Analyzing Decision Support and Related Communication

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Introduction

Recently, there has been much emphasis on the concept of providing decision support to clients who are making important health-related decisions. The literature has focused on decision support frameworks [1-3], tailoring decision support to individual client needs and use of structured decision aids [4-7]. However, there has been little emphasis on providing decision support in the context of an encounter with the client or on providing tools to evaluate the process of decision support and related communication. The purpose of this article is to: a) briefly examine the role of communication in the practitioner-client interview; b) outline a structure for providing tailored decision support through the interview process based on the *Ottawa Decision Support Framework* [3]; and c) outline a tool for evaluating decision support and embedded communication. A case study will be used to demonstrate the use of this evaluation tool: the *Practitioner's Decision Support Analysis Tool (DSAT),* see Appendix A.

Communication

Communication in the Practitioner-Client Interview

Effective communications are the core of any helping relationship, and the specific communication skills used serve as essential tools in developing the key helping relationship dimensions of genuineness, respect and empathy identified by theorists such as Rogers [8] and Carkhuff [9]. While there is some disagreement about whether these dimensions are sufficient to promote growth and change in clients, most theorists accept that they are necessary dimensions. For some authors, competence in communication skills is seen as a prerequisite to being able to effectively relate to and communicate understanding to clients [10-12].

Research suggests that health care workers do not communicate adequately with their clients and that the majority of complaints from clients revolve around this lack of communication [13-17]. For example, Kralik, Koch & Wotton describe nurses as being either engaged with or detached from clients [18]. Engaged nurses are authentic and relate to clients as unique persons. Several authors suggest that disengagement or depersonalization occurs when nurses use poor verbal and nonverbal communication [19-23].

In general, the interviewing process itself can be an intimidating one for health care practitioners. Interviewing clients about important health-related decisions is even more challenging. Dzurec & Coleman [24] describe the reactions to interviewing of graduate students enrolled in a course in mental health and social policy. Participants expressed role confusion in not knowing what to say or listen for and not knowing what to do or how to handle the issues presented by clients. My personal experience in teaching a course in therapeutic interaction to post diploma nurses over

the past 7 years indicates that most practicing nurses have had little or no exposure to an interviewing methodology. They tend to rely on questions to gather information but have little idea of how to move from gathering information to helping clients work through to problem resolution.

Effective communication skills are the foundation for providing adequate decision support in the context of a counseling interview. Specifically, Ivey & Bradford Ivey[10] suggest that attending behavior (non-verbal and verbal) provides the foundation for listening and questioning skills which can be effective in helping clients to resolve problems and make appropriate decisions. Arnold & Boggs [25] and Ivey & Bradford Ivey[10] outline the following key communication techniques: a) listening skills (e.g. encouraging, paraphrasing, reflecting feeling, summarizing, validating); b) questioning skills (e.g. open-ended and closed-ended questions); and c) sending messages, (e.g. providing feedback and providing information). These skills are described on page 2 of the *DSAT* (Appendix A).

Ivey & Bradford Ivey caution against overemphasizing communication skills, which can result in talk rather than action and technique rather than substance [10]. The key to effective decision counseling is to move beyond the mere mechanistic application of a range of communication skills to focus on being with clients in a true encounter [11, 26]. However, there needs to be a balance between the skill and art of communication. The practitioner who is confident and competent in using communication skills may be freed up to focus on relating to the client.

While there is a difference between interviewing a client who has a problem needing resolution and interviewing someone who is trying to make an important health decision, many of the fundamental communication skills are similar. There may be a tendency in decision making interviews to be more mechanistic, rely more heavily on questioning skills and focus on the cognitive elements of the decision. However, it is important to remember that when clients are trying to make decisions, all aspects of the person – cognitive, affective, social and spiritual, are involved.

Decision Support

Decision Support Interview Process

The purpose of the decision support interview process is to assist clients to reduce their level of decisional conflict and make informed decisions consistent with their values[27]. The decision making interview, based on the *Ottawa Decision Support Framework*[3], is a moderately structured one. The *Framework* provides the practitioner with a process for exploring a decision with a client and gathering information about the determinants of the decision (those factors that influence the decision and may contribute to it being a difficult decision). The factors include the client's: perception of the decision; perceptions of others involved in the decision making; resources to make the decision; and personal characteristics. From this, the practitioner can define the nature of the decision with the client, including what makes the decision difficult, and identify the client's goals with respect to the decision. In tailoring decision support, the practitioner focuses on strategies that address the specific factors creating decisional difficulty for the client, facilitates implementation of the strategies and evaluates the outcomes. These steps

are listed and described on page 1 of the *DSAT* (Appendix A) .

Interviewing about decisions is not a linear, but, a circular process in which the practitioner gathers information, processes this information accurately and responds appropriately to the client[9]. For example, the practitioner may collect information, move on to identifying outcomes and plans to reduce decisional conflict, and realize that there is a need to go back to information gathering to clarify issues. Evaluation at all stages is an ongoing process.

Practitioner's Decision Support Analysis Tool

The *DSAT* (Appendix A) was developed to assist practitioners to assess their a) competence in providing decision support, b) communication effectiveness and c) overall competence in relating with clients who are trying to make health-related decisions. It serves as a means of both formative and summative evaluation for the practitioner. The tool is based on the Ottawa Decision Support Framework [3] and incorporates a modification of Ivey's [10] problem solving interview model.

The tool is divided into two major sections: 1) evaluating the process of practitioner's decision support and 2) evaluating the practitioner's communication skills. A comment section allows for an overall assessment of the interaction.

Communication Case Study

Case Study : Miguel P. is a 30 year old married man and father of 2 sons aged 5 & 7. He works as a laborer in a construction firm. He calls the Health Coach Line to discuss a health problem.

The *DSAT* (Appendix A) was used to analyze a decision support interview between Miguel and his practitioner. You will need to refer to this tool as you read.

Decision Support for Miguel is framed within the context of an interview consisting of 5 *key stages* based on those described by Ivey[10]: 1) setting the stage for the interview; 2) assessing decision making needs; 3) identifying client goals; 4) addressing decision making needs and 5) facilitating progress in decision making. A final 6th stage was added to reflect facilitating transfer of learning to future decision making. Another element of the decision making process, ongoing evaluation, deals with determining whether client goals are achieved. Egan views evaluation as a continual process and part of all stages of the interview process.[11] Definitions and examples of Decision Support elements for each of the stages in the *DSAT* can be found in Appendix B.

A transcript of the interview between Miguel and his practitioner is provided below. Each segment of the practitioner's interaction in the interview is numbered to facilitate its discussion later. The terms in brackets after each interaction refer to the specific communication skills described in the *DSAT* (Appendix A). Definitions and examples of specific communication skills are also included in Appendix A.

Transcript and Stages of the Interview with Identification of Communication Skills Used by the Practitioner in the Case Study

Stage 1: Setting the Stage

This stage is foundational to success in the succeeding stages. It is critical that clients be comfortable enough to trust telling their stories to the practitioner. Practitioners may establish rapport by introducing themselves, calling the client by name, and using social interaction to ensure that the client is comfortable. Structuring the interview by describing the purpose of the interview and the practitioner's role helps to set the stage for the remaining stages and clarifies, for both the client and the practitioner, what may happen in the encounter. This stage may be relatively short if the nurse already has a relationship with the client or perceives that the client is comfortable. In certain situations, where the client is reluctant, anxious or perhaps is present because of pressure from another person, more time will need to be spent developing rapport.

1. Practitioner: Hello. You have reached Health Coaches. My name is Susan. (Providing information)

Client: This is Miguel.

2. Practitioner: How are you today Miguel? (Open, social question).

Client: Okay, I guess. I need to talk to you about a problem I'm having.

3. Practitioner: I'm glad you called Miguel. My role is to listen to any problems you want to share and to work with you to solve those problems. We can take about 30 minutes to talk today, but you can call back at any time to talk to me or to another coach. (Providing information).

Client: That makes me feel better. I'm not used to sharing my problems with other people.

4. Practitioner: So, it was difficult for you to make this call. (Paraphrase).

Client: Yes, but I'm ready to talk now.

Miguel indicates that he is comfortable enough to continue, so the practitioner decides to move to Stage 2 to determine what prompted Miguel to call.

Stage 2: Assessing Decision Making Needs

During this stage the practitioner gathers information from the client about the decision to be made. It is critical to involve the client and ensure that the information is gathered from the client's perspective.

The ability to use questions appropriately and effectively is critical, particularly in the information- gathering phase of the decision interview. There are 2 major types of questions: open questions which are used whenever possible as they encourage clients to expand on their perceptions of their problems; closed questions, which while useful in gathering limited and specific data, tend to close down communication. Frequently, practitioners ask vague and multiple questions which lead to client confusion. Unfortunately, practitioners often rely exclusively on questioning and neglect to use other skills to communicate to clients that they have been heard. Heavy reliance on questioning reflects practitioner control of the interview and

often results in clients feeling grilled, manipulated and misunderstood. It may not always be necessary to use questions to elicit information. As you are exploring one aspect of the decision, clients may reveal information about other aspects, which can then be reinforced or clarified by using other communication techniques such as paraphrasing, reflection of feeling and validation. Brown suggests that practitioners move away from the more traditional provider question-client answer approach to a more conversational style interview [28]. The conversational style interview is more client- focused and allows for a better understanding of the client's perception of the problem.

5. Practitioner: Okay, Miguel, could you tell me what you would like to talk about today? (Open question).

Client: I'm trying to decide whether to stop smoking.

6. Practitioner: Could you tell me more about your concerns with smoking? (Open question).

Client: I've been doing a lot of thinking lately about my smoking. My wife is not happy when I smoke, especially around my sons. My friends all smoke and when I tell them Maria wants me to stop, they say I should ignore her and do what I want to do.

7. Practitioner: So, you're torn between what your wife thinks is important and the pressure you feel from your friends. (Reflection of feeling).

Client: Yes. I like smoking with my friends but I feel guilty smoking around the children. I guess I don't want them to develop my bad habit. And, my wife doesn't like the smell of smoke.

8.Practitioner: You're in a tough situation. It's hard to decide what is most important to you. (paraphrase).

Client: You're right. I tried to stop smoking once before. I just made the decision one day and didn't smoke for a month.

9. Practitioner: What made you start again? (Open question).

Client: I had cravings all the time for a cigarette and I found it difficult to be with my friends who continued to smoke. I also found that I was hungry all the time and started to gain weight.

10. Practitioner: So, those problems you experienced when you stopped smoking caused you to give up and start smoking again. (Paraphrase).

Client: I just couldn't handle all the problems. It was easier to go back to smoking.

11. Practitioner: How did you feel when you started smoking again? (Open question)

Client: Guilty and kind of like a failure. That's why I'm thinking of trying again.

12. Practitioner: Maybe we could make a list of the pros and cons of continuing or stopping smoking and you could then decide what is most important to you. (Providing information).

Client: That sounds like a good idea.

Client and practitioner examine the pros and cons of each choice. Client shares other health concerns around smoking: has experienced bronchial problems lately; his father, a heavy smoker, died of a heart attack at age 50. Client decides that the pros of stopping smoking outweigh the cons, but there are some issues that need to be dealt with before finalizing the

decision. The interview continues.

Client: I'd like to try stopping again if I could find a way to deal with the cravings and the weight gain. Client appears to be thinking.

13. Practitioner: Silence.

Client: I was just thinking that I could deal with my friends if I found a way to reduce the cravings. I think I was eating to deal with the cravings. I've stood up to my friends on other things and we are still close.

14. Practitioner: Miguel, sounds like you have the courage to face situations that are tough and that should help in sticking with your decision. (Identifying strengths). I'm also hearing that you would stop smoking if you found some method to help you deal with the cravings. (Paraphrase)

Client: Yes, but, I'm not sure there is a method to do that.

Stage 3: Identifying Client Goals

During this stage, the practitioner is interested in eliciting the client's desired goals and bringing specificity to the interview. Ivey & Bradford Ivey[10] suggest that clarifying client goals prevents confusion. For example, the client may have certain goals and the practitioner may have completely different goals. Identifying client goals is also important as a base for planning strategies to reduce decisional conflict and evaluating the effectiveness of the decision support process.

15. Practitioner: There are several methods we could look at, but first, I would like to know what your goals are. (Providing information). If you could have your wish and this problem was solved, what would things look like? (Open question).

Client: I'd feel better because I wouldn't be constantly thinking about whether I should stop smoking. I'd stop smoking, get rid of this cough, and be able to be with my friends without feeling pressure and my family without feeling guilty.

16. Practitioner: So, it's important to you to improve your health and maintain positive relationships with your friends and family when you stop smoking. (Paraphrase).

Client: Very important.

17. Practitioner: To summarize, Miguel, you have looked at what you value and have decided to look for a method to stop smoking and remain a non- smoker. Your concern is continuing to maintain a good relationship with your family & friends. Is that how you see it? (Summarization & validation).

Client: That's right.

Stage 4: Addressing Decision Making Needs

The purpose of this stage is to tailor decision support to meet the unique needs of the client. The practitioner works with the client to deal with the factors which are contributing to decisional conflict and thus to support the client in the decision being made. Contributing factors may be lack of knowledge, unrealistic expectations, unclear perceptions of others' opinions and practices, social pressure, lack of support and/or lack of resources.

18. Practitioner: Miguel, we could look at some ways that would be helpful to support you in stopping smoking. (Providing information). There seem to be two major issues: finding a program that will help you to stop smoking and stick with your decision, without experiencing cravings and weight gain, and looking at ways to get support from your friends. (Summarization).

Client: That's right.

19. Practitioner: What do you think would be helpful in dealing with these issues? (Open question).

Client: Well, I know stopping suddenly with no help doesn't work. But, I don't know what else is available.

20. Practitioner: There are a number of programs available. For example, there is a Heart Check Smoking Cessation Program at the local hospital focusing on counseling and using aids such as the nicotine patch or a new drug called Zyban; you could talk to your doctor about some of these aids like the patch and get some support from your family, friends and me; and there is a support group called Nicotine Anonymous which is similar to Alcoholics Anonymous. (Information giving).

Client: I don't like sharing my problems with people that I don't know and I don't think I have an addiction problem.

21. Practitioner: So, you wouldn't be comfortable with the group program. (Reflection of feeling). You prefer to try something else with the support of your family and friends. (Paraphrase).

Client: I'd prefer to do it with support from my family and friends..

22. Practitioner: Okay, let's look at the other ideas. We can examine the pros and cons of each program. We can narrow it down and you can decide which might be best for you. (Providing information).

Client: Sure.

Client and practitioner examine the programs available and the client decides to take the information on two alternatives home to discuss with his wife. The interview continues with exploring how to get the support of Miguel's friends.

23. Practitioner: You mentioned earlier that having a good relationship with your friends was important to you (Paraphrase). What could you do to get their support? (Open question).

Miguel: I could talk to Fernando. He is my best friend and respected by the others in the group. If I can get Fernando's support, I think the others will respect my decision.

24. Practitioner: Would it be helpful to rehearse what you are going to say to Fernando? (Closed question).

Client: You mean practice?

25. Practitioner: Sure. I could play Fernando's part and you could try it out with me. (Providing information).

Client: Okay. Let's give it a try.

After role playing, Miguel says he is comfortable with what he will say to Fernando. The interview continues.
Stage 5: Facilitating Progress in Decision Making

The purpose of this stage is to encourage client <u>commitment to act</u> on at least one of the strategies discussed. The idea is to have the client leave the interview feeling that something has

been accomplished and with a sense of hope that the decision will be implemented. It is important to build on the momentum, which has occurred during the interview and take advantage of the client's readiness for change.

26. Practitioner: Sounds like a sound plan. When will you talk to Fernando? (Closed question).

Client: I will talk to him tomorrow. We get together after work every Wednesday for supper.

27. Practitioner: Great. I would like to talk with you next week to discuss further the method you want to use. (Providing information).

Client: That's fine with me.

28. Practitioner: Let me just summarize what happened in our interview to ensure that we have the same understanding. You expressed your wish to stop smoking and remain smoke free. You were concerned about some of the problems with stopping suddenly and we looked at some ways to help you with those problems. You wanted to make sure that you were not interfering with your relationships with family and friends. You are to talk to Fernando tomorrow to get his support. You will discuss the two methods you thought were best with your wife, and we will talk next week to decide on your preferred option. Is that about right? (Summarization & validation).

Client: Yes, that's what we agreed on. I'll call you back next week. I think I will be successful this time.

The following week, Miguel called the Health Coach Line. He and his wife had decided that using the patch and meeting monthly with a nurse in the community clinic to assess progress was the best alternative. Fernando had agreed to support Miguel and was considering joining him in stopping smoking. Miguel expressed being comfortable with his decision and enthusiastic about getting started. He also said he felt that the discussions he had with his wife and Fernando were helpful and important to his success in stopping smoking. During the follow up call, the practitioner also explores what Miguel has learned from the decision making process, which might be helpful in making future decisions.

Stage 6: Facilitating Transfer of Learning to Future Decision Making

29. Practitioner: Miguel, you may be facing other decisions in the future. What did you learn from this decision making experience, which might help you in the future? (Open question).

Client: It helped to discuss the decision with someone—to find out about the options and discuss the pros and cons rather than deciding right away. I guess I learned to trust my family and friends to support me. Also, I learned that I need someone, like the nurse, to help me stay on track.

30. Practitioner: So, you've been able to identify some important things like taking time to think about the options and support and structure, which may help you later. (Paraphrase).

Client: Yes, and I want to thank you for helping me.

31. Practitioner: It was a pleasure. I'm pleased that you were able to make the decision to stop smoking. Please call any time if you need more assistance. (Providing feedback).

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Using the Practitioner's Decision Support Analysis Tool

In this section, we review the interaction between Miguel and the practitioner. Evaluation of the practitioner's process of decision support, use of communication skills and overall assessment of the interaction are displayed in the completed *DSAT* for Miguel (Appendix B). Definitions and examples of elements in the *DSAT* can be found in Appendix A.

Part 1: Evaluating the Practitioner's Use of Decision Support

Stage 1: Setting the Stage

The practitioner establishes rapport by welcoming the client, making social conversation and acknowledging Miguel's difficulty in asking for help. She structures the interview by providing a brief description of her role and the time she has available for the appointment. She could have elaborated more clearly on the interview process. However, Miguel appears comfortable and she moves on to the second stage.

Stage 2: Assessing Decision Making Needs

In assessing decision making needs, the practitioner avoids relying exclusively on questions and instead uses a range of communication skills including open questions, paraphrases, reflections of feeling, and information giving to clarify the decision from the client's perspective. Her style is conversational rather than the traditional question-answer approach to gathering data.

Overall, the practitioner is successful in gathering appropriate information about Miguel's perception of the decision to be made (response 5,6,9,10,11). Regarding timing, there does not seem to be any urgency involved in making the decision, Miguel appears to be actively weighing the options. This suggests a readiness to change and the practitioner capitalizes on this readiness in response 14, where she suggests that the client would stop smoking if he found some method to help with the cravings. The practitioner explores Miguel's uncertainty about the decision (response 6, 7, 8), his knowledge of the pros and cons of the options (response 12) as well as his expectations (response 14). The client seemed confident that he could stop smoking this time if he could find a way to deal with his cravings and weight gain. The practitioner assesses Miguel's values (response 8, 12), his perception of others involved in the decision (response 7) and his experience of social pressure (response 7).

While the practitioner does manage to gather some information about Miguel's internal (response 14) and potential external resources (response 7), she misses the opportunity to explore these resources more fully. For example, she identifies the client's internal strength as having the courage to face tough situations and observes that the client seems motivated to change. But, she neglects to probe for other internal strengths. This could be important because the client has experienced a failure in the past when he tried to stop smoking. Miguel's wife and friend are identified as external resources capable of providing emotional support. She neglects to examine financial and instrumental factors that may impact on Miguel's success in implementing and following through with his decision.

The client's <u>preferred role</u> of shared decision making can be inferred from his comments about his wife and best friend. In addition, Miguel seems to prefer a collaborative approach in his interaction with the practitioner.

Similarly, the practitioner gathers some information about the <u>client's characteristics</u>, which may influence the decision to be made. There is a brief reference to Miguel's health history but no details are obtained. Characteristics such as educational level and ethnicity are not dealt with. These may have a significant impact on the client's willingness and/or ability to engage in strategies to reduce decisional conflict.

The practitioner <u>summarizes the client's decision</u> in response 17. She focuses on the decision to stop smoking and the concern about maintaining relationships with family and friends, but neglects to include the concerns about side effects such as cravings and weight gain. She elects to do the summary after she has identified Miguel's <u>goals</u>. The summary provides a positive and hopeful outlook and communicates to the client the practitioner's belief that he can manage the decision.

Stage 3: Identifying Client Goals

The practitioner focuses on what Miguel perceives as <u>desired goals</u> (response 15). She is careful not to impose her view of what the goals should be. She paraphrases the client's ideas framing them positively (response 16). She could have assisted Miguel to prioritize his wish list as some of his goals may be more readily attainable than others.

Stage 4: Addressing Decision Making Needs

The practitioner is successful in tailoring decision support to Miguel's unique needs. She <u>brainstorms various strategies</u> with Miguel to decrease his decisional conflict and assist him to move toward implementing a plan to stop smoking. The client rejects group strategies as he is not comfortable sharing with strangers. The practitioner accepts his view of group programs and assists him to narrow down the other alternatives (response 21,22). He finally decides to examine two smoking cessation programs more closely and discuss them with his wife. The practitioner further involves Miguel in the process by asking him for ideas to garner support from friends (response 23). She offers to role-play with him to increase his comfort level in approaching his friend, Fernando (response 24,25). Overall, she is able to focus on the most feasible strategy and the one that is most comfortable for Miguel.

Stage 5: Facilitating Progress in Decision Making

The practitioner succeeds in having Miguel take responsibility for following through on some of the strategies discussed. She gets a <u>commitment</u> from him to talk with his friend Fernando (response 26) and uses <u>summarization</u> effectively to ensure that she and Miguel have the same understanding of the interview experience and that he will do additional work in examining the two options selected (response 28). It would be useful to have Miguel outline his understanding of what he was committing to as clients may agree with the practitioner but in essence be uncommitted or have an unclear understanding of the commitment.

Miguel appears satisfied with the decision making process. He expresses confidence in being successful this time in stopping smoking. His decision is informed (examines the pros and cons of stopping or continuing to smoke) and consistent with the values he expresses (importance of maintaining a positive relationship with family and friends).

At a follow up call, the practitioner re-assesses how far Miguel has progressed in making his decision. At follow up, all elements in assessing and addressing decision making needs can be re-examined if necessary. The practitioner revisits elements such as current needs, plans to deal with the alternatives and Miguel's progress toward his goals. Miguel demonstrates reduced decisional conflict. He expresses satisfaction with his decision to stop smoking and is enthusiastic about getting started. He has worked out an agreement with his wife and friend to support him in his decision. The health-related issues, such as his cough, are more long- term outcomes and cannot be evaluated at this time.

As the practitioner interacts with Miguel in future encounters, it will be important to look at more long term outcomes, such as persistence with the decision, quality of life, regret, appropriate and efficient use of resources and long-term satisfaction with the decision[26].

Stage 6: Facilitating Transfer of Learning to Future Decision Making

During the follow up call, he practitioner encourages Miguel to identify what he has learned from this decision making process, which might help him in making decisions in the future (response 29,30). Miguel is able to identify key aspects of the decision process such as accessing information, exploring the pros and cons of options and garnering support.

Part 2. Evaluating the Practitioner's Communication Skills

A) Listening

Therapeutic listening can be demonstrated through the use of encouraging talk, paraphrasing content, reflecting feelings, summarizing key comments and validating accuracy of perceptions. In the interview with Miguel, it seems appropriate that the practitioner does not use encouragers as the client is responsive, verbal and communicates issues clearly. She demonstrates therapeutic listening, principally, through the effective use of paraphrasing, reflection of feeling, summarization and validation, which are considered the key listening skills. Paraphrasing is the most frequently used listening skill.

Ivey & Bradford Ivey [10] suggest that the goal of paraphrasing is to facilitate client exploration, clarify the content or cognitive component of the client's message and communicate to the client that he has been heard. To paraphrase properly, the practitioner must communicate back to the client (in her own words) the essence of what has been said. It is often helpful to include a few key words, which have been used by the client, but avoid parroting or repeating the client's exact response, which can be irritating and disrupt communication.

The practitioner paraphrases on 6 occasions throughout the interview. An example of an

effective <u>paraphrase</u> is response 10. The essence of what the client is communicating (cravings, difficulty being with friends who smoke, hunger and weight gain) is condensed into "problems you experienced" and then linked to starting smoking again.

Clients are usually reluctant to disclose personal feelings until trust has been established. Ivey & Bradford Ivey[10] caution against in-depth <u>reflection of feeling</u> early in the relationship, as the client is likely to be resistant or frightened by the experience. It is wise to use brief reflections, at an interchangeable level, (reflect back feelings at the level of awareness and intensity communicated by the client without taking away from the meaning of the message). Such reflection communicates that the practitioner understands the feelings being experienced by the client and often serves to free the client up for further problem solving.

<u>Reflection of feeling</u> is used twice in the interview, which is appropriate, as this is the first encounter with the client. Response 7 demonstrates effective use of reflection. The practitioner uses the feeling word "torn" to capture the essence of what Miguel is experiencing in relation to pressure from his wife and friends around smoking. The client confirms the accuracy of the response and goes on to share additional feelings such as guilt.

<u>Summarization</u> is used on 3 occasions by the practitioner, mid-way through the interaction (responses 17,18), and in the final stage of the interview (response 28) as suggested by Ivey & Bradford Ivey [10]. In <u>summarization</u>, the practitioner notes the client's verbal behavior over a period of time and focusing on key concepts communicates this understanding back to the client. Effective <u>summarization</u>, by tying together critical elements of the situation, assists clients to gain a broader perspective of the problem situation rather than becoming mired in detail.

Response 28 demonstrates effective <u>summarization</u> by focusing on the practitioner's perception of the essential content and related feelings dealt with in the interview. Since a significant amount of material is involved, it is important to <u>validate</u> the accuracy of the perception with the client. The practitioner accomplishes this by asking "Is that about right?" Once again, Miguel confirms the accuracy of the response.

Silence is used once during the interaction (response 13), when the client appears to be deep in thought. Ivey & Bradford Ivey[10] suggest that silence be maintained only if the client appears comfortable and seems to be pondering. The silence is successful in that the client shares his thoughts on the major concern about stopping smoking, the cravings.

B) Questioning

While both open and closed questions are useful in interviewing, it is recommended that practitioners rely primarily on open questions to ensure that the client has some control over what to reveal[10]. The practitioner uses an appropriate number of questions and a good balance of open and closed questions. The majority of questions are used in the initial stages of the interview, particularly in the assessment phase. The 7 <u>open questions</u> are framed to obtain the client's perception of the decision and to clarify his feelings about the decision. The 3 <u>closed questions</u> are used to obtain specific information necessary to understand the client's perspective.

Overall, the questions are appropriate and meet the criteria outlined by Parsons & Wicks [29]: clear, simple, brief, purposeful and logical. These criteria are evident in the open questions in response 9, "What made you start again?" and response 11, "How did you feel when you started smoking again?" and in the closed question in response 26, "When will you talk to Fernando?" The practitioner asks these questions to gather additional information, which may be useful in planning strategies to assist Miguel to succeed in his current decision to stop smoking.

The practitioner avoids relying heavily or exclusively on questioning. She uses other skills (paraphrase, reflection of feeling) to respond to the information gathered through questioning. This is advisable to prevent the client from feeling grilled and to communicate that the practitioner has understood the cognitive and affective information provided.

B) **Sending messages**

Messages are sent to the client through providing information and providing feedback.

The practitioner demonstrates 8 instances in which she provides helpful information to the client. This information is critical as Miguel indicates early in the interview that lack of information is one of the factors contributing to his decisional conflict. Information is provided in the initial stage of the interview to explain the purpose of the interview (response 4) as recommended by Ivey & Bradford Ivey [10], during the assessment phase (response 12), in clarifying the goal (response 15) and later in the interview (response 20, 22, 25, 27) to explore alternatives and strategies which may be useful in dealing with the factors contributing to decisional conflict. The information giving responses are brief, clear and related to the client situation In all cases, the emphasis is on sharing information and not on advice giving. According to Sundeen, Stuart, Rankin & Cohen information giving allows the client to supplement his own knowledge and often leads to a more informed decision, while advice takes the focus away from client decision making and places it on the practitioner [30].

The practitioner gives minimal feedback (response 14). However, her feedback demonstrates competence in identifying Miguel's strength and in linking this strength to his potential success in adhering to the decision to stop smoking.

Overall, the practitioner demonstrates the effective use of a range of communication skills. She is able to go beyond the mechanistic use of skills to focus on Miguel as a unique and valuable person.

Part 3. Overall Assessment of the Interaction: Client/Practitioner Centered

In assessing an interaction, it is important to determine whether the interaction is client centered or practitioner centered. Examples of client or practitioner-centered communication techniques can be found in Appendix B.

A client- centered approach necessitates the use of a variety of communication techniques to establish a supportive relationship with the client. This approach encompasses the following aspects: keeping the interview focused on and controlled by the client; facilitating the client's

expression of the problem in the present; listening to the client's message and understanding the client's unique perception of the decision; and ensuring that the client's feelings, values and strengths are explored and understood.

The practitioner establishes a supportive relationship with Miguel as evidenced by the client's comfort level in sharing personal information, willingness to disagree with an alternative group program presented and agreement to return for additional contact. It would seem that the client trusts the practitioner.

The practitioner is successful in obtaining information to understand Miguel's perception of the decision and what makes the decision difficult. She discovers that he is concerned about social repercussions, side effects and lack of knowledge of smoking cessation programs. She ascertains that Miguel's wife and best friend are external sources of support and that he has internal resources as well: courage and motivation to change.

For the most part, the interview focuses on and is controlled by the client. The practitioner demonstrates excellence in attending to Miguel. Ivey & Bradford Ivey[10] describe attending as the foundation skill for all other communication skills. An important aspect of attending is verbal tracking, which consists of staying with the topic presented by the client or explaining the switch to another topic. The practitioner uses an open question (response 5) to set the stage for Miguel to determine the focus of the interview. Subsequent skills continue to focus on discussion of issues brought forth by the client (response 7, 8, 10). The practitioner is able to remain focused on what is important to Miguel and uses a number of skills to accomplish this, including questions (response 6), paraphrases (response 10), reflections of feeling (response 7), and summarization (response 17,18). When the practitioner diverts from the client's immediate concern, she attempts to link the response to something the client has mentioned earlier in the interview. For example in response 23 she introduces the topic by stating "You mentioned earlier--".

Occasionally (response 12), the practitioner moves somewhat away from the topic introduced by the client. She fails to identify with Miguel's feelings of guilt and failure and instead moves to exploration of the pros and cons of stopping smoking. Overall, however, the practitioner deals with important client initiated topics and allows the client to determine the direction of the interview.

Client expression is facilitated by the use of a variety of communication techniques. The practitioner uses silence (response 13) and open questions effectively. For example, in response 19, she states "What do you think would be helpful in dealing with these issues?" She is accepting and non-judgmental as indicated in response 21 when she uses reflection of feeling and paraphrase to communicate acceptance of Miguel's refusal to participate in a group program. Overall, the practitioner attends to the client's agenda and thus facilitates his expression.

Clients often tend to focus on past events or future hopes, but may have difficulty dealing with current thoughts and feelings related to those past events or future hopes. In the interaction, the practitioner manages a balance of focus on the past (response 9, 11, exploring the reasons for and

feelings associated with relapse), present (response 14, reflecting the Miguel's courage in the present tense) and future (response 15, exploring the client's vision of his ideal outcomes).

The practitioner demonstrates listening to the client's messages through the effective use of communication skills. For example in response 7, she identifies the Miguel's feeling of being "torn" between pressure from his wife and his friends. Similarly, in response 8, she paraphrases the client's message as " You're in a tough situation. It's hard to decide what is most important to you". These examples show the practitioner's willingness to focus on Miguel's perspective of the situation, rather than her own interpretation of what is correct. Throughout the interview the client responds positively to the practitioner's efforts and continues to share freely.

The greater emphasis on paraphrasing indicates that the practitioner is more focused on thoughts rather than feelings. However, this may be appropriate as the relationship is being established and too much emphasis on feelings could frighten Miguel and lead to termination of the relationship.

The practitioner manages to maintain a balance between facts related to smoking cessation and Miguel's values, which may influence his decision to stop smoking. For example in response 21, she accepts the client's wish to focus on individual versus group programs and involve important significant others.

An attempt is made to focus on the client's strengths (response 14) and some external resources (response 17). However, the practitioner neglects to clearly identify other internal and external resources, which may be useful in implementing the decision. This is important as the client focuses frequently on the problems associated with the decision to stop smoking and adhere to that decision.

In conclusion, the practitioner manages to conduct a successful client centered decision support interview. She uses a range of communication skills at a satisfactory level and is able to establish the beginnings of a trusting relationship with the client. She facilitates adequate client exploration, understanding and action in relation to the decision to stop smoking.

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Appendix A:

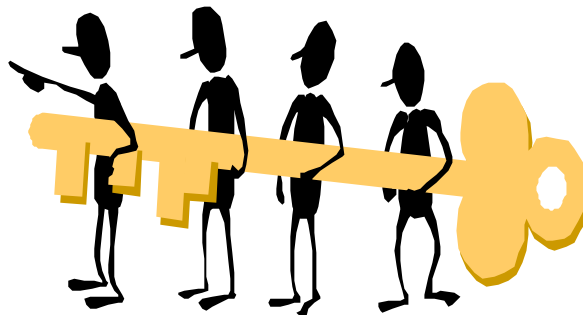## Practitioner's Decision Support Analysis Tool

      A. Evaluating Decision Support

      B. Evaluating Communication Skills
<div align="center">&</div>

      C. Evaluating Client Centeredness

(Practitioner's) Decision Support Analysis Tool

A. Evaluating the Process of Practitioner's Decision Support

Decision Support Process Element	Frequency	Example / Comments
SET STAGE		
Establish rapport		
Structure encounter		
ASSESS DECISION MAKING NEEDS		
Clarify decision *(what decision is the client trying to make)*		
Assess stage and timing of decision *(how far along, when does decision have to be made)*		
Assess uncertainty re what to choose *(signs of decisional conflict)*		
Assess knowledge about options, pros and cons		
Assess expectations *(perceived likelihood)* **of the outcomes or consequences of options and pros & cons of options**		
Assess values *(desirability or personal importance)* **of pros/cons of different options**		
Determine others involved in choice *(opinions, pressure, support)*		
Assess client's preferred role in decision making *(participation role; shared, alone, practitioner)*		
Assess client's resources to make choice *(available & needed)* *(personal & external)*		
Assess characteristics of client *(age, gender, education, health status, culture)*		
a) Summarize assessment of decision making needs, and b) clarify client's goals		
ADDRESS DECISION MAKING NEEDS		
Discuss overall strategies to meet decision making needs		
Discuss facts regarding options, pros & cons *(Provide or help client access info about options, pros and cons)*		
Discuss expectations *(likelihood)* **of pros/cons of options** *(Provide or help client access info re: realistic perspective of consequences of options)*		
Discuss values (desirability) of pros & cons *(Acknowledge and assist to clarify values: desirability or personal importance)*		
Discuss involvement of others *(Assist to access info re: :others' preferred choices, getting support, handling pressure)*		
Discuss resources *(Assist to improve confidence & skills, and to access needed resources)*		
FACILITATE PROGRESS IN DECISION MAKING		
Facilitate commitment to act (*towards implementation***)**		
FACILITATE TRANSFER OF LEARNING TO FUTURE DECISION MAKING		
Discuss learning re: decision making process (*Assist to identify process used*)		
Discuss implications for future use (*Assist to identify how to approach future decisions*)		
Overall assessment of use of the decision support process:		

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B. Evaluating Communication Techniques

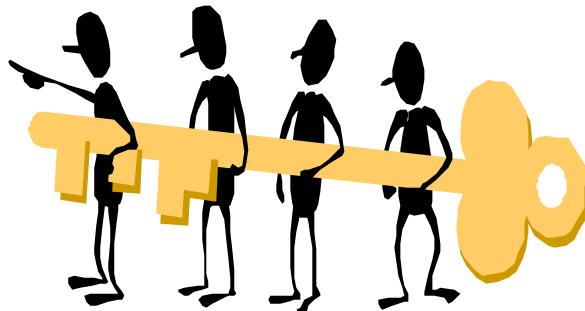| Communication Technique	Example	✔ Frequency	Total	Example / Comments re : Use of Skills
LISTENING				
Encourage talk Prompts the client to continue talking using encouragers or key words	May be cues ("uh huh"), leads ("go on"; "and then?") or repeating client's key words or phrases (It's scary.")			
Paraphrase content Shortens and clarifies the essence of what the client has just said (content) and feeds back in practitioner's own words	("I spent a long time trying to sort out the package the nurse gave me.") Accurately feeds back client's content. ("So, you found it difficult to understand the material.")			
Reflect feelings Identifies what the client is presently feeling and feeds back in practitioner's own words	("I've looked at the material but I seem to go back and forth and still don't know what to do.") Accurately feeds back client's current feelings. ("You're confused about which option is best for you.")			
Summarize key client comments Condenses several key comments made by the client over time during the interview (content &/or feelings and feeds back in practitioner's own words	Focuses on client's key content and/or feelings (So, you've read the information, you've discussed the issue with your partner but you're having difficulty making a decision because you're worried about the risks.")			
Validate perceptions Checks to ensure that what is said or heard is accurate; may be used after a paraphrase, reflection or summary	("It's difficult to decide. My symptoms are really not that bad. I don't know.") Validates accuracy of understanding with client. (You're saying that you're not ready to make a decision at this time. Am I hearing you correctly?")			
QUESTIONING				
Ask open questions Asks for elaboration or clarification; cannot be answered with yes / no / one word	("What else might influence you to take hormones?")			
Ask closed questions Asks for minimal and specific information; can usually be answered with yes / no / a few words	("Is your partner supportive?")			
SENDING MESSAGES				
Provide feedback Provides the client with practitioner's perception of client's behavior	("You seem to have a good grasp of the issues involved.")			
Provide information Provides new information, explanations, teaching, responds to questions	("If we look at the evidence, the risk would be---.")			
Other				

C.. Assessment of Client Centeredness

Examine the overall interaction for qualities related to client centeredness:

1. Balance between practitioner and client talk time
2. Balance between use of questions and listening skills
3. Use of more open than closed questions
4. Practitioner tailors responses and information to client situation, rather than providing general information.

Summary Comments

Appendix B:

(Practitioner's) Decision Support
Analysis Tool for Miguel

A. Evaluating the Process of Practitioner's Decision Support

Decision Support Process Element	Frequency	Example / Comments
SET STAGE		
Establish rapport	2	1, 2, 4
Structure encounter	1	3
ASSESS DECISION MAKING NEEDS		
Clarify decision *(what decision is the client trying to make)*	1	6
Assess stage and timing of decision *(how far along, when does decision have to be made)*	0	Miguel implies that he is actively weighing options and that there is no urgency.
Assess uncertainty re what to choose *(signs of decisional conflict)*	3	9, 10, 11
Assess knowledge about options, pros and cons	1	12
Assess expectations *(perceived likelihood)* **of the outcomes or consequences of options and pros & cons of options**	2	13, 14
Assess values *(desirability or personal importance)* **of pros/cons of different options**	2	7, 8
Determine others involved in choice *(opinions, pressure, support)*	1	7
Assess client's preferred role in decision making *(participation role; shared, alone, practitioner)*	0	Miguel seems to prefer sharing the role with the practitioner, his wife and best friend
Assess client's resources to make choice *(available & needed) (personal & external)*	0	
Assess characteristics of client *(age, gender, education, health status, culture)*	0	Bronchial problems, father died of heart attack
a)Summarize assessment of decision making needs, and b) clarify client's goals	5	15, 16, 17, 18, 28
ADDRESS DECISION MAKING NEEDS		
Discuss overall strategies to meet decision making needs	2	20, 24
Discuss facts regarding options, pros & cons *(Provide or help client access info about options, pros and cons)*	1	Discusses pros and cons
Discuss expectations *(likelihood)* **of pros/cons of options** *(Provide or help client access info re: realistic perspective of consequences of options)*	N/A	Does not seem necessary as client seems to have reasonable expectations re: stopping smoking
Discuss values (desirability) of pros & cons *(Acknowledge and assist to clarify values: desirability or personal importance)*	1	21
Discuss involvement of others *(Assist to access info re: :others' preferred choices, getting support, handling pressure)*	1	23
Discuss resources *(Assist to improve confidence & skills, and to access needed resources)*	1	14
FACILITATE PROGRESS IN DECISION MAKING		
Facilitate commitment to act *(towards implementation)*	1	26
FACILITATE TRANSFER OF LEARNING TO FUTURE DECISION MAKING		
Discuss learning re: decision making process *(Assist to identify process used)*	2	29, 30
Discuss implications for future use *(Assist to identify how to approach future decisions)*	2	29, 30
Overall assessment of use of the decision support process:		
Covers key elements in the decision process. Could have explored available resources and client characteristics more fully. Effectively addresses decision needs, gets commitment from Miguel to act on alternative. Discusses learning for future decision making to encourage self-care.		

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B. Evaluating Communication Techniques

Communication Technique	Example	✔ Frequency	Total	Example / Comments re : Use of Skills
LISTENING				
Encourage talk Prompts the client to continue talking using encouragers or key words	May be cues ("uh huh"), leads ("go on"; "and then?") or repeating client's key words or phrases (It's scary.")	✔	0	
Paraphrase content Shortens and clarifies the essence of what the client has just said (content) and feeds back in practitioner's own words	("I spent a long time trying to sort out the package the nurse gave me.") Accurately feeds back client's content. ("So, you found it difficult to understand the material.")	✔✔✔✔✔✔ ✔	8	4, 8, 10, 14, 16, 21, 23, 30
Reflect feelings Identifies what the client is presently feeling and feeds back in practitioner's own words	("I've looked at the material but I seem to go back and forth and still don't know what to do.") Accurately feeds back client's current feelings. ("You're confused about which option is best for you.")	✔✔	2	7, 21
Summarize key client comments Condenses several key comments made by the client over time during the interview (content &/or feelings and feeds back in practitioner's own words	Focuses on client's key content and/or feelings (So, you've read the information, you've discussed the issue with your partner but you're having difficulty making a decision because you're worried about the risks.")	✔✔✔	3	17, 18, 28
Validate perceptions Checks to ensure that what is said or heard is accurate; may be used after a paraphrase, reflection or summary	("It's difficult to decide. My symptoms are really not that bad. I don't know.") Validates accuracy of understanding with client. (You're saying that you're not ready to make a decision at this time. Am I hearing you correctly?")	✔✔	2	17, 28
QUESTIONING	C)			
Ask open questions Asks for elaboration or clarification; cannot be answered with yes / no / one word	("What else might influence you to take hormones?")	✔✔✔✔✔✔ ✔✔	9	2, 5, 6, 9, 11, 15, 19, 23, 29
Ask closed questions Asks for minimal and specific information; can usually be answered with yes / no / a few words	("Is your partner supportive?")	✔✔	2	
SENDING MESSAGES	D)			
Provide feedback Provides the client with practitioner's perception of client's behavior	("You seem to have a good grasp of the issues involved.")	✔✔	2	14, 31
Provide information Provides new information, explanations, teaching, responds to questions	("If we look at the evidence, the risk would be---.")	✔✔✔✔✔✔ ✔✔	9	1, 3, 12, 15, 18, 20, 22, 25, 27
Other		✔	1	13

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C. Assessment of Client Centeredness

Examine the overall interaction for qualities related to client centeredness:

5. Balance between practitioner and client talk time
6. Balance between use of questions and listening skills
7. Use of more open than closed questions
8. Practitioner tailors responses and information to client situation, rather than providing general information.

Summary Comments

Uses a variety and good balance of communication skills to develop a supportive, client-centered relationship with Miguel. Manages to keep the interview focused on issues important to Miguel. Excellent use of verbal tracking (staying with the client). Most frequently used skills are paraphrasing, open questioning and providing information (to meet Miguel's decision making needs). Avoids giving advice. Good attempt to focus on Miguel's strengths, his feelings involved in making the decision and his values which impact on his informed choice.