COUNSELING IN CLINICAL SETTING

Dr. Syed Irfan Karim
Assistant Professor & Consultant
Department of Family & Community Medicine
King Saud University, Riyadh

Objectives :

- To understand the concepts of Health Education with communication and counseling skills
- To learn why are good communication skills are important for Counselling ?
- To learn the theories and stages of counseling
- To understand the possible barriers ?
- To Discuss practical examples of counselling

What is Counseling?

- It is an opportunity to talk to a person in non-judgmental and supportive way.
- To better understand his/her current problems
- To identifies strategies to help problem solve.
- Counselors who offer warmth and empathy are more effective

Aims of counseling:

- To help people accept and come to terms with their difficulties and identify ways of coping more effectively and resourcefully
- The counselor listens and asks questions until both counselor and patient understand the way the patient sees things
- The counselor enables the patient to clarify thoughts and feelings for better understanding of the problem

STAGES OF COUSELLING

Stages of Counseling

A. **Pre -contemplation Stage** (patient is not ready to change behavior) .

B. **Contemplation Stage** (patient is thinking about changing behavior).

C. **Preparation Stage** (patient intends to change behavior in the next six months and is taking steps toward becoming more active).

D. **Action/maintenance Stage** (patient has met the recommended goals for more than one month [action] or more than six months [maintenance])

What are Five A ‘S of Counselling

Assess

- Ask about or assess lifestyle behaviors (physical activity, tobacco, alcohol, nutrition, healthy thinking and sleep) on a routine basis.
- Patient-centered assessment:
- Considers patient's goals and values and satisfaction with his or her progress

Advise

- Give specific information about the benefits and goals of a healthy lifestyle and specific behaviors.

- Patient-centered advice

  - Includes information about benefits of a healthy lifestyle and how behaviors affect various outcomes
  - Tailored to **patient's goals**, values and environment

Agree

Through a process of shared decision-making, collaboratively set realistic, personalized goals with the patient.

Patient-centered goals

- Based on the patient's level of interest and confidence in his or her ability to effect change
- Incorporated into a patient-centered action plan
- The use of the SMART acronym..

What is SMART

1. Specific – Have you explicitly stated what you intend to do?
2. Measurable – Could you definitively say you had achieved your goal?
3. Attainable – Do you feel confident that you can achieve the goal you set?
4. Relevant – Would making this change bring you closer to your overall goal?
5. Timely – Have you stated the time frame in which this goal will be completed?

What will be the SMART goal

General goal:

"I want to eat healthier."

Examples of SMART goal

“Starting tomorrow, I will eat a piece of fruit at breakfast and lunch four out of seven days per week.”

Assist

Offer and/or refer to evidence-based interventions and resources, including self-management support.

- Patient-centered assistance:
- Evidence-based
- Includes information about benefits and harms of specific interventions
- Identifies personal barriers
- Includes tailored strategies and problem-solving techniques
- Incorporates social and environmental supports

Arrange

Specify a plan for follow-up (e.g., visits, phone calls, e-mail, other)

- Patient-centered follow-up:
- Evidence-based
- Tailored to patient preferences and schedule

LETS COME TO REAL CLINIC SETTING

are there any flaws in this doctor –patient set –up

(picture)

Professional Behavior

- ❑ Building Rapport.
- ❑ Showing empathy
- ❑ Good posture
- ❑ Appropriate body language .
- ❑ Avoids interruptions

The Evidence Base

☒ 54% of patient's problems & concerns not elicited
(Stewart et al, 1979)

☒ Doctors frequently interrupted their patients soon after their opening statement (mean time 18 seconds) so patients subsequently failed to disclose significant (Beckman and Frankel, 1984)

☒ Failing to discover the patients feelings and concerns led to dysfunctional consultations and counselling
(Byrne and Long, 1976)

Blocking Behavior of Doctors

☒ Offering advice and reassurance before the main problems have been identified

☒ Explaining away distress as normal

☒ Attending to physical aspects only

☒ Switching the topic

☒ “Jollying” patients along

What is a failed Counseling?

- ☒ No rapport
- ☒ Using medical jargon
- ☒ Not exploring the patients agenda
- ☒ Not eliciting the actual problem
- ☒ No summarization
- ☒ Fatalistic attitude (It’s God’s will)
- ☒ Not exploring in socio-cultural & economic context

Common Barrier

- If a joint understanding of the problem & management plan, which the patient should understands and feels comfortable is not made:

  the patient is not likely to follow the advice and

  all our efforts in assessment and diagnosis are wasted

  (Silverman et al. 1998)

Common Barriers in Counseling

- Shortage of time
- Language barrier – low literacy
- Firm misconceptions and myths
- Lack of awareness
- Not ready to take responsibility for own illness
- Socio-cultural, economic barriers

- Good communication & counseling is good for doctors
- good for patients and
- good for the health service

Physical Activity Counseling

5A’s

Case

- A 20-years old college student visits your Community Health Center for concerns over his increasing weight .On examination you find his BMI is greater than 30.

How will you approach this student , within context of the 5 A approach to counselling ?

Physical Activity 5A's

1st A - ASSESS

- Assess current physical activity (type, frequency, intensity, and duration);
- contraindications to physical activity;
- the patient's readiness for change;
- patient-oriented benefits;
- social support;
- willingness to help others;
- self-efficacy (the patient's self-confidence that he or she can change behavior)

Physical Activity 5A's

2nd A - Advise

- Provide a structured, individually tailored counseling message;
- the national recommendation for physical activity is at least 30 minutes of accumulated moderate-intensity physical activity (i.e., walking fast[3 to 4 miles per hour] or the equivalent) on five or more days of the week.
- Deliver a structured counseling message based on the patient's stage of change.

Stages of Change
Precontemplation

Not Ready to Take Action

- **Have no intention to start taking action in the next 6 months.**

- ***Example:***
  - **** Currently not exercising.***
  - **** Do not intend to begin exercising in the next 6 months.***

3rd A – Agree

Pre-contemplation stage

(the patient is not ready for change)

ask the patient if you can talk about physical activity in the future.

Approach

Offer nonjudgmental advice, express intention to revisit the topic in the future .

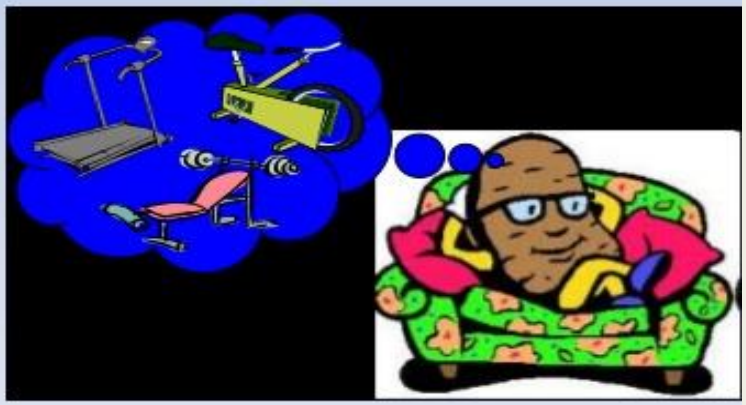
Recommendation :

Tell the patient, “As your physician, it’s **my responsibility to recommend** that you get at least 30 minutes of moderate-intensity physical activity, such as walking fast on at least five days of the week;

I hope you don’t mind if I ask you about physical activity in the future”.

Stages of Change
Contemplation
Thinking About Taking Action

- **Intend to start in the next 6 months**



- ***Example:***

**** Currently not exercising.***

**** Intend to begin exercising in the next 6 months.***

3rd A – Agree

Contemplation stage

(the patient is thinking about changing)

discuss the next steps

Approach

Increase the **"pros"** of changing .

Recommendation :

- **Emphasize** benefits that the patient cares about .
- **Associate** the benefits with increased physical activity
- **Suggest** that the patient help someone he or she cares about get physically active for health (to increase self-motivation)

Stages of Change
Preparation

Getting Ready to Take Action

- Intend to start in the next 30 days

- *Example:*

* *Currently not exercising.*

* *Intend to begin exercising in the next 30 days.*

Physical Activity 5A's

3rd A – Agree

Preparation stage

(the patient intends to change soon)

help the patient make a plan and set a start date.

Approach

- Decrease the **"cons"** of changing .

Recommendation :

- Help the patient overcome barriers .
- Make a plan for the patient to start changing behavior.
- Suggest that the patient help someone he or she cares about get physically active for health.

Decisional Balance

Pros & Cons

Pros = Advantages of changing	Cons = Disadvantages of changing
Exercising	**Exercising**
+ more energy	- takes time
+ sleep better	- could get injured
+ more productive at work	- $ equipment/membership
Adapting	**Adapting**
+ home/property protected	- takes time
+ reduce community burden	- $ to adapt
+ save money (in the future)	- may not be worth it

Physical Activity 5A's

3rd A – Agree

Action/maintenance stage

(the patient is meeting goals)

congratulate the patient; ask if the patient is ready to start another healthy behavior.

Approach

Congratulate and reinforce the patient's behavior change .

Recommendation :

- Tell the patient, "Congratulations, you are doing one of the most important things you can for your health"
- Suggest that the patient help someone he or she cares about get physically active for health

Stages of Change
Action

Behavior Change Recently Started

- **Consistently for less than 6 months**

- ***Example:***
  - **** Exercising.***
  - **** Have been exercising for less than 6 months.***

Stages of Change
Maintenance

Has Changed Behavior for an Extended Time

- **Consistently for more than 6 months**

- ***Example:***
  - ***Exercising.***
  - ***Have been exercising for more than 6 months.***

Physical Activity 5A's

4thA - Assist

- Provide the patient with a written prescription;
- printed support materials;
- self-monitoring tools(e.g., pedometer, calendar);
- or Internet-based resources (see accompanying patient handout)

Physical Activity 5A's

5th A – Arrange

- Schedule a follow-up visit
- Provide telephone or e-mail reminders (e.g., have a staff member call or e-mail the patient on the start date of the behavior change) and Internet-based counseling
- Refer the patient for additional assistance (e.g.,
  - physical activity counseling from a dietitian;
  - physical therapy if the patient is deconditioned,
  - community-based programs)

Smoking cessation -5A’s

Case

- A 42 years old sales man by profession working in a factory . He smokes 20 cigarettes a day and have a poor diet , he is not found of eating any fruits or vegetables . One of your cousin was recently diagnosed with lung cancer and you are worried that you will suffer the same fate .
- You tried quitting smoking before for less than a month , but didn’t succeed .
- How will you counsel regarding smoking cessation ?

Smoking Cessation 5A's

ASK

ask open-ended questions so the patient will have an opportunity to elaborate. The scripts below will help you initiate the conversation.

- "Have you ever smoked?"
- "How often do you smoke?"
- "When is the last time you smoked?"
- "How many cigarettes did you smoke yesterday/last week/last month?"
- "Why do you think it would be a good idea to quit?"

smoking cessation 5A's

ADVISE

- Advise your patients to quit smoking. Use clear, strong and personalized language to get your point across.

•"Quitting is the single most important thing you can do to protect your health as well as your family."

•"The effects of your secondhand smoke are harmful to your family. I suggest you quit not only for them but for yourself."

•"Smokers who quit save money"

smoking cessation 5A’s

ASSESS

- Willingness to quit and barriers to quitting should be assessed .

- If they have tried to quit in the past, get more information.
  - Have you tried to quit smoking ?
  - Are you willing to quit smoking now ?
  - What keeps you from quitting?
  - How soon after getting up in morning do you smoke ?

- If she is willing to quit, **offer praise and provide resources and assistance**.

How to Assess – examples

- **If unwilling to quit,**

- help motivate the patient by using the "5 R's":
- Relevance (identify reasons to stop smoking e.g – Pregnancy , family risk of disease ,)
- Risks .
- Rewards(improve health , financial savings)
- Roadblocks (stress , withdrawal symptoms , previous failed attempts , weight gain etc)
- Repetition. (repeat all five R in each clinical contacts with unmotivated smokers)

"So you've tried to quit. What do you think triggered you to start smoking again?"

smoking cessation 5A's

ASSIST

- Assist your patients with a quit plan.
- Are you worried about anything in particular when it comes to quitting ?
- Withdrawal : (irritability ,anxiety ,restlessness)-NRT can help.
- Do you worry about craving or weight gain .
- Depression :

Provide resources :support groups / education materials

smoking cessation 5A's

ARRANGE

Schedule follow-up visits/phone calls to review patient progress toward quitting.

Counselling Teachable moments

- A “teachable moment” is the moment that motivates individuals to adopt health behaviors that lower their risk.

Some key “teachable moment” opportunities include:

- **New patient visits**
- **Annual physicals**
- **Well-child visits (discuss smoking in the home and car)**
- **Women’s wellness exams**
- **Problem-oriented office visits for the many diseases caused or affected by tobacco use and/or exposure to secondhand smoke (upper respiratory conditions, diabetes, hypertension, asthma, etc.)**
- **Follow-up visits after hospitalization for a tobacco-related illness or the birth of a child**
- **A recent health scare**

Management

- Discuss different Pharmacological and non- pharmacological issues ..
- His ideas regarding Medications .
- Offering choices of NRT (patches / gums), Bupropion etc…
- Any cost issues to buy this treatment .
- Agree on Quit Date .
- Respect his treatment choice .
- Involvement of Smoking Cessation Clinics (with patient agreement)
- Follow up in 2 weeks after Quit date .

Thank You