When a patient requests hearing aids but doesn’t want them: Psychological intervention strategies for the Hearing Health Professional

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Audiologist-Psychologist Collaboration

“If only patients would follow my advice!!!”

Audiology
Dx, Education & Rx
HL
Advice

Psychology
Motivation & Emotional overlay of advice
Consultation with Audiologist

Pt: “I can’t control my HL but I can control how many audiologists I see.”
Does this audiologist’s note sound familiar??

“I sometimes feel that much of what my pt talks about is outside of my scope of practice. She often becomes side tracked due to talking about her feelings.

“I hadn’t realized that she was coming to see me for more than her ears.”
Audiologist quote:

“Other than informational counseling and listening to the patient, I can't think of any specific psychological strategies that I employ. I'm not convinced we should be significantly involved in the counseling process beyond the informational level.

“You can only wear so many hats and we shouldn't beat ourselves up if we can't solve all of a given pt’s problems.”

And by the way, you don’t have oodles of time for this
The time issue

“I appreciate the benefits of open-ended questions and reflective listening, but how do we do this while also staying within the busy clinical pace?”
Put the issue of limited time on the table

Use bounded open-ended questions. For example, “This is hard stuff but can you give me a glimpse [a snapshot] of how you’re feeling in the few minutes we have together?”

“I wish we had the time to talk more about that, but to use our time together to the greatest advantage, allow me to redirect us back to your hearing issues.”
“Even though I’m an audiologist and not a psychotherapist, I’m having a psychological impact. Better that I figure out how to maximize this impact.”

Although audiologists are not psychotherapists, they make psychotherapeutic interventions.
Agenda

- Understanding a patient’s construction of HL
- Mitigating traumatic transference
- Motivational Interviewing
- Facilitating conversational pivotal junctures
- Managing the family and social networks
Agenda

Understanding a patient’s psychological construction of HL
Assessing the patient’s construction of HL

1<sup>st</sup> umpire: “I call them as they are.”

2<sup>nd</sup> umpire: “I call them as I see them.”

3<sup>rd</sup> umpire: “They <span class="highlight">are</span> as I see them.”
What is this patient’s “third umpire” construction of HL?

Q: “Why didn’t you get your hearing tested a long time ago?”

A: “I wasn’t ready to get old.”
The story of Paul
Lost in the Fog
Agenda

Mitigating traumatic transference
What is pornography ????

"I shall not today attempt to define pornography, but I know it when I see it”

Justice Potter Stewart
By photographer Jennifer Karady
Kohut; Trauma is emotional “fragmentation,” a “shattered mirror”
"My most traumatic moment was when I learnt that you charge more per hour than I do."
Psychological Dynamics of a Health Evaluation

“There is no such thing as an evaluation. Inevitably, it triggers a “rollercoaster” of emotions, such as loss, grieving, anxiety, etc.
“White Coat Syndrome”: When patients have a high pulse rate or high blood pressure in the doctor's office but nowhere else.
Amy, 50 y/o hoh woman

“After a brief catch up on events with my audiologist, I’m seated in the dreaded booth, and the door is shut. No matter how many times I have sat in this seat, I’m still uncomfortable. After all it is a test. **One for which I hopefully have studied properly.**

“My hands feel clammy when I grasp the ‘Push Me’ Button when I hear the tone. For that brief instant before the first ‘note’ I envision a scene from Alice in Wonderland when Alice has fallen down the rabbit hole and faced with a dilemma and a ‘Drink Me’ potion. It’s a scene based on trust before stepping into the unknown.”
I asked Sue whether she thinks her pulse rate changes at her audiologist’s office. Instantly, she nodded her head and I asked why.

“He’s very nice and supportive,” she began. “He tries to make me relaxed and to focus on the positive, but I feel defensive with him, like he’s gonna keep finding things wrong with me.”

“Have you shared your feelings with him?” I asked, already suspecting her answer.

“Of course not!” she immediately responded. “He probably already thinks I’m a basket case.”
“‘You didn’t hear that?’” the audiologist asked during a hearing exam.

“I’ll never forget when she said that to me, even though it was 25 years ago.”
**Traumatic transference:**

When someone has been traumatized (e.g., by HL) and is later in a situation that reminds him/her of that trauma (e.g., an audiologic appt).

One transfers the emotions that were associated with an earlier trauma on to a present-day situation that is perceived as similar.
Another example of traumatic transference
“I’ll never forget when my audiologist asked me that, even though it was 25 years ago.”

“It’s a hearing test, one for which I hopefully have studied properly.”

“Although he’s supportive, he probably thinks I’m a basket case.”

Traumatic transference often causes shame

(Shame = metastasized guilt)
What to do???

Lessen your power

Adopt a one down position with respect to learning about how a person experiences HL

“How do you listen when you want to discover another person’s inner world, as opposed to figuring out where someone falls on your map of the world?… I strive to work from a . . position of not knowing...defined as something I’m genuinely curious about, so in that sense it’s a real question, something I don’t know the answer to.”

Carol Gilligan
The following sentences, although perhaps true, are **NOT** from a one down position

- You’re missing appts because you’re angry with me.
- You need to use your HA.
- You have unresolved feelings about your mother.
- Your mother has unresolved feelings about you.
Do you think you may be missing appts because you’re angry with me?

What do you think will happen if you don’t use HA?

Do you think you have unresolved feelings about your mother?

Do you think your mother has unresolved feelings about you?
Mike: “You look angry.”

Pt: “No, I’m pissed off!!!!!”
Question: “On the average a physician will interrupt their patient describing his/her symptoms within ??? period of time?”

18 seconds
Relational stance:

The way in which we approach patients, how we position ourselves

Expert/information provider: This is the focus of most medical/allied medical training. “Parent to child”

Appreciative Ally: Respectful curiosity or collaborative inquiry. “Adult to adult.” Provides info and expertise prn, depending on pt’s stage of readiness to change
Would you help me understand how it feels to come to my office for a hearing test?

Please help me understand how you experience your HL.

I’m curious to know what’s most bothersome and least bothersome for you about your hearing.

I know a lot about audiology, but nothing about you. Catch me up!

“expert knowledge”      “local knowledge”
DOCTOR: “DON’T CONFUSE YOUR GOOGLE SEARCH WITH MY 6 YEARS AT MEDICAL SCHOOL.”

ME: “DON’T CONFUSE THE 1 HOUR LECTURE YOU HAD ON MY CONDITION WITH MY 10+ YEARS OF LIVING WITH IT.”
Agenda

Motivational Interviewing
Q: How many psychologists does it take to change a light bulb?

A: It doesn’t matter, it has to be motivated to change.
A common *patient* psychological dynamic:

People tell me I need help,  
but I disagree.  
Therefore, I will ask for help, but not accept it.

The doctor explains how treatment will help.  
This makes me angry, but I cannot show it  
because that will make the doctor talk more.  
So I’ll nod my head and plan my escape.

A common *health-care provider* dynamic:

It’s clear that the patient needs help.  
If I explain this thoroughly enough and convey my expertise,  
than the patient will trust me and accept my help.  
I know I’m succeeding at this  
because the patient is nodding in agreement.
“Mr. Glenn steps out of the audiologist’s office . . . He was given a great deal of information and can’t remember most of it. What did the audiologist mean about the hearing graph – something about fruit? . . . He feels he is in no position to commit to a trial with hearing aids when he didn’t even understand the process. Mr. Glenn decides to wait a couple days and then phone to cancel out of the whole situation. He’s quite disappointed because he really does want to hear better.

Meanwhile, the audiologist closes the office door behind this patient, experiencing a satisfying feeling of a job well done. Mr. Glenn was so calm during the whole appointment and he nodded in understanding as she explained the “speech banana” on his audiogram. He will surely do well I the adjustment process when he comes back for his hearing aids.”

Clark & English (2018),
Motivational Interviewing

A directive, patient-centered counseling style for increasing intrinsic motivation by helping patients explore and resolve ambivalence.

(Miller & Rollnick, 2002, 2013)
Sometimes you can just tell someone what to do without using MI.
“Knowledge does not always change behavior”

Clark & English (2018)
1 in 10 people with mild HL and 4 in 10 people with moderate-to-severe HL use amplification.

"Denial ain't just a river in Egypt."
It is vital for providers to determine a pt’s Stage of Change (Prochaska & Diclemente)

- **Pre-contemplation:** Pt denies problem
- **Contemplation:** Pt is ambivalent about change
- **Determination:** Pt requests change
- **Action:** Pt accepts solution to problem
- **Maintenance:** Pt practices strategies to maintain change
- **Relapse:** Pt practices strategies to prevent relapse

“Pretreatment”
<table>
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“My wife thinks I need hearing aids. I love her to death, but she doesn’t know what she’s talking about. She needs to learn to enunciate her words better, to speak more clearly. She’s blaming my ears for her own shortcomings, just like her mother who always blamed her father for everything. My hearing is just fine, thank you!”

What is the stage of change with this person re her use of hearing aids?
Another example of Pre-contemplation

"You've returned the hearing aides 15 times now. The note on the file says you're the problem."
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“I know that it’s not good to keep losing my hearing aids cuz I want to hear my teacher, but I don’t like the way other kids look at me. And when I don’t wear them, they stop making fun of me but then I get behind in class and my parents yell at me. So hearing aids do help but I don’t like to use them! Ugh. I don’t know what to do!!!

What is the stage of change with this person re her use of hearing aids?
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“I kinda want a cochlear implant. It’ll make my parents happy because maybe I’d be able to talk better and to hear them calling me. But yech! Drilling a hole in my brain! I shouldn’t have to change to please them. They should learn sign language to please me! But am I being selfish?”

What is the stage of change with this person re his CI?
Pre-contemplation: Pt denies problem
Contemplation: Pt is ambivalent about change
Determination: Pt requests change.
Action: Pt accepts solution to problem.
Maintenance: Pt practices strategies to maintain change.
Relapse: Pt practices strategies to prevent relapse

“Suddenly everything is clear. I don’t know why or how this happened, but it doesn’t matter because, as I said, it’s now so so so so very clear. In order to feel happy, fulfilled, physically fit and spiritually enlightened, I need to go to MANY more workshops like this one.”

What is the stage of change with this person re his going to more workshops like this one?
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“Please Dr. Audiologist. Help me!! I want the best hearing aids on the market. I’ll do anything!!!

What is the stage of change with this person re his purchase?
Use different approaches depending on a pt’s readiness for change.
“To tell you the truth, my wife won’t get off my back until I come here and get my hearing tested. She thinks I need hearing aids, but she overreacts and again, to be frank, she’s really beginning to piss me off! Ugh. What do you think I should do?”

What do you think would happen if you answer his question with “Your hearing test indicates you would benefit by hearing aids.”
Advice doesn’t work here and typically has the opposite effect!!!
If you feel it’s important to give advice, ask permission first. Then ask pt for their reaction to your advice

“I have some advice if you want it. Is this a good time?”
Ask, Tell, Ask

- **Ask** what a pt wants to hear
- **Tell** the pt
- **Ask** what the pt understood.

From Gawande, Atul. *Being Mortal: Medicine and What Matters in the End*
Avoid a wrestling match:
More confrontations leads to more denials

Practitioner advocates for change

“You should change”
“You’re be better off with HA”
“You’re ready to…”
“You’ll have poorer quality of life”
doing fine”

Patient advocates for staying the same

“I don’t wanna change.”
“Things aren’t half-bad.”
“No, I’m not ready to.”
“Uncle Fred is 89 and he’s
If only God had used Motivational Interviewing with Adam and Eve!!!!

Don’t touch that fruit!!!!
“When I’m nervous I sometimes talk too much.”
Avoid the Fire Hose Interview Method
The practitioner should get the patient to do most of the talking: to verbalize rationale for change.

Self-Perception Theory: What the pt says about change is probably what they’re gonna do…
Avoid the Righting Reflex

- Advising
- Teaching
- Persuading
- Encouraging
- Coaxing
- Arguing for a particular resolution to a pt’s ambivalence
Example of Avoiding Righting Reflex
Avoiding the Righting Reflex via Selective Reflective Listening

An example (after pt has a hearing test)

My wife thinks I need hearing aids!

Are you wondering about that as well?
No. That would be embarrassing. I don’t want to walk around with hardware in my ears. I don’t care what the hearing test showed.

You don’t like how hearing aids look.
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal.

Sounds like you hope you never have to wear them.

They make you look old...they’re a hassle, the batteries and all that. Sometimes they screech and squeal out in public and people look at you.

Sounds like you hope you never have to wear them.
You got that right, doc! But probably sooner or later I’ll need them, but I’d rather it be later. Ok, what did the damn hearing test show?

Well, there are some clear frequency ranges where you’re not hearing as well, which must be what your wife was noticing. But it seems that there is something else going on besides normal aging.. Have you been exposed to loud noises in your life, and how recently?
Yeah, when I was younger I used to go trap shooting, and we didn’t always use the earplugs. Also I rode motorcycles—still do sometimes—and they can be loud.

You’ve been around loud noises when shooting and riding motorcycles which you still do sometimes. What else?
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal. Right.

And I use some power tools, like a chain saw and a leaf blower. They’re kind of loud.

Right. And you don’t always use hearing protection?
I never do when I’m using tools.

(resisting the temptation to tell him immediately why he should and reflecting/rolling with resistance instead) “It hasn’t seemed important to you. …But does it feel like kind of a hassle for you to use hearing protection when you use a loud tool?
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal (responding to the invitation to inform).

I recommend that for any sound above 80 decibels people should protect their hearing, and those tools would definitely be in that range.

I guess I haven’t really thought about it. It’s not all that loud, is it?
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal.

So popping in earplugs is something that you could do if you thought it was important enough?
Sure I could do that. *(verbalizes ability to change but not yet commitment)*

Up to now, you didn’t think it really matters that much.
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal.

And it sounds like not wearing hearing protection around loud noise—that wasn’t because of embarrassment so much as just not thinking about it, not realizing it’s important?

Or I just wasn’t worrying about it. Didn’t think about it.
I see a lot of people just nodding their heads at parties, pretending that they understand. Sure, I may do that more than those people, but it's really no big deal.

Right. I can do that if it’s going to keep me from needing hearing aids.

So you might be interested in doing things now to protect the hearing you have left? It would be worth it for you; seems like a small price to pay.
Sure, I’ll do that.

Well, while we are thinking about it together, can I ask you this? In what ways has your hearing loss been inconvenient for you?” (open-ended question to elicit change talk).
MI is a framework for both listening for and eliciting Self-Motivational Statements (Change Talk) from patients

**Problem recognition:** e.g., “I guess there’s more of a problem than I thought.”

**Expression of concern:** e.g., “I’m really worried about…”

**Intention to change:** e.g., “I think it’s time for me to…”

**Ability to change:** e.g., “I think I can do it.”
Eliciting problem recognition (X)

- “Tell me about X.”
- “When did you first notice it?”
- “Where or in what situations do you notice it the most?”
- “In what ways do you think you or other people have been affected by X?”
Eliciting concern

- “What worries you about X? What can you imagine happening to you?”
- “How do you feel about X?”
- “Where are you not comfortable because of X?”
Eliciting intention to change

- “What wud be most impt benefit of changing X?”
- “If you were 100% successful and changing X worked out exactly as you would like, what would be different?”
- “Given that you change X, how would your life improve?”
- “How has X stopped you from moving forward, from doing what’s most important in your life?”
Eliciting ability to change

- “Do you think you can change X?”
- “What might stand in your way of changing X?”
- “How would you like to proceed from here. Now what?”
Eliciting importance/concern

How important is it for you to change right now?

0 _____________________________ 10
Not at all important

Extremely important
Eliciting confidence

2. If you did decide to change, how confident are you that you could do it?

0 ----------------------------- 10
not at all confident                   extremely confident

A. Why are you at [x#] and not at 0?

B. What would need to happen for you to raise your score a couple of points?

C. How can I help you get there?
Selective responding to strengthen change talk

Many of my friends avoid crowds and loud parties.  *Sure, I sometimes misunderstand what people are saying,* but it’s really no big deal.

You notice that you misunderstand people sometimes. What else have you noticed when you’re in crowds with a lot of background noise?  
*[Problem Recognition]*
I don’t want hearing aids. I know it helps and there’s a hearing aid doctor near my house, but I don’t want to be dependent on technology. When I went to an audiologist before, it made me uncomfortable.

I hear that a lot. It sounds like you know a bit about hearing aids and audiology. What do you already know about how it may be helpful to you? [Intention/ability to change]
I see a lot of people just nodding their heads at parties, pretending that they understand. **Sure, I may do that more than those people, but it’s really no big deal**

You have the sense that you’re kind of winging it – passing – more than others. How do you think that’s affecting your quality of life?  
**[Problem recognition]**
Well, one guy told me that I was stuck up cuz I didn’t respond, but I couldn’t understand what he was saying. So then he hung out with another girl. **Damn!**

Damn! You missed out on hanging out with this guy? That couldn’t be a good feeling, huh? *[Expression of concern]* Would you like to talk about how you can change this a bit?
I heard about directional microphones that connect to hearing aids but I can’t do that at a party! I would look pathetic!

You’re right, there are hearing devices that would help, [Ability to change] But you’re worried about how it would look to others?
Another example of Active Listening

Ray Romano
The Centrality of Ambivalence

“I asked for hearing aids, but didn’t want them!”
“Every decision has some level of ambivalence”  Sigmund Freud

To “decide” means to kill an option (to grieve a loss)

“cide”: kill as in homicide

“de”: either/or
This side of the ambivalence is called **Change Talk**

I wanna change

This side of the ambivalence is called **Sustain Talk**

I don’t wanna change
Examples of ambivalent statements:

• “I know I need hearing aids, but I just can’t seem to do it.”

• I want to hear better, but my cousin’s new aids whistle all the time and drive her crazy.”

• I want to try hearing aids, but I hate the thought of people noticing them.”

• “The new hearing aid technology looks great, but my sister’s new iPhone aids keep sliding out and she nearly lost one.”
It is important to manage patient ambivalence.

The elephant in the room that you don’t talk about can hurt you.
A decisional balance sheet:

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<tr>
<th>Benefits</th>
<th>Change</th>
<th>No change</th>
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<tr>
<td>1.</td>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<table>
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<th>Costs</th>
<th>Change</th>
<th>No change</th>
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<td>3.</td>
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<tr>
<td>Benefits</td>
<td>Come to webinar</td>
<td>Don’t come</td>
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<tr>
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</tr>
<tr>
<td>1. Maybe I’ll learn something</td>
<td>1. Will catch up on paperwork</td>
<td></td>
</tr>
<tr>
<td>2. A break from paperwork</td>
<td>2. Can sleep later maybe</td>
<td></td>
</tr>
<tr>
<td>3. CEUs</td>
<td>3. Don’t have risk being bored for an hour</td>
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<th>Don’t come</th>
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<tbody>
<tr>
<td>1. Some/all of it may be boring</td>
<td>1. Maybe I’ll miss out on ways to work w pts better</td>
<td></td>
</tr>
<tr>
<td>2. I never liked Mike Harvey much anyway</td>
<td>2. I need more CEUs</td>
<td></td>
</tr>
<tr>
<td>3. The paperwork only piles up and gets worse</td>
<td>3. I miss a vacation-type day</td>
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<td></td>
<td>No hearing aids</td>
<td>Hearing aids</td>
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<tr>
<td><strong>Benefits</strong></td>
<td>1. Will hopefully die soon and be with deceased husband in heaven</td>
<td>1. More involvement with family.</td>
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<tr>
<td></td>
<td>2. Finally get last word with my son.</td>
<td>2. More enjoyable listening to music.</td>
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<td></td>
<td>3. Avoid stigma of looking old.</td>
<td>3. Less fatigue and anxiety hearing.</td>
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<tr>
<td><strong>Costs</strong></td>
<td>1. Miss out with grandchildren.</td>
<td>1. Son might say “I told you so.”</td>
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<tr>
<td></td>
<td>2. Not hearing movies.</td>
<td>2. Son and his sister would fight.</td>
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<tr>
<td></td>
<td>3. Will miss out with TV &amp; music</td>
<td>3. Abandoning deceased husband.</td>
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Joan’s decisional balance sheet
Principle of healing:

Pain has a size and shape, a beginning and end. It takes over only when not allowed its voice.
Agenda

Facilitating conversational pivotal junctures
“It’s not that my audiologist hadn’t explained many times what hearing aids could do for me,” John began. “It’s just that, for some reason, this time, it clicked!”
After the audiologist explained . . . the patient paused, gazed to the right and said, “You know, I never thought of it that way. Wow! This is making sense!” Then he nodded his head and looked upward.

In this pivotal juncture, the patient was psychologically transported to a new emotional place and state in which he could arrive at an a-hah, kathartic moment.

According to neurolinguistic programming (NLP), the telltale sign of when patients process new information is lateral eye moments: when they look to the side or upward (Grinder & Bandler, 1976).
Katharsis (not catharsis):

When one is emotionally moved or psychologically transported by powerful life events; to events that strike a chord for us, that we are drawn to, that fire our curiosity

The longer you can stay with the present moment and explore the katharsis, the more pathways to change emerge. The objective here is to authenticate patients’ “a-hah” epiphanies and to increase their “stick-ability”
He waits till Jack's eyes look at his eyes

This means Jack is ready to listen.
For example, one patient remarked, “You know, I never thought of it that way. Wow! This is making sense!”

SILENCE

“Something just clicked for you. Catch me up, will you?” the audiologist responded. “You just went somewhere and realized some important things.”
Patients are able to produce pivotal junctures partially due to our efforts to provide space through a slower conversational pace and to, at times, refrain from interrupting silence.

It is important to allow the patient to have a free moment during the conversation to process and formulate questions or responses. Note that this practice may not come naturally given the inherent time pressure of back to back appointments.
The quieter you become, the more you can hear.

- Ram Dass
Managing the family and social networks
There are invisible people in your office

Unraveling the patient from the family
The story of Joan

“But if you didn’t want hearing aids, why did you make an appointment with an audiologist?” I asked.

Joan saw no contradiction.
What the audiologist could have done:
Circular questioning of Joan

A: “How can I help?”

J: “I came for hrng test and HA.”

A: “Would you tell me who referred you or knows that you came for a hearing test?”

J: “My son.”

A: “Tell me about your son.”

J: “Well, he’s Mr. Know-it-all, and has been badgering me to get hearing aids for years.”
A: “I see (smiles). Who else is concerned about a possible hearing loss?”

J: “My daughter Janice and her husband, Tom.”

A: “And which of them – Mark, Janice, or Tom – would be most concerned if you did or did not get hearing aids?”

J: “Definitely Mark. Janice and Tom are more compassionate. They would understand that it’s my decision.”
A: “I see. And what would they do?”

J: “Mark would get angry and scold me. Janice would come to my defense, and they would fight. Then eventually Tom would break it up.”

A: “Whew. And how would all that affect you?”

J: “I want no part of it. I want out of this family. Mark can take his hearing aids and… And frankly, since my husband died, life’s not worth living anymore.”
Who are the invisible people in the office?

Mr. “know it all” son, Mark
Daughter Janice
Janice’s husband, Tom
Deceased husband
Once again, don’t be in such a hurry to help. First build rapport and understand the pt’s internal and external landscape.
Circular questioning:
How to find out who those invisible people are:
The Relevant System.

“Who referred you for this meeting?”
 Assesses who has vested interest in the session and who therefore may represent support or resistance.

“Who knows about this meeting?”
 Elicits the important family members and multiple helpers.

“Who will notice improvement in your hearing first, second, third, etc.?  “Who will not notice at all?”
 Elicits degrees of closeness/distance.
“Who will be most pleased if your hearing improves? Who will be the second most pleased? And then who? Etc. Who will be the most upset if your hearing doesn’t improve? And then who? Etc.

Begins to elicit alliances/coalitions.

“What do you think will happen between [any two people] if your hearing improves? If your hearing doesn’t improve?

More elicitation of alliances/coalitions around particular content themes.

“Who do you think the outside help has helped the most? And then who? Etc.

Elicits historical alliance information and perceptions of help/no-help.
Sales consultant Neil Rackham: “As the size of the decision [of the large sale] grows, more people become involved. Your success may often depend not just on how *you* sell, but on how well the people in the account sell to each other. . . when the people you sold to go back and try to convince the others.”
The two most powerful people -- the protagonists -- in Joan’s system are Joan and her son, Mark. Other helpers have connected only with “know it all son” but did not also connect with Joan.

Joan
Audiologist
Mr. “know it all” son, Mark
Daughter Janice
Janice’s husband, Tom
Deceased husband
J: “I want no part of it. I want out of this family. Mark can take his hearing aids and… And frankly, since my husband died, life’s not worth living anymore.”

A: “It feels very bleak to you, I bet. Lot of emotions and people involved.”

J: Nods her head.

A: “So we may not want to go full force toward fitting you with hearing aids. But would it be okay if we maybe talk for a bit about your concerns and go ahead and test your hearing, but hold off on treatment until I understand more how it would fit into your life and family issues?”

Circular questioning with 16 y/o Bob

“Whose idea was our meeting and what was his/her stated reason?” “This appointment was my mom’s dumb idea.”

“Do you agree or disagree with your mom and why?” “What do you think? There’s no way I’m gonna wear hearing aids.”

“Who might your parents tell about this appointment and what would be their response to your parents or you?” “My mom would tell the whole world about this appointment if she could – my grandparents, Uncle Pete, Aunt Joanne, and her friends [he listed their names]. They would all be on her side.”
“Who might you someday tell about this appointment? What do you think their response would be?” “I’m not telling anyone that I came here. Well, maybe I’d tell my best friend, Jack, cuz I tell him everything.”

“If Jack were here, what would he say to you about your hearing loss, hearing aids, or you using an FM system at school?” “Jack would say that my parents are jerks, that they treat me like I’m a baby and he’d say that I do just fine without hearing aids.”

“What would you say back to Jack?” “I would say to Jack that I agree with him.”
“What do you think Jack would say to your mom?” “That she and everyone should mind their own business.”

“What advice would Jack have for you when you talk to certain others about hearing loss and hearing aids?” “I usually hang out with Jack after I fight with my parents. He tells me not to yell or swear at them, because I’ll get in more trouble.”
“What would happen between you and your mom’s friends/family if you do or don’t get HA?” “If I do get hearing aids, my family and all my mother’s friends would probably have a big party or celebration or something, but I wouldn’t go.

If I don’t get hearing aids, maybe my mother’s friend, Sis, would understand because she’s cool and my father would be okay with it. We talk about sports a lot, and he doesn’t get involved in arguing with me like my mom does.”
Multiple choice question:

Inviting which of the following people to Bob’s audiology appointment would increase the likelihood he would agree to amplification?

A. His “stupid” mother
B. His mother, “opinionated” Aunt Joanne, “ditsy” Uncle Pete and mother’s “boring” friends
C. Aunt Joanne and Uncle Pete
D. His best friend, Jack
I asked Bob and Jack to write a list of questions for the audiologist. They came up with the following:

- Can you show us how much hearing Bob has?
- What does he miss?
- Can you show us what he would hear with hearing aids and an FM system at school?
- Will his hearing get worse without this stuff?
- Is there any other way to hear better without having to wear hearing aids?
- What kind/size/color hearing aids do you have?
- Will his hearing get worse or better?
Patient Care is both science and art

NOTHING IS WRITTEN IN STONE
What I do as an artist is take an ordinary object —say a lamppost— and by urinating on it, transform it into something that is uniquely my own.