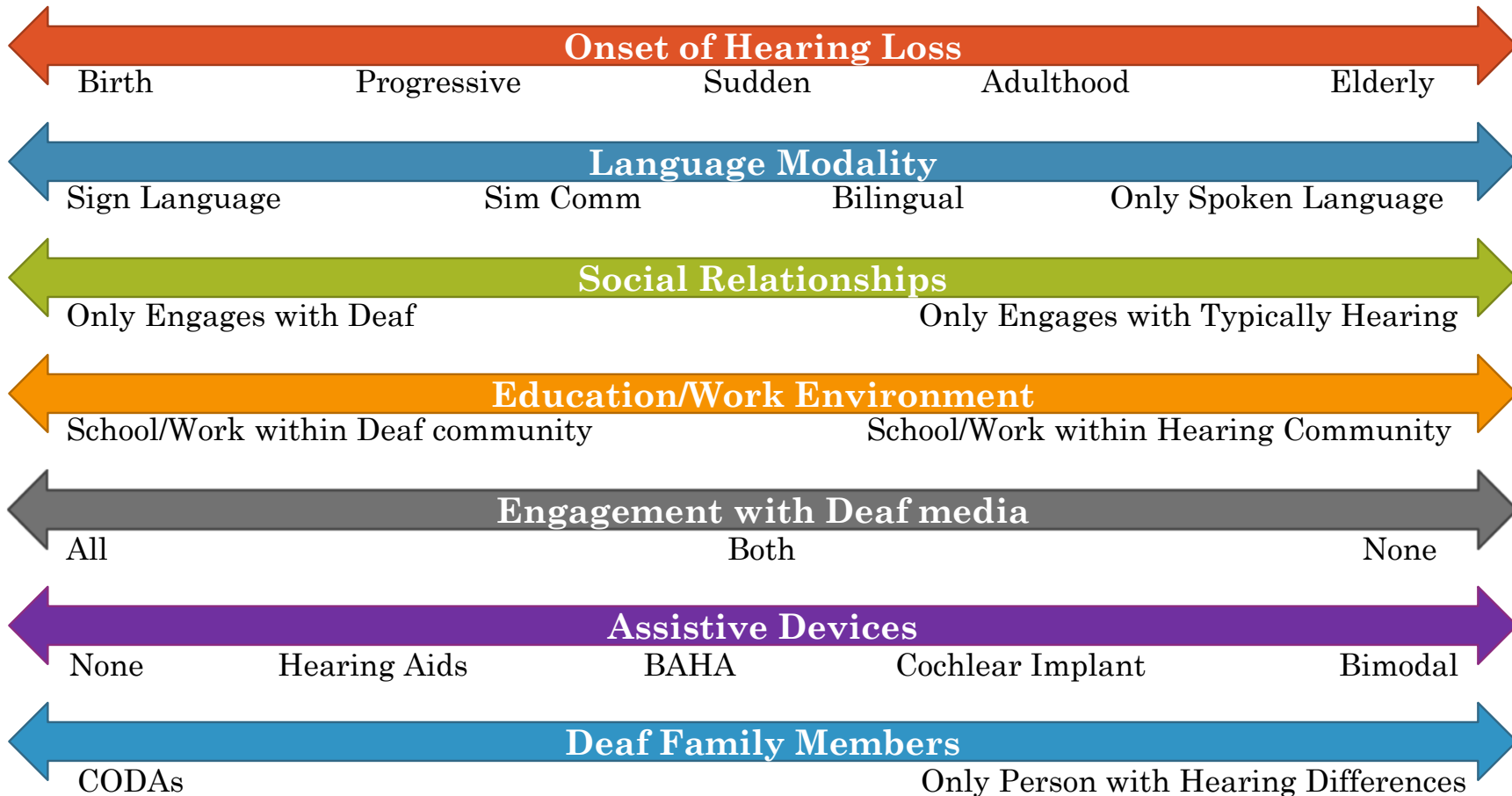
- You bring your own background, lived experiences, and perspectives in the room
- The patient also brings their background, lived experiences, and perspectives in the room
- If you are sensing resistance, consider how some of these factors may be at play





Duality of D/deafness

Deaf Identity



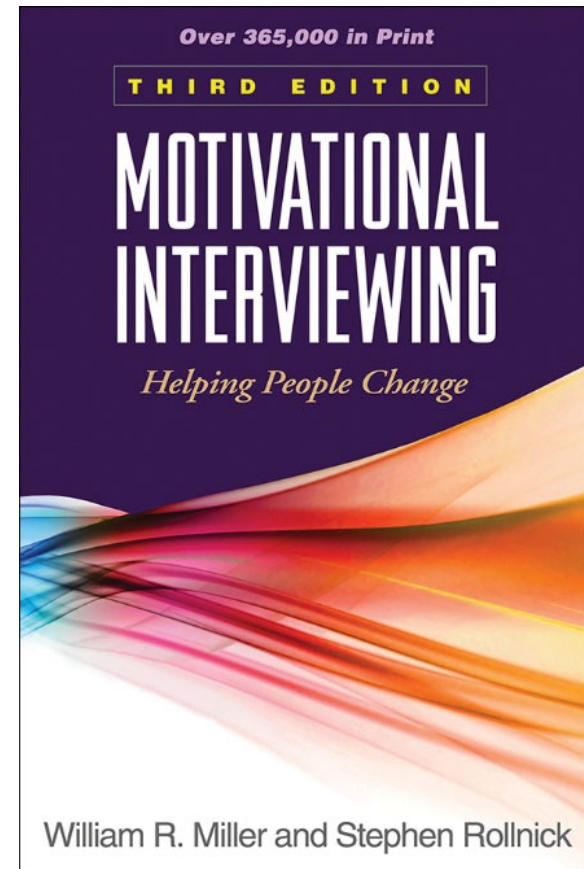
Intersectionality

- The meeting point of various cultural identities (e.g., race, gender, medical diagnosis)
- Experiencing disability does not mean you don't have privilege

Motivational Interviewing

Motivational Interviewing

- With complex patients and families, we are usually attempting to engage them in behavior change
- MI is a communication style that elicits behavior change by exploring and resolving ambivalence
- Primary goal: resolve ambivalence by increasing discrepancy between current behaviors and desired goals



Motivational Interviewing

- Ambivalence is common when considering behavior change
 - Two sides: for change and against change
- Most patients are not 100% for or against something
- Health care providers typically take the pro-change side, which leaves patients to argue against change
 - The more patients verbalize the disadvantages of change, the more committed they become to maintaining the status quo
 - Taking the pro-change side can often look like providing a lot of educational points, thinking this will motivate a patient

Avoid Being The Finger-Wagger



Motivational Interviewing

- A goal of MI: the patient should be talking more than the provider
- Help to reduce ambivalence and lead patients to change in behavior



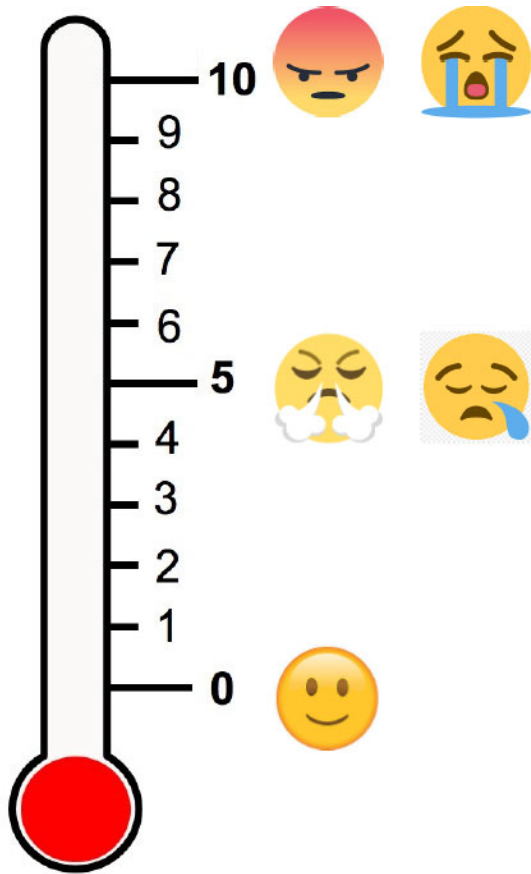
Summaries

Reflections

Affirmations

Open Questions

Eliciting Change Talk



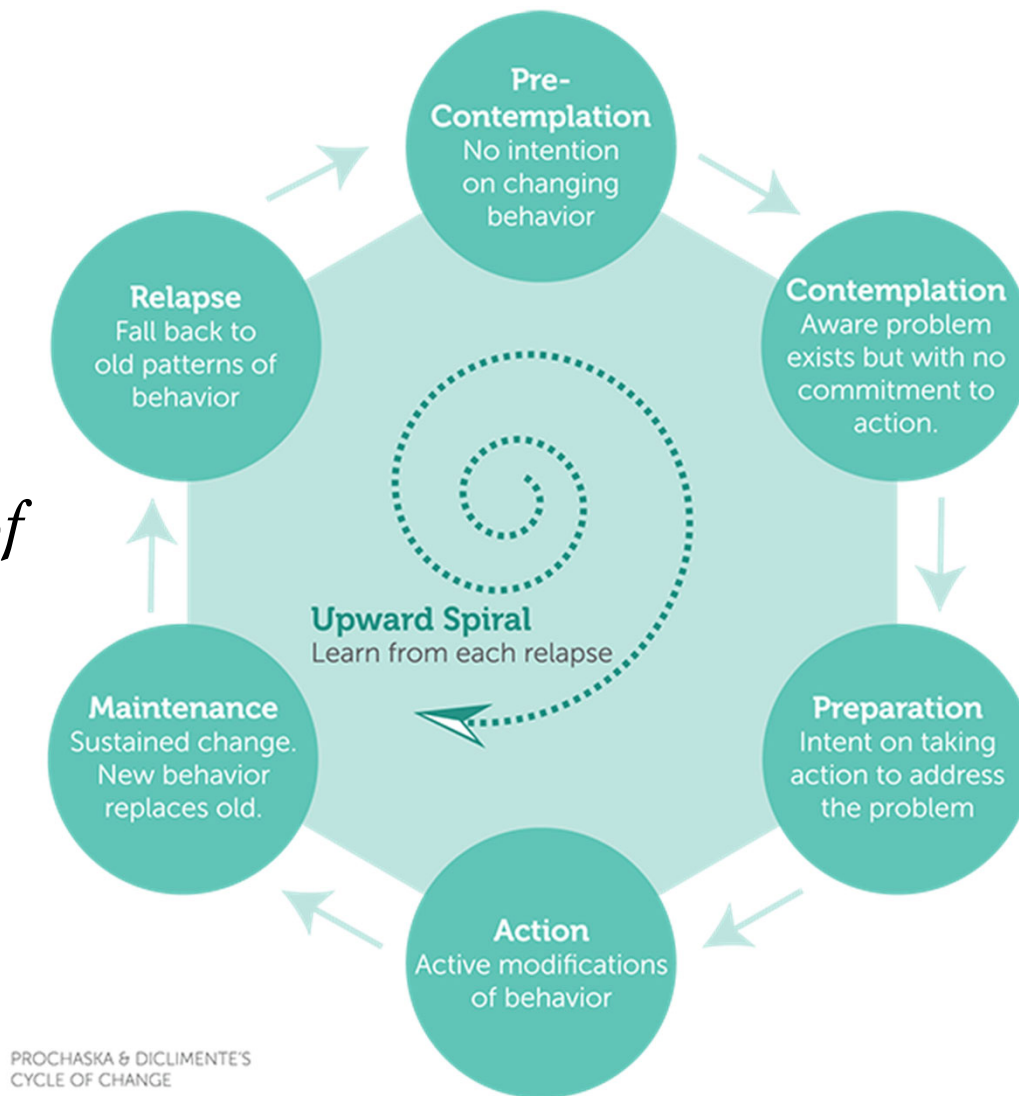
- On a scale of 1 to 10...
- Why are you a ____ and not a ____
- What makes you think you need a change
- What will happen if you don't change
- Do you think others are concerned about your behavior? Why?

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Costs/Cons

Not Changing

Prochaska and Diclemente's Stages of Change



Case Examples!!!

New Diagnosis Family

- Patient: Otis Con, 3 month old infant coming in with mother and grandmother for ABR
- Mrs. Con has reported concerns about what this means for Otis
- She also appears tearful and upset
- Otis' grandmother is wondering if results of the ABR are valid and noted that she has a brother who is an ENT who assured her the failed screening was likely fluid

New Diagnosis Family

- Your goal should not be to “make them feel better”....it should be to “make them feel heard”
 - Ask what is going through their mind
 - Normalize and validate those thoughts/feelings (Even if it is not always “normal”)
 - When they are talking, use reflective language
 - “it seems” and “If I am understanding you correctly”
- Avoid:
 - Specific, targeted questions...this doesn't pull for more information
 - Closed ended questions...pulls for “yes/no” responses
 - Telling the family about your previous professional experiences

Adult Not Wanting Hearing Aids

- Alex GiBell is a 60 year old male presenting with his wife for a hearing aid fitting
- Alex is adamant that he does not want hearing aids
- Mrs. GiBell stated that she forced Alex to come in today
- Alex appears closed off and limited in his willingness to engage

Adult Not Wanting Hearing Aids

- Align with Alex and roll with resistance
- Ask open-ended questions to gather additional information
- Reflect the information back to them to create ambivalence
 - So on one hand...but on the other hand
 - I'm a bit confused...
 - Help me understand...
- Ask permission to provide information

What Questions Do You Have?



Thank you so much!

- Please feel free to email me
with any questions/concerns/feedback

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UPCOMING WEBINAR: PSYCHOLOGICAL FACTORS ASSOCIATED WITH HEARING AID ADOPTION WITH GURJIT SINGH – NOVEMBER 24, 2020



Thank you



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