

**APTA State Conference, Denver Colorado
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Case Example 1:

Patient comes into clinic frustrated over a bill that she thought her insurance would cover. She said no one told her that a service she was referred to was in an out of network clinic. On top of that, the service wasn't even helpful! Now she has the company calling her saying that she is delinquent on her bill which she never new existed or else she would have paid it. She always pays her bills on time. No one from that clinic is helpful in explaining the situation to her. She says, "No one is listening to me or trying to help me!"

You are her PT and she is in for a follow-up visit for her low back pain. You have 30 minutes left in your session. Luckily, she is your only patient at the time.

The angry patient. Most of the time it is not you they are angry at but you are the one who gets to hear about all the frustrations. Whether it is the surgeon who blew off the patients concerns, or insurance who isn't handling the patients claims properly, or a bunch of annoyances piled together causing distress. We have all been there. Whether it is anger or fear or sadness, the patient is responding out of their emotional brain. Their limbic system is active and responsible for their outbursts. A way to manage this reaction is to skillfully redirect their brain activity to their prefrontal cortex, their executive functioning or their decision making part of their brain. By transferring the activity to this part of the brain, the emotions will simmer, the patient will relax and a productive conversation has the potential to ensue. How you can insight this transfer of activity is by getting the patient to begin problem solving. Ask, "What are your next steps?". "How can I help?". "What do you need?"

Case Example 2:

Patient is on your schedule for an initial eval of their knee. She immediately starts talking to about her weekend, and her busy schedule, and also mentions she has terrible neck and shoulder pain.

You are her PT and have about 45 minutes left in your session. What do you say next?

The "Talker" Give patients the time frame, but then allow them to decide what is most important for them to discuss within that time frame. Use open-ended questions to guide the session. We have 45 minutes left in our session, which of those things would you like us to focus on in this session? There are many ways to re-direct and address a patient who is easily distractible and a 'talker'. This patient may also want to not only check out her complaints but also want to talk to you about her weekend and oh have you seen the sale at Dillards. (the unfortunate reality is you feel the dreaded clock ticking and your next patient is waiting for you..) It can be frustrating as a clinician trying to redirect this type of patient. A helpful strategy from the beginning is to bring attention to the time constraint. No one has all day. Then put the ball back in the patient's court by asking them what the most important thing is

to them. You can also add that you want to make sure you allow the appropriate amount of time to address all the concerns and will make sure to address them in future visits.

How can we change these responses using MI?

Clinician: "Did you do your HEP?"

Instead say

Clinician: "How did your HEP go?"

Comments:

- Using an open-ended question will allow the patient to respond in a variety of ways giving you more information than the close-ended question.
- Can you also hear how the open-ended question implies that the clinician trusts the patient? This trust can enhance the therapeutic relationship.
- Try to use open-ended questions more than close-ended!

Patient: "I always get to my appointments 10 mins early."

Clinician: "That's great!"

Instead say

"Being on time is important to you."

Comments:

- We often as clinicians take on this "cheerleader" role using a lot of "good job" and "greats!". We can provide a more meaningful response by using a reflection or an affirmation.
- Affirmations are difficult to come up with naturally and take some practice. Affirmations come in 2 parts: Observation of behavior, then what that behavior says about that person.
- To make this an affirmation one may say, "Being on time is important to you. You are committed to your recovery." More examples to come!
**Try to make positive observations about your patients' behavior in replace of all the "good jobs"

Patient: "I can't find a comfortable sleep position."

Clinician: "Try putting a pillow between your legs."

Instead ask.

"What have you already tried?"

Comments:

- It doesn't always feel great getting told to do something that you've tried and hasn't worked.
- By giving the opportunity for our patients to share what they have already tried they not only demonstrate their own problem solving skills, but time can also be saved exploring only new strategies together.
- The next time a patient comes to you with a problem ask what they have already tried. You may be surprised by what they say! 😊

Patient: "I didn't do my exercises this week."

Clinician: "That's ok. Just do it this week."

Instead say:

"I appreciate your honesty. What barriers did you run into?"

Comments:

So often patients are scared to admit they didn't do what they were supposed to. If they are honest affirm or thank them for being honest! Honesty is super important in the therapeutic relationship. Just because you are thanking them for their honesty though doesn't mean that the subject is still not worth exploring. Identify the barriers so that they can be more successful moving forward.

Patient: "I don't think therapy will help me. It's a waste of time."

Clinician: "Therapy absolutely can help you if you just give it a chance."

Instead say:

"You have thought a lot about this. What will be more helpful?"

Comments:

- This would be an example of a clinician pushing into resistance. Just because you think you know what is best for the patient, it doesn't matter until the patient believes it.
- There is a lot of talk about therapists "selling" their ideas in ways that try to push patients towards change.
- This can be exhausting for the clinician if the patient is not ready for change.
- The next time you sense resistance, try to avoid convincing your patient. Try affirming what they have done and ask more open-ended questions instead! You as the clinician won't feel so burned-out and the patient will also feel less pressured.

Patient: "I want to lose weight but I just don't want to wake up early for the gym."

Clinician: "What about starting with just going one time this week?"

Instead say:

"On one hand, losing weight and your health is important to you, and on the other hand waking up super early is very difficult. Where does that leave you?"

Comments:

- When you sense someone is ambivalent and you want to identify their readiness for change a go-to phrase is "on one hand..... AND on the other hand.... Where does this leave you?"
- This not only tells the patient you are hearing them, but it also puts the ball in their court to make a decision.
- Before pushing into resistance try using this phrase to see if this can lead to change.

Patient: "Something we did last week really hurt me."

Clinician: "We are actually doing really easy stuff right now. It's more likely you did something outside the clinic."

Instead say:

"You had increased soreness after our last session. What do you think caused it?"

Comments:

- Sometimes patients blame us out of fear or frustration. Any time we feel a sense of blame it is easy to jump on the defensive.
- Although you may be correct and know you didn't do anything wrong it is important to justify what the patient is saying so you can explore the problem together.

Clinician: How did your exercises go?

Patient: Fine, I guess.

Clinician: Good.

Instead say:

Can you tell me more about that?

Comments:

- Sometimes our patients may not say all that is on their mind right away.
- Tell me more is an open-ended way to invite the patient to provide you with more information without narrowing into close-ended questioning.
- Tell me more is another phrase to use if you aren't sure about the point your patient is trying to make and want them to elaborate.
- If you want more information from your patient, try asking them to tell you more!

Patient: "I am so mad. No one is listening to me!"

Clinician: "I'm sorry but we are trying the best we can."

Instead say:

"You are upset which is understandable when no one is listening to you."

Comments:

- The first thing you can say to a patient who is mad or frustrated is exactly that. Tell them they are mad. Tell them they are frustrated. You are validating their feelings.
- Then normalize these feelings by explaining their situation.
- After this reflection you can move into an open-ended question like, "What is your next step?" Or "What should we do now?" Or "How can I best help you with this?"
- These open ended questions help the patient become less emotional by moving the brain activity from the from the emotional (limbic system) part of the brain to the decision making (prefrontal cortex) part, thus helping to calm them down.
- It is uncomfortable to work with someone who is emotionally charged. Try your best to hold that space for them. Sit in it with them and skillfully work out of it with them.

Patient: "...also my knee, my elbow, and my wrist hurt."

Clinician: "We only have time to look at your knee today."

Instead say: "I want to make sure we address all your concerns. We only have 15 minutes left in our session today. Where would you like us to focus the rest of our time?"

Comments:

There are many ways to re-direct and address a patient who is easily distractible and a 'talker'. This patient may also want to not only check out her complaints but also want to talk to you about her weekend and oh have you seen the sale at Dillards. (the unfortunate reality is you feel the dreaded clock ticking and your next patient is waiting for you..) It can be frustrating as a clinician trying to redirect this type of patient. A helpful strategy from the beginning is to bring attention to the time constraint. No one has all day. Then put the ball back in the patient's court by asking them what the most important thing is to them. You can also add that you want to make sure you allow the appropriate amount of time to address all the concerns and will make sure to address them in future visits.

Patient: "I am not going to use the cane like you suggested."

Clinician: "If you don't want to fall again, you should use the cane"

Instead try: "You have thought a lot about this. What do you like about not using the cane?"

Comments:

- This can be applied to many situations. For example, "I know I shouldn't drink but I have no intention of stopping." Or, "I am not going to take the meds that were prescribed to me." These statements are for us the "expert" to step in and correct their thinking.
- However, when you push someone, you often get pushed back
- Don't fight resistance!
- The next time you feel someone resisting despite having their best interest in mind, get curious about what their thoughts are instead. Sometimes asking what they like about the destructive behavior will lead to a better outcome than forcing better behavior on them when they are not ready.