The Caregiver/Client Relationship

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Agenda: The Caregiver Relationship

• Why bother?
• What kind of relationship do you want, anyway?
• Some tools for relating
• The Art of Listening

Why Bother?

• Better Understanding of the client’s problems
• Safer Treatment
• Better Treatment Adherence
• Better Outcomes for Clients
• More Satisfaction for Caregivers
Better Understanding

• When people trust you, they are more likely to tell you the truth, including the things they are really worried about.

In One Primary Care Study...

• Unvoiced agendas
  • Most patients had 5 or more agenda items
  • Doctors expected less than 3 agenda items
  • Only 11% of patients voiced everything they were worried about

• Most common unvoiced agendas
  • worries about possible diagnoses and what the future holds
  • patient’s ideas of what is wrong
  • side effects of treatment
  • not wanting a prescription

Information Unknown to Treater

• client does not mention relevant facts about medical history
• caregiver unaware of patient’s views of medicines or anxieties about treatment
• caregiver has inaccurate perception of what the patient wants
• caregiver is unaware of patient’s use of alternative or over-the-counter medications
• caregiver is unaware that patient has changed the dose or patient is confused about dosage
Information Unknown by Patient

- patient does not understand, remember, or agree the diagnosis or treatment
- patient disagrees about attribution of side effects, risks, or benefits

Better Treatment Adherence

- Patients take their medication more consistently, are more likely to ask about side effects, and are more likely to follow behavioral recommendations if they feel they are collaborating with their caregiver on their treatment plan.

Medication Non-Compliance Rates

- Arthritis 55-71%
- Bipolar Disorder 20-57%
- Diabetes 19-80%
- Hypertension 50% drop out at 1 year
- Schizophrenia 24-88%
- Seizure Disorder 54-82%
- Any long term illness 54%
Improved Medication Adherence

- Monotherapy, single dosing, blister packs, depot, liquid, sublingual
- Good physician communication and rapport
- Nice treatment setting
- Subjective sense of well-being
- Social support
- Skill training, modeling, memory enhancement, motivational interviewing techniques

Behavioral Treatment Adherence

- 40% terminate therapy prematurely.
- Modal number of sessions is 1.
- Improved adherence
  - First impression of therapist is confident and competent
  - Belief in therapy and prediction of how many appointments are needed
  - Strong therapeutic alliance
  - Education about therapy before beginning
  - Contracting for homework
  - Motivational interviewing techniques

Psychotherapy

- Variation in Psychotherapist Outcomes (Kaiser-Permanente 2005)
- 3 years, 10,812 clients, 281 therapists rated on Life Status Questionnaire. No control for kind of therapy.
  - Top 25% of therapists: 10 point improvement
  - Other 75%: 3 point improvement
Psychotherapy and Efficacy  
*Carlat Report, April 2015*

- Research indicates that the outcomes for the various therapies are roughly equivalent (Miller 2015, Wampold 2015.) The best predictor of treatment outcome is not the specific technique, but rather who provides the services. Who provides the therapy is between 5 and 9 times more important than what the particular therapy is.

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Common Factors of Therapy: Outcome Research

- Therapy is successful about 68% of the time.
- Four common factors:
  - Client factors (40%)
    - Strengths, resources, social support, environment, type of complaint
  - Therapeutic relationship (30%)
    - Engagement, connection, warm/empathic, non-judgmental, genuine, trustworthy therapist
  - Expectancy, hope, placebo (15%)
  - Theory/technique (15%)
    - Includes how much the therapist believes in the technique

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Psychotherapy

- Conclusions:
  - Since no therapy has proven to be superior to any other, it is likely that other factors, rather than the school of therapy are the effective ingredients.
  - Experienced therapists are most likely to be eclectic in orientation.
  - Effective therapists are those who truly listen to their clients and skillfully organize the treatment around the client’s “theory of change.”
  - If you want the best therapy, find the best therapist.
Nonpharmacologic Aspects of Medication

• Some meta-analyses suggest that 75-81% of drug response can be attributed to nonpharmacologic effects.
• In 2006, and NIMH study looked at outcomes by prescriber. They found 33% of psychiatrists in the study to be highly effective, 33% average, and 33% ineffective. The most effective prescribers had superior results even when they were prescribing placebos.

The Placebo Effect

• A placebo is a treatment with a chemically inactive substance that has an effect. Placebos have successfully treated depression, pain, asthma, arthritis, hypertension, warts, colitis, insomnia, and other conditions. Placebos can also cause negative effects (nocebo effect) including vomiting, dizziness, fatigue, numbness, hives, rashes, tremor, and death (voodoo.) 23% of people taking placebo have a nocebo effect. Sham surgery has been shown to work as well with Parkinson’s patients as neuron implants.
• The placebo effect probably accounts for most of the benefit due to acupuncture, aromatherapy, homeopathy, most other alternative treatments, and 33% of the response to antidepressants.

The Placebo Effect

• Elements of the Treatment Situation
  • Recognized healer
  • Healing symbols
  • Evaluation
  • Healing rituals
  • Diagnosis
  • Prognosis
  • Plausible treatment
• Doing some kind of testing, writing a prescription, and seeing a client more often has a strong placebo effect.
Using the Placebo Effect (Brown W, 2006)

- Inspire confidence
  - Look professional
  - Display symbols of healing
  - Make notes
  - Take time, ask questions
- Provide a diagnosis
  - Perform simple diagnostic tests
  - Enhance response to treatment
  - Elicit patient's beliefs and select consistent treatment
  - Offer optimistic prognosis
  - Use a prescription pad

Less Burnout

- Caregivers who do not have good relationships with their clients are more likely to experience burnout.

The Dimensions of Burnout

- Exhaustion: individual stress component - feeling overextended, depleted of one's emotional and physical resources
- Cynicism: interpersonal component - negative or callous, excessively detached response to job
- Reduced efficacy/accomplishment: feelings of incompetence and lack of achievement and productivity
The Mismatch Paradigm of Burnout

- Burnout arises from mismatches between the person and the job in six domains. The greater the mismatch, the greater the chance of burnout. The better the match, the greater the likelihood of job engagement.
- Mismatches arise when the initial psychological contract was not clear, or the job changes.
- The six areas are: workload, control, reward, community, fairness, and values.

1) Workload

- Energy can be exhausted to the point that the person can no longer recover.
- Mismatch can also result from the wrong kind of work in terms of skills or inclination.
- Work is especially draining when it requires people to display emotions inconsistent with their feelings.

2) Control

- Mismatches occur most often when workers feel they do not have control over resources needed to do their job most effectively.
- Workers may also feel overwhelmed by their responsibility and feel that their responsibility exceeds their authority.
3) Reward

- Financial rewards
- Social rewards are even more important to most people. Feeling lack of appreciation and having one's hard work ignored devalues the work and the worker.
- Lack of intrinsic reward (pride in work) is also critical for burnout.

4) Community

- People can lose a sense of positive connection with others at work. People thrive when they share praise, comfort, happiness, and humor with those they like and respect. They have a shared sense of values.
- Jobs may isolate workers from one another, but what is most destructive is chronic, unresolved conflict.

5) Fairness

- Fairness communicates respect and confirms people's self-worth.
- Inequity of pay, workload, when there is cheating or when promotions and evaluations are mishandled, or when grievances are not handled appropriately all increase cynicism and emotional exhaustion.
- This dimension is the most predictive of future burnout when it appears.
6) Values

• Employees may feel that their job requires them to act unethically (lie).
• They may feel that their personal values are at odds with their workplace, or that their workplace has contradictory goals (maintain a high case load, be culturally sensitive and emotionally supportive.)

What is a Good Treatment Relationship?

• It is more than just being nice.
• It is being able to listen non-judgmentally.
• It is being warm and supportive.
• It is being credible and being seen as an expert.
• It is being trustworthy and consistent.
• It involves good boundaries.

Developing Rapport

• Establishing rapport with challenging people in difficult circumstances is one of the most fundamental skills in health practice.
• Without good rapport, data is usually incomplete, the diagnosis will be superficial, the ability to anticipate a dangerous situation will be compromised, and treatment adherence will be poor.
Developing Rapport

- Common errors in trying to establish rapport:
  - Undue familiarity
  - Pseudo-mutuality
  - Self-disclosure
  - Inappropriate humor

Developing Rapport

- The only way to truly establish rapport is by being present and listening closely.
- Sometimes getting to this point is easier by talking for a few minutes about something that you and the patient both enjoy talking about.
- You must be able to keep your mouth shut and let the person speak without interruption. This is hard for many of us.

Interviewing Techniques

- Basic interview techniques include:
  - A mix of open and closed questions
  - Reflection of feeling
  - Normalization
  - Checking your understanding of content
  - Allowing the person to ask you questions at the end
Engagement

- Obtain sufficient information before assessment
- Don’t jump to conclusions - take comments at face value
- Persist, but retreat if distress increases
- Use a conversational style
- Aim for the time to be positive and enjoyable, if possible
- The interviewer does not have to have all the answers. Warmth, genuineness, humor are of great value.

How to Listen

- "Listening is a magnetic and strange thing, a creative force. The friends who listen to us are the ones we move toward. When we are listened to, it creates us, makes us unfold and expand."—Karl A. Menniger

Celeste Headlee, TED

- There is a balance between talking and listening
- Look in the eye, nod and smile, repeat back what you just heard...really? You shouldn’t have to show you are paying attention if you are paying attention.
- We know what a great conversation feels like.
Listen

1) Take a deep breath. Infinite patience brings immediate results. You have all the time in the world.
2) Don’t multitask – be present, think about what you are talking about.
3) Don’t pontificate.
4) Assume you have something to learn. True listening means setting aside of yourself. Everyone knows something you don’t.
5) Complicated questions get oversimplified answers.

"Most people do not listen with the intent to understand; they listen with the intent to reply."

- Steven Covey

Listen

6) Don’t be preoccupied with what you want to say next. We stop listening. Let it all go. You don’t need to be wise. “Many a man would rather you heard his story than granted his request.” Phillip Stanhope, Earl of Chesterfield.
7) Admit what you don’t know.
8) Don’t equate your experience with theirs. It is never the same. All experiences are individual. And it is not about you. Conversations are not a promotional opportunity.
Listen

• 9) Don’t repeat yourself over and over.
• 10) Don’t get over detailed. Be brief.
• 11) Be interested. “Listening is being able to be changed by the other person.” – Alan Alda
• 12) If your mouth is open, you’re not listening. Keep your mouth shut as often as you possibly can.

The Electronic Health Record

• A study in Am J of Managed Care found that the EHR lowered physician productivity.

The Electronic Health Record: 10 min. is the new 20 min. appt.

• A recent study of 100 visits by Northwestern and UW, looking at eye-gaze patterns
  • EHR visits, clinicians spent 31% of their time looking at the computer screen
  • Non-EHR, clinicians spent 9% of time looking at the chart
  • Patients always look where the clinician is looking
  • Especially in mental health contexts, clinicians may miss non-verbal communications.