DIALOG+ Manual

Promoting effective patient-clinician communication in community mental health care

INTRODUCTION

DIALOG+ is a simple intervention seeking to ensure that the patient-clinician communication in community mental health care is patient-centred and effective in promoting positive change. DIALOG+ consists first of an assessment of the patient's satisfaction with eight life and three treatment domains and wishes for more help. The patient's ratings are summarised and reviewed, and can be compared with previous ratings. This review includes positive feedback and selection of domains for further discussion. Finally, a four-step approach is used to address the patient's concerns and reach decisions for further actions. The actions will be shown at the beginning of the following meeting in which DIALOG+ is used.

DIALOG+ is supported by the DIALOG software, which runs on an iPad tablet. Both patient and clinician should be able to see the screen, whilst the touch screen is normally operated by the clinician. He/she should explain the procedure to the patient as they go along, and give the patient the opportunity to familiarise him/herself with the seven response options on the scale if required.

ASSESSMENT

The foundation of the intervention is the initial assessment of the patient's satisfaction with 11 domains relating to life and treatment. On initiating the software, the clinician and the patient are presented with the first of these, mental health. The remaining 10 domains are visible underneath, in truncated form. (See Figure 1 on next page.)

The patient is invited to rate his/her satisfaction with mental health on a scale of 1 (totally dissatisfied) – 7 (totally satisfied). Subsequently, there is a further question as to whether the patient wishes to receive more help, which is to be answered with yes or no.

The procedure is the same for the remaining 10 domains: physical health, job situation, accommodation, leisure activities, relationship with partner/family, friendships, personal safety, medication, practical help, and meetings with clinicians.

In order to proceed to a different domain, the clinician presses on that domain from the list on the left. This domain now becomes active, with all other domains truncated. Responses to all previously completed domains, including requests for additional help, are still visible, and gradually build a general overview of the assessment.

The patient can choose not to answer a particular domain if he/she wishes. However, once the patient has given a satisfaction rating, the question for additional help must also be answered. In order to undo a rating, the clinician can press down on the slider ( ) until the value disappears. Similarly, in order to undo the response to the more help question, the clinician can press down on the yes or no button, whichever is applicable.

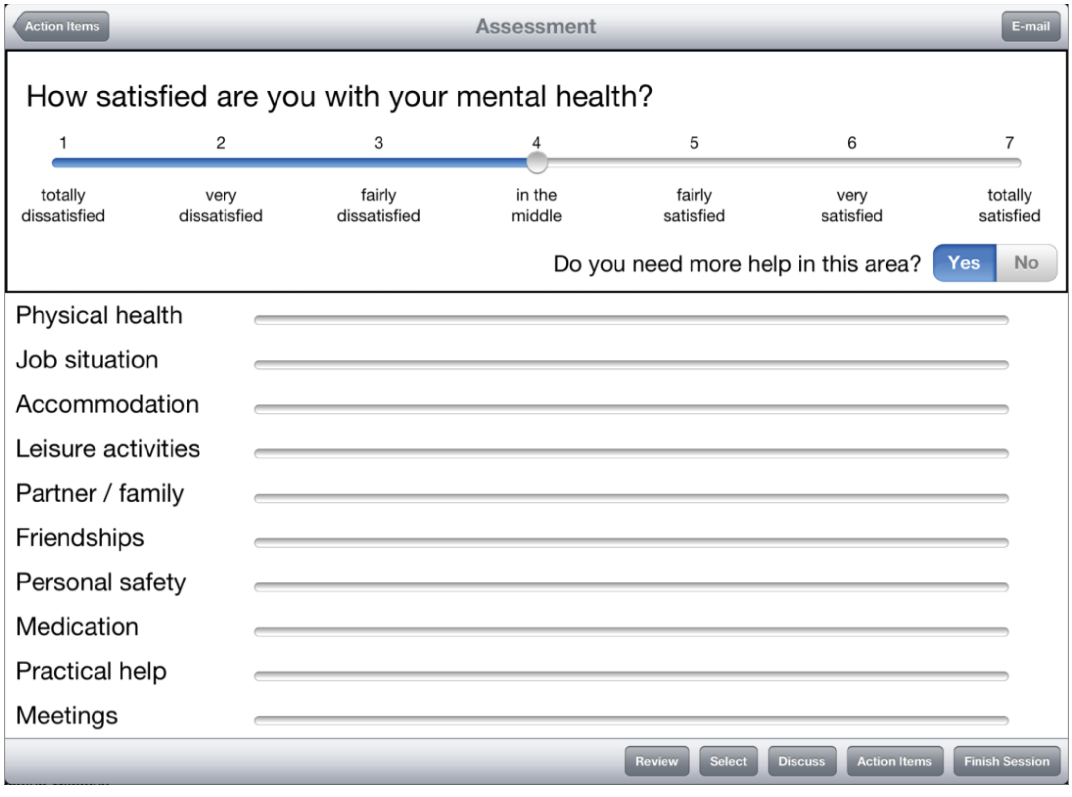

Figure 1: Assessment, as seen in the DIALOG 2.0 software. The active question is mental health, which has been rated at 4, 'in the middle'. More help has also been requested. The remaining 10 domains of the assessment appear underneath, in truncated form.

REVIEW OF ASSESSMENT

On completing the assessment, the clinician and the patient can see an overview of all the domains.

Positive feedback

To initiate the review with the patient, the clinician should briefly comment on what would be considered positive ratings – generally, those rated at 5 or higher and, from the second meeting onwards, those that have improved compared to the previous meeting. This is useful to ensure that positive thoughts, feelings and/or behaviours are noted and reinforced.

Examples:
"Satisfaction with friendships has gone from 3 to 5 since the last time we met. That's a big jump! How did you manage that?"
"What are you doing differently that makes you very satisfied?"
"That's very good! How can you maintain this?"

Selection of domains for further discussion

The summary of the patient's ratings and comparisons with previous ratings informs a joint decision on which domains should be discussed in the meeting. These domains will be discussed in greater depth using the 'four-step approach', described later in this manual. As a general rule, the clinician is advised to select no more than **three domains initially**, depending on time constraints, and focus on domains where **satisfaction is below 4**. It is suggested to allow about 30 minutes to complete the whole procedure.

However, selection of domains is **subject to the clinician and the patient's discretion**. For example, they may want to discuss a domain on the basis of a request for additional help, or a domain with a drop in satisfaction even though the current score is 4 or higher. In some cases, the patient may not want to discuss a particular domain.

Given its central importance, **special attention is given to mental health**. The clinician should ask whether the patient feels distressed or concerned by any of the symptoms or experiences associated with their mental health problem. If the answer is yes, it is suggested to include mental health as a domain for further discussion. This ensures a more thorough assessment of mental health.

The following principles are suggested to guide the selection of domains:

- To select no more than three domains to begin with, discussing further domains if time allows.
- To select a domain when at least one of the following criteria is met:
  1. The satisfaction rating is below 4.
  2. Additional help is requested.
  3. With respect to mental health, the patient is distressed by or concerned about any symptoms.
- If there are no domains meeting the above criteria, to select domains with a rating of 4 or with deteriorated ratings since the last meeting.

To select domains for further discussion, the clinician should press the 'select' button at the bottom right hand corner of the screen. This transforms the domains listed on the left into buttons. The clinician may press on the domains that he/she and the patient have decided to discuss further, which

highlights them, setting the ‘agenda’ for the remainder of the meeting. On pressing the ‘discuss’ button, a further screen will appear (see Figure 3 on page 6), which will assist the patient and the clinician in going through the four-step approach described later in this manual.

This screen will display the current rating of the first domain at the top by default, followed by the template for the four-step approach, and a function allowing the clinician to document the ‘actions’ to be taken once mutually decided upon. Arrow buttons appear at the bottom of the screen for navigating from one selected domain to the next. The clinician can avail of the information buttons (‘i’) next to each of the steps in order to view the full instructions for the given step. At any time, or on finishing the session, the clinician may press on the ‘OK’ button to return to the previous screen. The ‘action items’ button at the bottom right hand corner of the screen can be pressed in order to view a summary of the action items agreed upon throughout the meeting.

The clinician should follow this procedure for the three or more domains selected for further discussion, one at a time, to facilitate discussion of these domains via the four-step approach. Once all selected domains have been discussed, and agreed actions documented, the clinician may press the ‘finish session’ button to terminate the session.
In summary, the screen within the software facilitating the 4-step approach shows:

- the current rating in the given domain,
- the request for additional help (if applicable),
- the four steps of the four-step approach, and
- a text box for documenting agreed action in the fourth step.

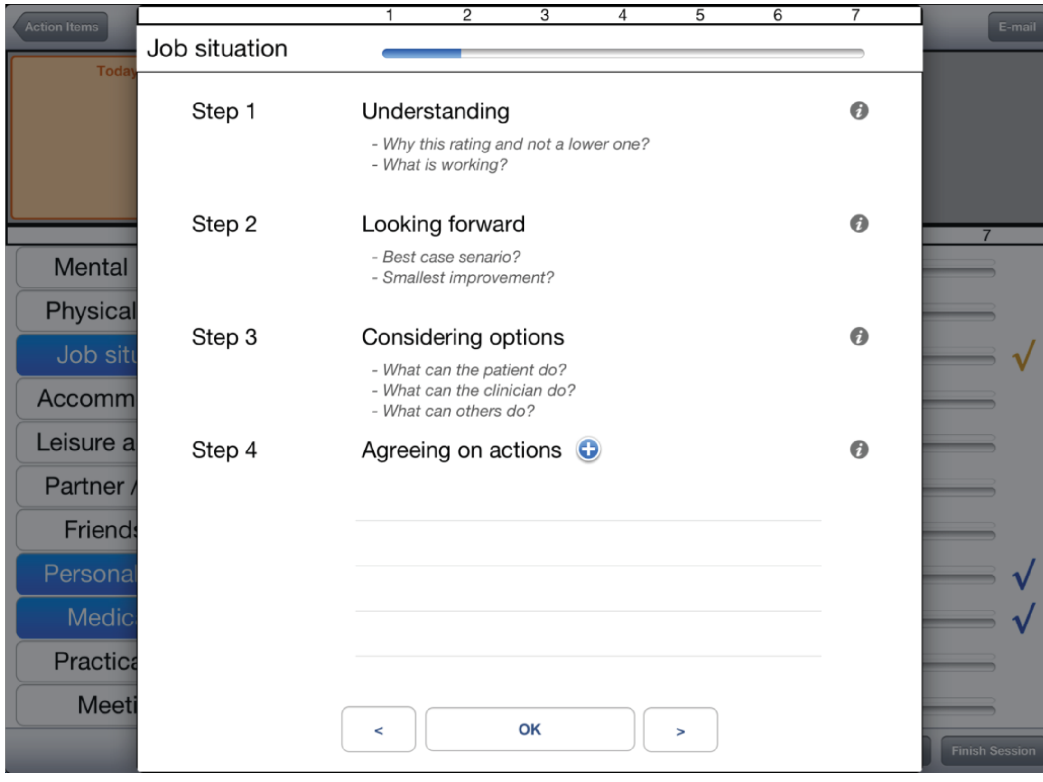

Figure 3: The 4-step approach as depicted in the software. The domain for further discussion (and any request for additional help) is visible at the top, with a summary of the steps to be taken underneath.

THE FOUR-STEP APPROACH

This approach to address the patient's dissatisfaction and wishes for additional help (or with respect to symptoms: the patient's distress and concerns) is informed by principles of Solution Focused Therapy and Cognitive Behavioural Therapy. It is intended to help the patient and the clinician to understand the patient's concerns ('understanding'), identify scenarios for improvement ('looking forward'), explore options for actions ('exploring'), and finally agree on actions for improving the patient's condition and social situation ('agreeing'). This is meant both to address the specific concerns of the patient as identified in the DIALOG+ assessment and to suggest an approach for dealing with difficulties in general.

1 **Understanding** – exploring both positive and negative aspects of the situation in the given domain. The patient is first asked to explain the reasons for his/her dissatisfaction and wishes for more help (or distress/concern in case of mental health). Then the patient is encouraged to consider his/her existing strengths or coping strategies within the situation.

2 **Looking forward** – directing the patient from a description of the problem to considering desired alternative scenarios. The patient is asked to imagine what changes he/she would like to see to replace the current undesirable situation. This can focus on long-term preferred outcomes and more short-term small changes.

3 **Exploring options** – asking the patient about what practical actions might help to bring about the desired change. This covers actions taken by the patient, the clinician or someone else.

4 **Agreeing on actions –** agreeing on defined actions to improve the patient's condition and/or social situation. This step involves an agreement on specific and defined actions from the patient or the clinician or both. The agreed actions are briefly documented.

STEP ONE: Understanding

The aim of Step One is for both the patient and the clinician to gain a shared understanding of the patient's current situation. There are two parts to understanding:

(i) Eliciting

First, the clinician should explore the patient's evaluation of the domain, and the reasons why they have requested more help for that domain, or given it a low rating. In the case of special attention to mental health, the clinician should explore the patient's expression of distress or concern.

Examples:
"You asked for more help with physical health. What is lacking in that area?"
"What in particular makes you dissatisfied with your medication?"
"You rated your satisfaction with accommodation as 3 out of 7, mainly dissatisfied. Why is that?"
"Can you tell me more about the distressing voices you've been hearing?"

(ii) Identifying what works

Next, the clinician should now ask the patient to identify what is working well within the current situation. The assumption is that, no matter how bad things may be, the patient somehow manages to cope. Building an awareness of the strengths within the situation is intended to help promote the patient's confidence and motivation for change.

Examples:
"Although you are mainly dissatisfied with your physical health, at least you are not at the bottom end of the scale. What is helping to keep you from being totally dissatisfied?"
"It's encouraging that your satisfaction with your accommodation is 2 rather than 1. So what is working well with your accommodation?"
"Your satisfaction with your relationship is 3. What makes your situation better than a 2 or a 1?"
"When you feel totally dissatisfied with your mental health, what helps you to cope? Are there moments when you feel less distressed?"

STEP TWO: Looking Forward

Having explored both negative and positive aspects of the situation in Step One, the aim of Step Two is to focus now on the future and establish the patient's desired changes to their situation. The intention is to encourage the patient to think about and describe what an improvement in their situation would look like, and what changes would be a sign of progress.

The clinician should seek to elicit a clear picture of the future from the patient that is:

- detailed
- characterised by tangible behaviours rather than vague feelings (e.g. "I would talk more to my neighbours" rather than "I would feel more included in my community")
- defined by the presence rather than the absence of something (e.g. "I would have the energy to get a part-time job" rather than "I would not feel as tired all the time").

(i) What is the patient's 'best-case scenario'?

First, the clinician should ask the patient to describe the ideal outcome they would like to achieve; essentially, what would be different if the patient scored 7 out of 7 (totally satisfied). The best-case scenario is often, but not always, a long-term outcome.

Examples:
"You're unhappy with your employment situation. What would be the best possible employment situation for you?"
"If your satisfaction with physical health was 7 (totally satisfied), what exactly would be different?"
"If tomorrow morning you woke up and all your problems with your family had gone, how would the situation be?"
"What would rating 7 out of 7 for medication mean to you?"

(ii) What small changes would make a difference?

Next, the clinician should ask to patient to describe smaller changes that would make a meaningful difference to their life. It may be that the best-case scenario previously described cannot occur instantly, or at all. Here, the patient is asked to consider what small change would mean an improvement of just one point higher on the scale, and help in the long-term process of achieving the best-case scenario, where possible.

Examples:

“Until you are rehoused in the coming months, what small improvement to your accommodation would make it more acceptable to you?”

“You rate your friendships as 3, fairly dissatisfied. What would need to be different for you to reach 4 – just one point higher on the scale?”

“What is the smallest noticeable change that you would see as a sign of improved mental health?”

“It can take time to adapt to new medication, especially when you are experiencing side effects. What would be the first sign that you were adjusting to it?”

STEP THREE: Exploring options

Having introduced a forward-looking perspective in Step Two, the aim of Step Three is for the patient and the clinician to explore a number of options that may help to bring about the desired changes. These options involve things that patient can do by themselves, things the clinician can do with the help of the various services available to the patient, and things other people in the patient's life can do. In Step Three the clinician asks the patient what are all the options he/she can think of as potentially helpful. The clinician can also propose different options, and ask for the patient's opinion about them. This step is concerned with what is possible to do at the present time in order to achieve the patient's desired changes.

In Step Three, three kinds of questions can be asked:

1. What can the patient do?

First, the clinician should invite the patient to think for themselves of all the possible things they might be able to do to help their own situation.

Examples:
"We've talked about what needs to change in order for you to feel safe. What is the first thing you can do to ensure your own safety?"
"What are some of the ways you could start to reach out to others in the community?"
"The next time you hear voices, what can you try to prevent yourself from feeling so distressed?"
"What could you do to make sure you remember to take your medication in the morning?"

2. What can the clinician do?

Next, the clinican should ask what he/she can do to support the patient, and what resources or services he/she can provide. It may be appropriate to suggest specific resources that are available to the patient that might help in improving the situation.

Examples:
"Is there anything I can do to help to make you less anxious about leaving the house to attend your meetings?"
"What kind of support from our team do you need to help you in finding a job?"
"I wonder whether a leaflet describing pros and cons of taking medication would be something you may find helpful?"
"There is a Hearing Voices group running here. Might that be something you would like to try?"

3. What can other people do?

Finally, the clinician should ask what other people can do to help the patient improve their situation. This might be a friend, family member, relative, neighbour, colleague, befriender, support worker, fellow patient or another supporter.

Examples:

"Is there anyone else who could get involved in helping you to exercise more?"

"Can you think of anybody that could help you to get to your class on time?"

"Is there a neighbour or friend who could help you bring your shopping to the top floor with you?"

"What could your partner do to stop you two from arguing so often?"

STEP FOUR: Agreeing on Actions

Through Steps One to Three, both the patient and the clinician have developed a thorough understanding of the patient's current situation, thought about desired changes for the future, and identified options for moving forward. The goal of Step Four is to reach an agreement on what action(s) should be taken, and by whom.

Sometimes, having considered the various options in Step Three, the patient will have a clear idea of what action should be taken and it is appropriate to invite the patient to take the lead with any decision.

Examples:
"We've talked about a lot of different options today. Which ones will we go for?"
"Of all the options we've discussed, are there some in particular that you are leaning towards?"
"Let's decide on the best way forward. Which options shall we try out, before we meet again?"

Sometimes, the clinician may take the lead in suggesting one or more actions and explore whether the patient agrees.

Examples:
"I think a visit to the Day Centre we talked about would be a good start to feeling less isolated. Can we agree that you will try that this month and we'll see how you got on next time?"
"Regarding your job situation, I suggest that you ask your partner to help you type up your C.V. and I'll make an appointment on your behalf with the Back-to-Employment Officer. Is this alright with you?"

Sometimes, the patient and clinician may not agree on an immediate 'action'; instead, the patient might decide to spend more time thinking about the different options discussed between now and the next meeting.

Examples:
"You cannot decide today about whether you're ready to come off medication. Do you want to think about it and let me know when you have come to a decision?"
"If you feel uncomfortable, there is no need to decide today whether you want to go back to regular employment. Can we agree that you think about it and we revisit the issue next time?"

Once an action item has been decided, the clinician should document it in the text box provided. Documentation should be brief, but precise. A reminder of the agreed action(s) will appear at the start of the next session, so that patient and clinician can review the progress since the last session before initiating a new session.

SUMMARY OF DIALOG+

(From the second session onwards)

Reminder of the decisions from previous meeting

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Assessment of patient's satisfaction with 11 domains and needs for more help

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Review of ratings:

Positive feedback and selection of domains for further discussion

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Use of the four-step approach to address the selected domains:

1. Understanding (Reasons for dissatisfaction/wishes for more help and 'what works')

2. Looking forward (Best-case scenario and small changes)

3. Exploring options (What the patient can do, what the clinician can do and what others can do)

4. Agreeing on actions (Mutually deciding the best way forward and documentation of decisions)

SUMMARY OF THE FOUR-STEP APPROACH

1. Understanding

a. Eliciting reasons for dissatisfaction/wishes for additional help

E.g.: *"What makes you dissatisfied with…?"*

b. What works and what are the positive aspects within the situation

E.g.: *"What makes you rate your medication 3 rather than 1?"*

↓

2. Looking forward

a. Best-case scenario for the person in the given domain

E.g.: *"If your satisfaction with your accommodation was 7 (totally satisfied) how would you know?"*

b. Small changes that would be a sign of improvement for the patient

E.g.: *"What would need to happen for you to move from 3 (fairly dissatisfied) to 4 (in the middle) with your accomodation?"*

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3. Exploring options

a. What the patient can do to make the desired change happen

b. What the clinician can do and what services they can offer to help with that

c. What others can do and how should they be involved in the process

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4. Agreeing on action

Guidelines

Summary of what was discussed

Shared decision-making

Documentation of what patient and clinician have agreed on

The manual was produced by Stefan Priebe, Eoin Golden, Kleomenis Katevas, Pat Healey and Rose McCabe (all Queen Mary University of London).

For queries relating to the manual and training, please contact Stefan Priebe at

[redacted]

or e-mail [redacted]