



Therapeutic Techniques for Counseling Patients with Hearing Differences

Michael Hoffman, Ph.D.

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NEMOURS
CHILDREN'S HEALTH



Canadian Academy of Audiology
Académie Canadienne d'audiologie

Overview

About Me

Multicultural Identity

Models of Care

Strategies/Motivational
Interviewing

Case Examples

About Me

- Licensed Clinical Psychologist with a specialization in Pediatric Psychology
- Graduate training at University of Miami
 - Research focused on children with cochlear implants
 - Residency and fellowship at Nemours Children's Health
 - Developed Hearing Collaborative Clinic
 - Currently at Nemours providing integrated psychology services



About Me

Born with severe to profound hearing loss (Connexin 26)

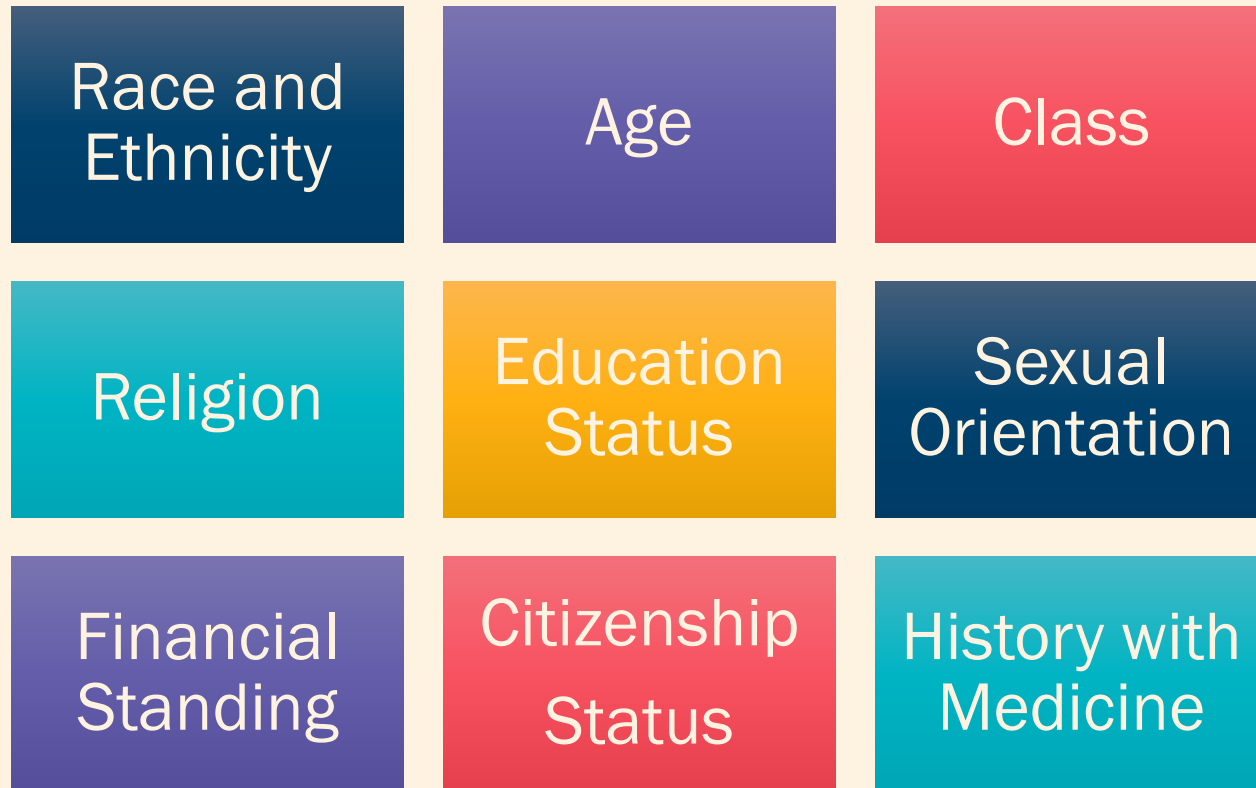
Diagnosed at 4 months

Bilaterally aided at 5 months

Right-sided implant at age 28

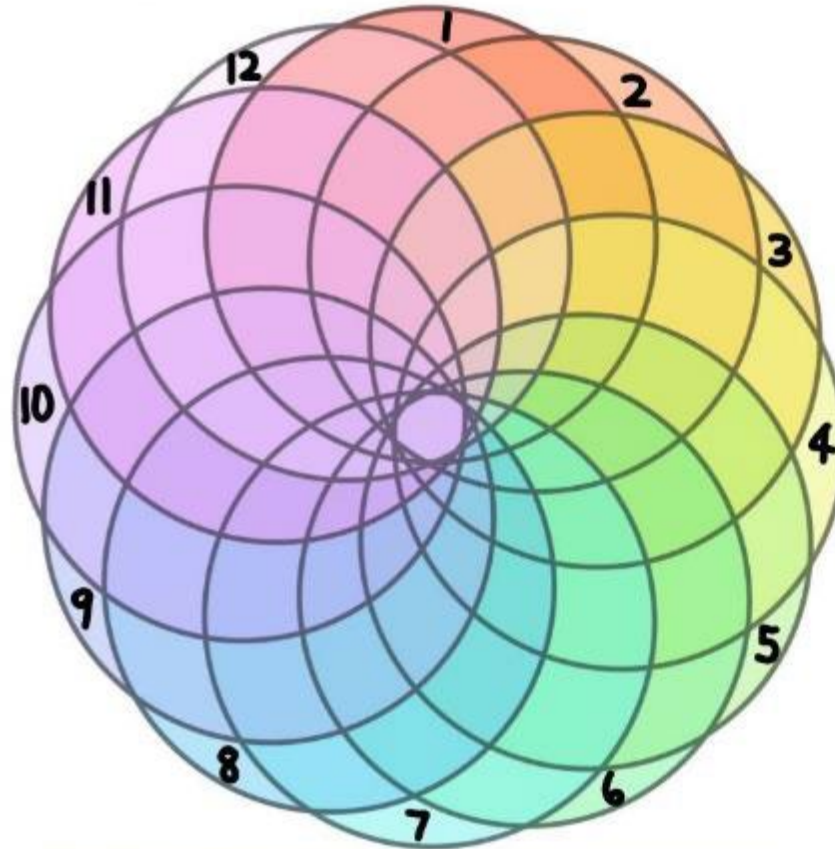
Over 30 years of experience as a patient within medical systems

The Role of Multicultural Identity



- In the room: Your own background, lived experiences, and perspectives
- The family brings their own background, lived experiences, and perspectives in the room

INTERSECTIONALITY



- 1 Race
 - 2 Ethnicity
 - 3 Gender identity
 - 4 Class
 - 5 Language
 - 6 Religion
 - 7 Ability
 - 8 Sexuality
 - 9 Mental health
 - 10 Age
 - 11 Education
 - 12 Body size
- (...and many more...)

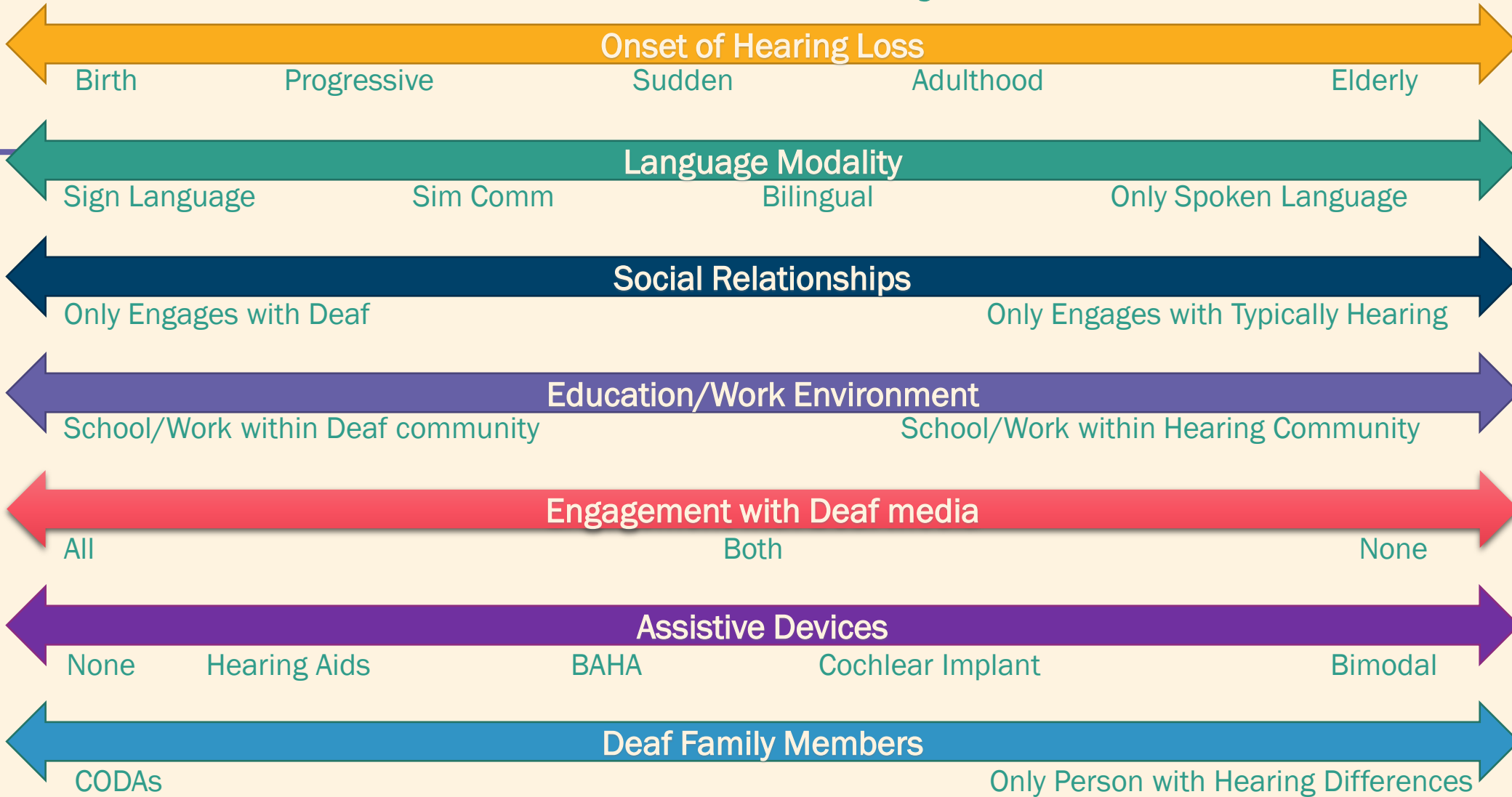
Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

<https://ecampusontario.pressbooks.pub/universaldesign/chapter/positionality-intersectionality>

Deaf Identity



Paternalism in Healthcare

- Occurs when a healthcare professional makes decisions for a patient without the explicit consent of the patient
- Control – Provider is to patient as parent is to child
- Examples:
 - Presenting only one course of treatment
 - Options presented in heavily skewed way
 - Not fully disclosing the illness/challenge

Shared Decision Models

- Goal: Help the patient in discussing, elucidating, and influencing patient goals/values/decision-making
- Beneficence should guide the provider's actions toward the patient, but also include a respect for the autonomy and values of the 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 caregivers will say..”
- “Given your the recent diagnosis, I would expect it to be..”
- “This is very common among others with hearing differences”



Reflective Language

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



Avoid Being the Finger- Wagger



Reactions to Finger Wagging

- The patient/family is likely to:
 - Become defensive/closed off
 - Justify/explain their current views and behavior
 - Feel misunderstood
- Extensive research in pediatric psychology shows that education alone is not enough
 - The Dentist example
- Learn to “roll with resistance”
 - If you are sensing resistance in the room, you can call it out



Asking Permission

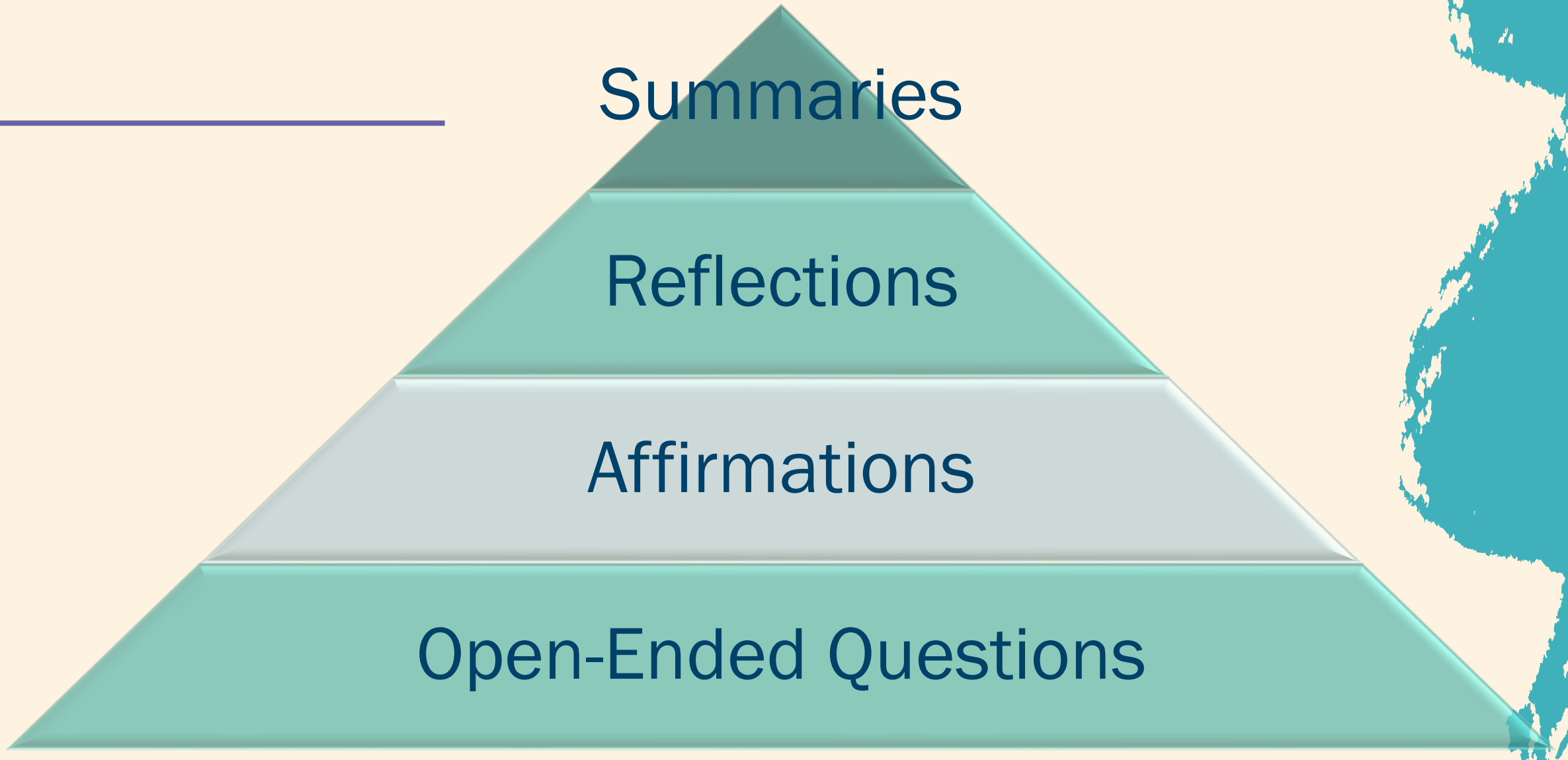
- When providing information, asking for permission can get more buy-in
 - “Is it OK with you if I tell you about..?”
 - What does this approach communicate
- Asking permission makes the patient feel like they are in some control of their own visit
- If they say “no” (which is rare) they likely were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



Rolling with Resistance

- If you are experiencing resistance, ask yourself:
 - How can I roll with the resistance?”
 - Call it out! Gather more information, find a middle ground





OARS examples

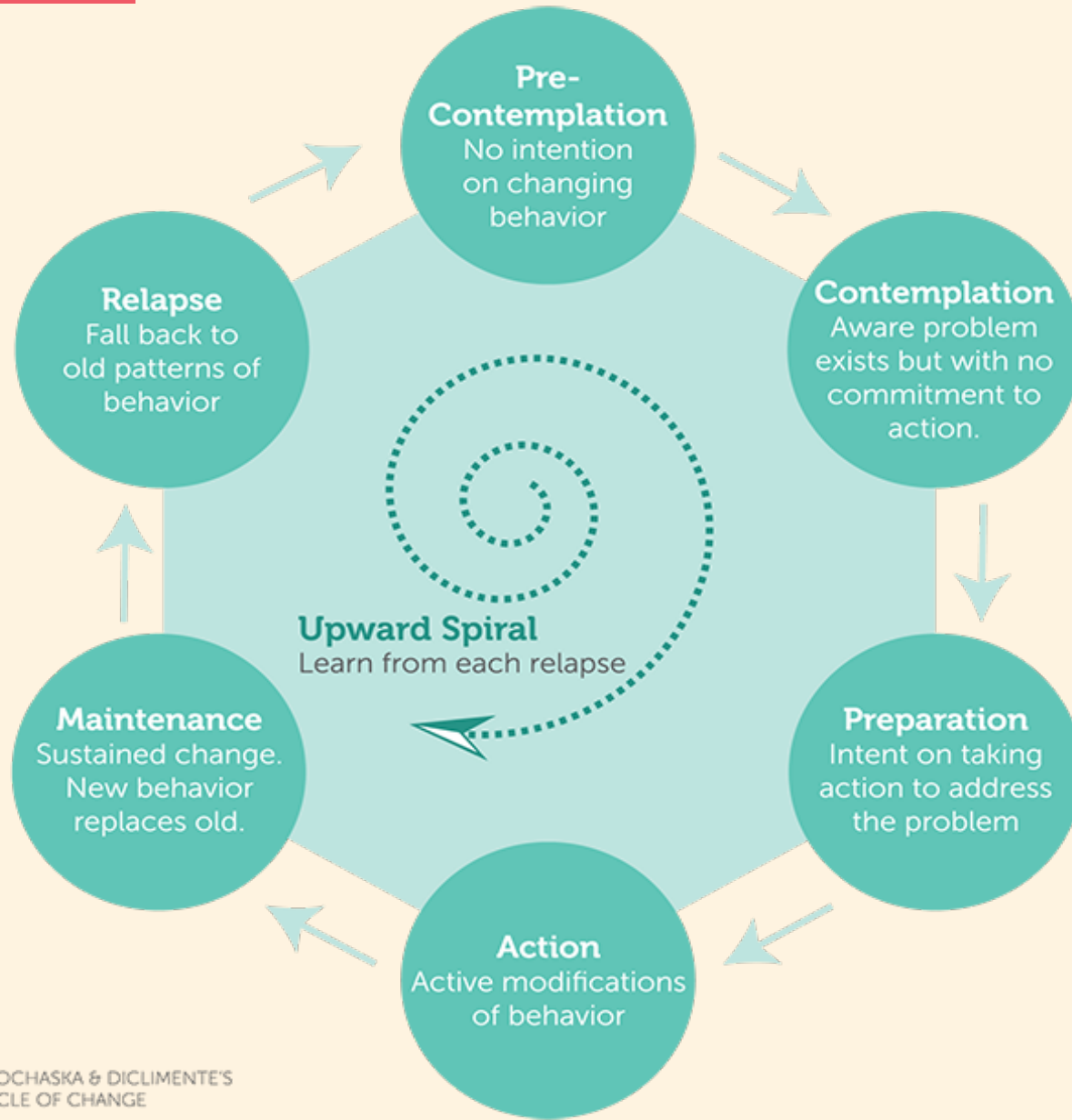
- **Open-Ended Questions:**
 - Help me understand what its like for you at work and in meetings?
 - How would you like things to be different?
 - When would you be most likely to use your device?
- **Affirmations:**
 - I appreciate you sharing that with me
 - It sounds like you have worked really hard to hear in those settings
 - If I were in your shoes, I would be even more frustrated

OARS examples

- **Reflections:**
 - It sounds like you really worry about them hearing in school
 - You're wondering what new devices will do differently
 - So you feel hesitant about others seeing your devices
- **Levels of reflection:**
 - Repeating or rephrasing
 - Paraphrasing – Inferred meaning
 - Reflection of feeling – emphasizing the emotional aspects

OARS examples

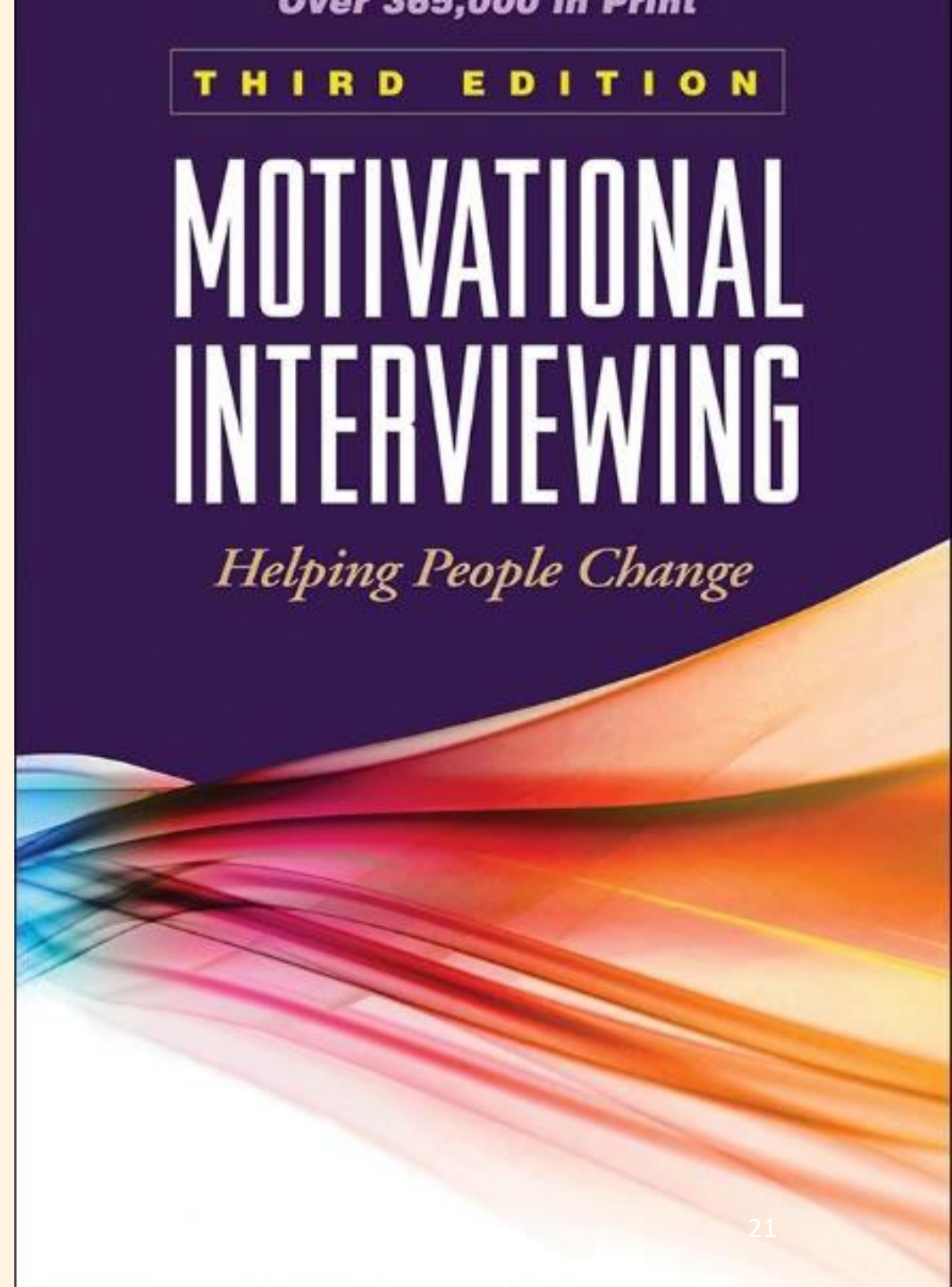
- **Summaries:**
 - Begin with a statement indicating you are making a summary
 - Include both sides/pay attention to change statements
 - Possibly include summary statements from other sources
 - Be concise
 - End with an invitation
- “let me see if I understand so far. On one hand you are having a really hard time hearing with your family, but on the other hand you have found the devices to be very awkward sounding at times. Did I miss anything?”



Prochaska and Diclemente's Stages of Change

Motivational Interviewing

- With complex 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

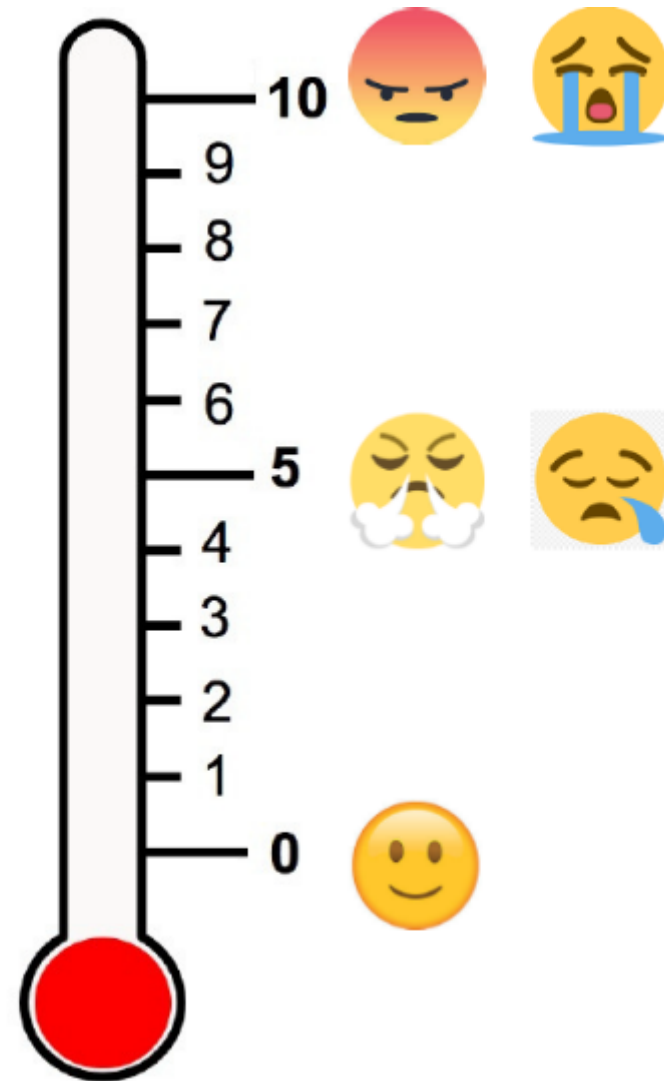


Motivational Interviewing

- Ambivalence is common when considering behavior change
 - Two sides: For and against change
- Most families/patients are not 100% for or against something
- Healthcare providers typically take the pro-change side
 - Leaves the family to argue against change
- The more families 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

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?



Decisional Balance Worksheets

Benefits/Pros

Costs/Cons

Making a
Change

Not
Changing

Case Examples!

- 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



Case Examples!

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Case Examples!

- Luddy Beethoven, 3-month old Black infant coming in for device fitting with his mother and grandmother
- Mrs. Beethoven has reported concerns about what this means for Luddy and is unsure about the diagnosis
- She also appears tearful and upset



Case Examples!

- Your goal should not be to “make them feel better/educate them”....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”
- Consider history of medical mistrust and poor treatment





Thank you so much for your time!

Please ask any questions!

Michael.Hoffman@nemours.org