

**Bedside approach to
starting a good
relationship with the
patient with anxiety,
depression, or even a
conversion syndrome**



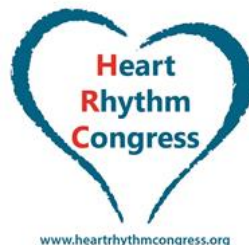
Starting the Conversation

Dr Jane Hutton

Department of Psychological Medicine

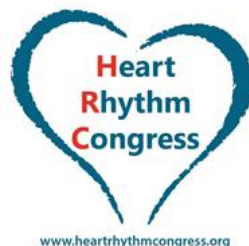
King's College Hospital

janehutton@nhs.net



Aims of the session

- Why is how we communicate important?
- Especially, but not only, when psychological factors are prominent
- Developing key skills in this area relevant to your practice
- Not becoming a psychologist!



Exploring beliefs and concerns

- What do they think or fear may be going on?
- Individual and may be surprising
- Be non-judgemental and genuinely curious
- Usually a good reason why someone believes something
- Tailor information, reassurance and advice accordingly
- Coherent model is very helpful
- We take in new information more effectively when we can fit it with our existing understanding



Useful questions

- What do you think is going on?
- What have you been told already?
- How is this affecting your life?
- Can I ask you a bit more about that?
- What troubles you the most about all this?



Keep your eyes and ears open for new information...



Taking time to listen

- We tend to focus on the things we know how to fix
- Especially when we are under pressure
- Be aware of risk of jumping to conclusions
- Take a breath...
- Allow some space for expression of emotions and convey that they are understandable
- Acute distress is not a bad thing
- It is often a sign of healthy processing
- But it can be hard to be with



Building a trusting relationship

- Patient needs to feel safe to say what's on their mind
- ...and have thinking space to take on board new information
- Change is difficult
- Be aware of your own thoughts and feelings
- What are you communicating, verbally and otherwise?
- Use your own words and style
- Patient is likely to pick up incongruities



Intention needs to be genuine



"Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?"



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Practical considerations

- Privacy, full attention
- Be realistic about time available
- Prioritise and set agenda together
- Summarise to check understanding
- Convey wish to help and willingness to do what you can
- Don't make false promises
- Set time scales and action points
- Guide structured problem-solving



Natural to search for information



Can advise how to do this

- We all draw information from a variety of sources, of varying quality...
- Recommend good sites
- Discuss natural biases
- Suffering people may post more on forums
- When we're anxious, we tend to focus on the scariest information
- Checking out whether information is relevant to own case



Key messages

- Symptoms are real and physical
- May be distressing and have significant impact on life
- Our minds and bodies affect each other in many different ways
- This is part of being human
- Relate this to the things which trouble the patient most
- Use everyday examples (itch, blush, tears) to illustrate how this is universal



Integrated mind-body model

- Avoid unnecessary investigations or interventions
- Can increase uncertainty and anxiety and reinforce illness beliefs (Kouyanou et al, 1998)
- Enquire about psychological factors routinely and throughout, not just when investigations have not found a cause
- Explore, but don't push, their role in triggering or maintaining symptoms
- Remain open to psychological and physical factors
- Patients who receive clear information and advice on coping feel empowered (Salmon et al, 1999) and are more likely to accept advice and reassurance



Developing a plan together

- Offer a positive, realistic way forward, including steps that patient can take
- Suggest alternatives
- Encourage living with symptoms and reducing impact on life, not fighting them
- Inviting a relative may be helpful, so that they are aware of the information and advice given
- Encourage belief in psychological approaches and good self-help
- Anxiety and depression are just as real as other health problems, nothing to be ashamed of, and can be treated



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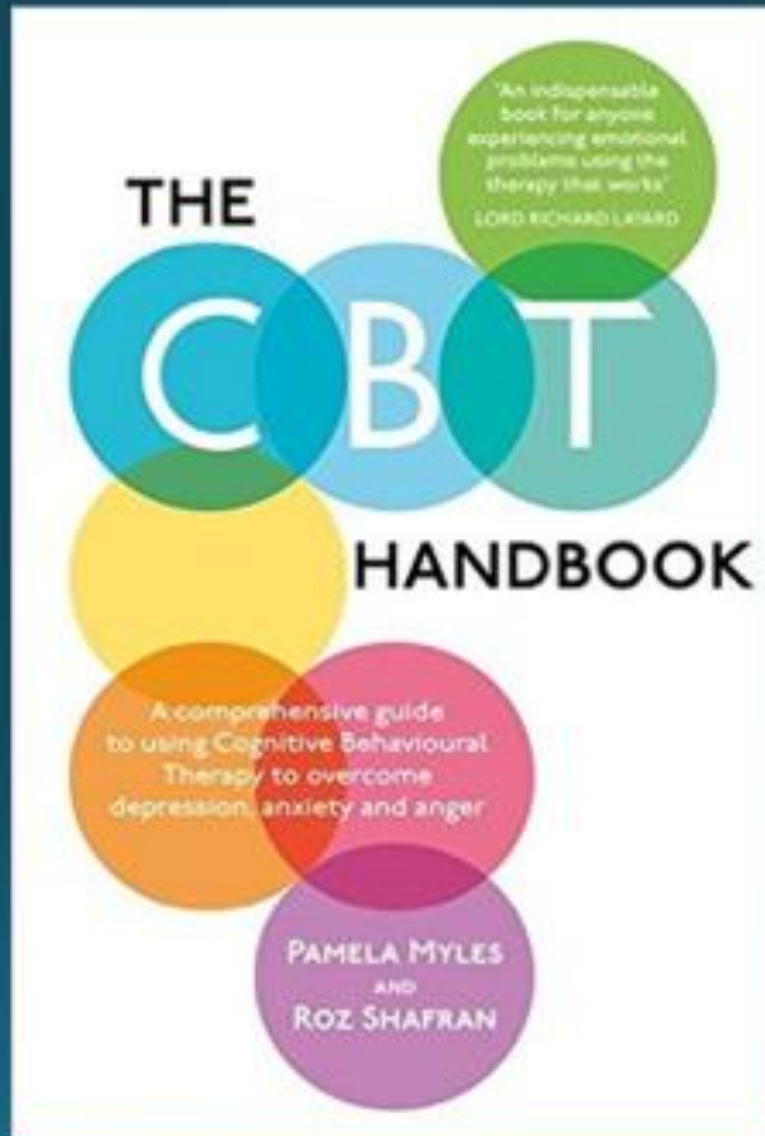
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Any questions?

