OARS

Open-ended questions:

* Are the key to encouraging patients to do most of the talking
* Cannot be answered with a brief response or a yes or no answer
* Invite a two-way conversation
* Begin with words such as “how”, “what” or phrases such as “tell me more about…”
* Avoid beginning questions with “why” as that can put patients on the defensive.

Examples:

• What are you most worried about?

• What will be helpful to you during your visit today?

• Who have you shared your feelings with?

Affirmations:

* Affirmations give the patient the message that “I see you and hear you”
* May be a compliment or statement of appreciation and understanding
* Your voice tone, eye contact and body language all can be affirming

Reflections:

Reflective listening helps make sure that you understand what the patient is telling you

* You can reflect what is written in a chart, what is said or what you observe
* It helps the patient hear what she or he said and clarifies any misunderstanding
* It may be helpful to remember to use a reflection after the patient answers a question.
* This avoids falling into the ‘question-answer trap.”

Summarizing:

* Is a form of reflective listening
* Can be used throughout an interaction to transition from topic to topic
* Can be used at the end of an interaction to review what was discussed
* Ends with an invitation for patient to respond (What did I miss? What else would be
* helpful today? What other questions do you have?)

**Examples**

**Open-ended questions: Encourage a dialog**

Asking open-ended questions can help you start (or maintain) a more in-depth conversation. What are open-ended questions? Open-ended questions are not easily answered by yes or no and encourage elaboration.

By asking open-ended questions you can encourage a patient to tell their story. Your goals are to gather information, learn what’s important to the patient, allow the patient to listen to themselves, and to provoke thought and consideration1.

How do you ask open-ended questions?

* Begin the question with “What, Who or How” 4:
	+ “What is your dream…”
	+ “What are your ideas…”
	+ “What steps can you take…”
	+ “Who has helped you…”
* Probe for more information:
	+ Please elaborate
	+ Tell me more about…
* Ask general open-ended questions:
	+ “How does this make you feel?”
	+ “How do you feel about that?”
* But, avoid asking “why”
	+ “Why” can sound judgmental or threatening

A few more examples of Open-Ended Questions5:

* “What’s happened since we last met?”
* “What makes you think it might be time for a change?”
* “What brought you here today?”
* “What happens when you behave that way?”
* “Tell me more about when this first began.”
* “What’s different for you this time?”
* “What was that like for you?”

Note: It’s also important to avoid ‘leading questions’ which would direct the conversation. For example: “You have been struggling with eating healthy foods, right?”

**Practice!** Try to re-frame a few close-ended questions into open-ended questions:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Close Ended- Questions | Open-Ended Questions |
| Has it been difficult to change your eating habits? |   |
| Have you tried to make any changes this week? |   |
| Do you think you need to make a change in your life? |   |

 **Affirmations: Support the patient by giving and accurate description of his or her strengths**

You can empower a patient by helping them recognize their strengths and see themselves more positively. By offering positive affirmations, you build a patients’ confidence (or self-efficacy).

How do you give ‘affirmations’?

* You can use affirmative and positive language such as:
	+ "I'm really glad you brought that up."
	+ "I think what you are doing is really difficult. I'm really proud to be working with you on this."
	+ “I appreciate that you are willing to talk about this.”
	+ “That’s a good idea.”
	+ “I’ve enjoyed talking with you today.”
* Emphasizing past successes may help you demonstrate the patient’s strengths
	+ “You have struggled, but you have had some real successes”
	+ “You are clearly a very resourceful person”
	+ “You handled yourself well in that situation”
	+ “If I were in your shoes, I don’t know if I could have managed nearly so well.”
* Reframe behaviors or concerns as evidence of strengths, for example3:
	+ "So many people avoid seeking help. It says a lot about you that you are willing to take this step."
	+ “You’ve had a setback, but you are really trying. Look at the progress you are making”
* Ask questions to prompt the patient to give themselves affirmations, for example1:
	+ "What have you noticed about yourself in the past few months since you started coming here?"
* But, be realistic and sincere
	+ Your relationship with the patient should be based on mutual respect and trust

**Reflections: Help the patient listen to themselves**

You can demonstrate that you understand a patient’s issues or feelings by reflective listening. Reflective listening can also help the patient listen to themselves provoke thought and consideration of inconsistencies. Reflective listening also helps a patient clarify misinterpretations or add depth to the thoughts and feelings they express3

How do you listen reflectively?

There are three levels of reflective listening:

* Repeat or rephrase
	+ By repeating the same words the patient says (or similar) patients may be able to hear themselves and clarify, or dive deeper into a subject. For example:
		- ***Patient A***: “I feel like it’s so difficult to avoid eating snacks at work”
		***Your Response***: “It sounds like it’s difficult for you to avoid snacks at work”
		***Patient A***: “Yes, I think it’s because…”
	+ How do you start the reflective-phrase and not sound like a robot?
		- ***So you feel…***
		- ***It sounds like you…***
		- ***You’re wondering if…***
		- ***What I hear you saying is…***
* Paraphrase
	+ Make a statement that reflects what the patient is staying. For example:
		- ***Patient B***: “I know I should exercise, it’s just that I can’t seem to start”
		***Your Response***: “You are aware of all the reasons you should be exercising, it sounds like it has been hard to find the motivation to start”
* Reflect the feelings
	+ You may be able to tell what a patient is feeling (from verbal or non-verbal cues) and give him or her words for those feelings
		- ***Patient C***: Appears despondent
		***Your Response***: “How have you been feeling, do you feel like you have lost hope?”
	+ You can express empathy for the patients feelings and emotions

**Summaries: Looking at the bigger picture – let the patient see his or her whole story**

Summarizing a patient’s storyline can help him or her get motivated to make a change by helping them see the bigger picture. This process can help you call the patients attention to the most important elements of your conversation.

A summary may:

* Help you encourage and cue to action or an “Aha moment”
* Encourage a patient to look their strengths
* Give the patient an alternative view his or her options
* Prepare the patient to move on2
* Help the patient see both sides of his or her ambivalence for change3

How do you summarize your conversation?

* Pull together the information you gathered in your interview/counseling session
* Create the storyline – what are the:
	+ Problems/concerns/challenges
	+ Potential solutions,
	+ Patient’s strengths
	+ Feelings and emotions expressed
* How do you start the summary?
	+ “If we add up the puzzle pieces and put them together…”
	+ “The picture that I see is…”
* How do you encourage the patient with a summary?
	+ Demonstrate misalignment in the patient’s thoughts, feelings, and actions – can you help the patient see the reasons for his or her ambivalence?3
	+ Don’t include everything you’ve learned in the summary – be strategic and use the information that will encourage the patient