

# What was wrong?

The good physician cures sometimes, palliates often, but comforts always.

# CEA A Primary Care Counseling Model

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#### THE USUAL METHOD:

- 1. Give the diagnosis.
- 2. Give the treatment.
- 3. Educate the patient.
- 4. Give the prescription.
- 5. Goodbye.

# If there is insufficient anxiety, the PGH protocol is often used:

- 1. Ulitin ang education
- 2. Kulitin
- 3. Takutin
- 4. Papirmahin

### Sometimes it doesn't work...

...because the patient is distracted...

...by his feelings and thoughts.

# The more upsetting the feeling/thought...

..the more distracted the patient...

...the less effective the education becomes.

### THE C.E.A. METHOD

# CATHARSIS EDUCATION ACTION

## CATHARSIS:

# IT IS NOT ABOUT CRYING.

#### CATHARSIS is about:

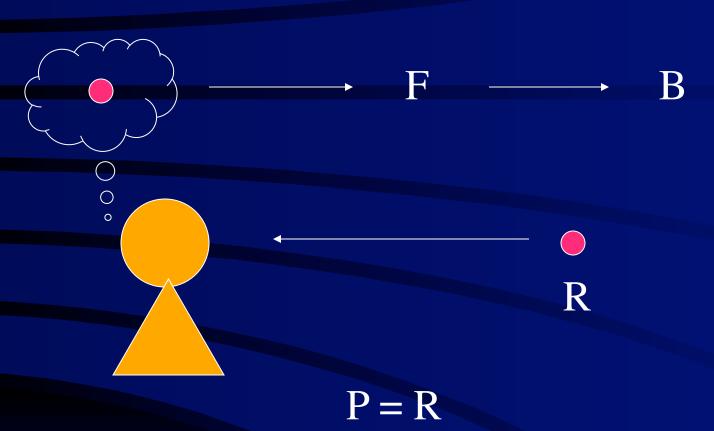
- becoming aware of the feelings
- naming the feelings
- becoming aware of what is behind the feelings

# EMOTIONS ARE DOUBLE-EDGED SWORDS.

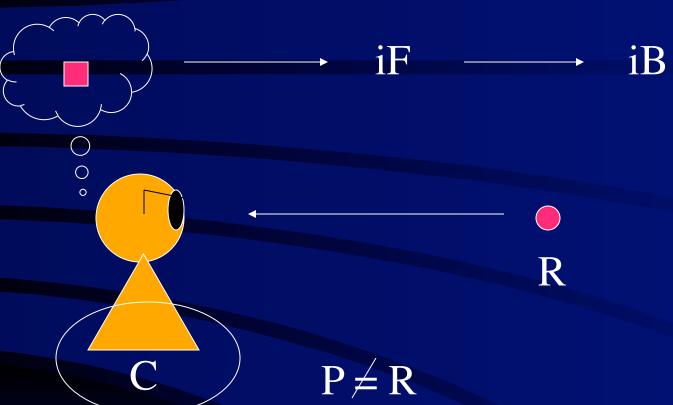
# EMOTIONS CAN BE OBSTACLES TO RATIONAL THOUGHT.

# EMOTIONS CAN BE AIDS TO DIAGNOSING WHAT HURTS.









# If we know the EMOTIONALLY CRITICAL MISPERCEPTION we can sharp-shoot our education. (less time, more compliance)

EMPATHY
Putting oneself
in the shoes of another
Cognitively
Emotionally

### Attending Skills

- L- Lean forward
- O- Open stance
- V- Voice that communicates empathy (paralinguistics)
- E- Eye contact
- R- Relaxed manner
- S- Sit at an angle

- 1. When you heard the diagnosis/experienced the symptoms, what thoughts came to your mind? (ANO ANG NAISIP MO?)
- 2. What did you feel when these thoughts entered your mind? (ANO TULOY ANG NAGING DAMDAMIN MO?

- 3. Probe the feeling. (What is it about these thoughts that makes you feel that way the most? Ex. ANO ANG PINAKANAKAKATAKOT DOON?)
- 4. Summarize the thoughts and feelings.

1. When you heard the diagnosis/experienced the symptoms, what thoughts came to your mind? (ANO ANG NAISIP MO?)

#### Skills: PARAPHRASING

- Saying in 10 words what the patient said in a hundred.
- Walang dagdag, walang bawas.
- If you are not sure, do a PERCEPTION CHECK.

## 24M with genital herpes

• I had sex with a prostitute only once! And I get this! I haven't told Ana yet. She is my girlfriend. I don't know if she could take this. My friends have gone to more prostitutes that I have! I don't know that she will say. The doctor I consulted said it won't go away. It will keep coming back. She didn't help me at all. And the medicine is so expensive! When my girlfriend finds out, she will leave me. I don't know what to do. What will Ana say? I was so stupid!



### The good paraphrase:

- Makes sure that you are on the same page as the patient.
- Tells the patient that you heard him.
- Makes the patient want to tell you more.

2. What did you feel when these thoughts entered your mind? (ANO TULOY ANG NAGING DAMDAMIN MO?)

#### Skills: REFLECTING FEELING

- Articulate for the patient the emotion that you are picking up.
- The four basic feelings:
  - Mad, sad, glad, afraid.
- Probe the feeling.

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### Trial reflections

1. x

- 3. Probe the feeling.
  - •Tell me more about that feeling.
  - •What is it about these thoughts that makes you feel that way the most?
  - •Ano ang pinaka\_\_\_\_\_\_
  - •Go to where the emotion is greatest.

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# Trial probes

XX

- 4. Summarize the thoughts and feelings.
  - Very often, what upsets the patient has nothing to do with pathophysiology or pharmacology.

#### **EDUCATION**

•Resist the temptation to start with pathophysiology or pharmacology unless specifically asked.

#### **EDUCATION**

- •Start with the ECM.
- •Be sure to include the ECM in your education.
- •After correcting misperceptions, go through CPGs for treatment, and prevention issues not yet covered.

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# TIPS IN EDUCATING PATIENTS

- 1. Always start with the ECM (but do not end with it!)
- 2. Speak the patient's language.
- 3. Analogies work wonders.

# TIPS IN EDUCATING PATIENTS

4. Evidence is important, but one-on-one, do not underestimate the power of anecdotes and testimony.

