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Objectives

- Learn to maintain the individual's cognitive function
- Learn to enable the person to continue to perform usual activities of daily living
- Learn to address behavioral symptoms

Non-Pharmacological Interventions (NPIs) in Clinical Practice

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Non-Pharmacological Interventions (NPIs) in Clinical Practice

- NPIs include both actions that individuals and households can take (e.g. frequent hand washing, covering coughs and sneezes, and keeping a distance from sick people)
- the use of these interventions is important even when drugs and vaccines are available, because they can prevent individuals from even being exposed to the disease, decreasing the number of people who will become sick and those who will die.

NPIs techniques

A. Communication skills

B. Counseling

C. Information Care

Communication Skills



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A. Communication Skills

- Most basic and innate part for doctor-patient interaction
- Understanding others language is very difficult but not for physician
- Responsibility for effective communication lies with physician

Tools for best communication

i. **Attending**

- Focusing
- Conscious effort
- Exclusive environment
- Quiet corner

ii. **Active listening**

- Beyond merely hearing and making notes
- Focus on linguistic and Paralinguistic aspects
- Verify non-verbal communication by asking questions
- Pauses and silence
- Jumping from one topic to other

Conti.....

iii. Verbal techniques

- i. questionnaire
- ii. Paraphrasing
- iii. Selective reflection
- iv. Funneling
- v. Empathy building
- vi. Checking for understanding

Conti.....

- **Questionnaire**

- a set of printed or written questions with a choice of answers
- Close ended
- Open ended

- **Paraphrasing**

- Repeat patient's verbatim
- اپ نے بتایا کہ جب اپ کچھ منٹ چلتے ہیں تو اپ تھکاوٹ محسوس کرتے ہیں۔
ایسا ہی ہے؟

- **Selective Reflection**

- Bring about the feelings attached to various symptoms that patient has stated
- Start from how
- How does it feel when you start to feel fatigue only walking for a few minutes? You told me early, that you were once an athlete who could easily run a mile.

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Conti....

- Funneling
 - Broader area to more specific area
 - Open ended questions
 - General statement to specific statement
 - Describe your complaints of feeling weak and lethargic.
 - Which part of the body you were referring to?

Conti....

- Empathy building
 - Statement made by the doctor that make the patient comfortable that his feeling is well understood
 - Doctor understand patients feelings instead feel sorry for him
- Checking for understanding
 - Checking the patient by
 - Summaries patient's statement(understood & connected)

Counselling



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B. Counseling

- Is to people to help people to help themselves by development of a therapeutic relationship
- Helping to achieve depth understand of problem & coping abilities
- Counseling is not about to direct advise
- Limited supportive activity
- Limited time period
- Present problem
- Short period of time

Conti....

- Aims
 - i. Establish relationship of mutual trust and care
 - ii. Chance to seek clarification of health related issue
 - iii. Provide an opportunity to express his/her feelings & emotions
 - iv. Provide reassurance
 - v. Achieve clear understanding of health related issue
 - vi. Help person to choose a suitable solution
 - vii. Seek support of the counselor
 - viii. Learn coping skills

Attributes of a good counselor

- i. Unconditional positive regard
- ii. Empathetic understanding
- iii. Warmth and consideration
- iv. Clarity
- v. Here and now thinking

Don'ts of counseling

- Why questions(interrogation)
- Should ,ought
- Blaming
- Don't compare your experiences with patients
- Invalidation of patient's feelings

Misconception

- Direct advise to patient
- challenge patient's feelings and perceptions
- Impose counselor's own views to patient

Information Care



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C. Information Care

- Provision of information to patient
- Information about three Ds (Disease, Drug and Doctor)
- **Seven essentials**
 - i. Set a time for information
 - ii. Language
 - iii. Conversation start with patient's understanding and knowledge
 - iv. Giving information style must be professional (empathetic etc)
 - v. Effects –ive or +ive must be communicated
 - vi. Sketches at the end of the session
 - vii. End of the session with brief summary of 3 Ds from patient

Conti....

- Seven Important questions
 - i. What is wrong with me
 - ii. Why have I developed this disease
 - iii. Management ? Effective treatment?
 - iv. How long will I take to recover?
 - v. Is there a restriction?(perhaiz)
 - vi. Contiguous?
 - vii. Effects of the treatment on adaptive functioning

Handling Difficult Patients and Their Families

- Health professionals have certain type of patients;
 - i. Long, meaningless discussion
 - ii. Too dependent & clingy
 - iii. Ask for undue favors
 - iv. Make unprofessional demands
 - v. Try to manipulate doctors
 - vi. Refuse diagnostic tests

Conti.....

- **Management :**
 - i. Define objective & duration
 - ii. Bio psychosocial model
 - iii. Effective communication & counseling
 - iv. Relaxation technique
 - v. Accept their different view points don't considered it as 'personal insult'
 - vi. Allow patient to express their emotions of anger
 - vii. Involve family & friend if needed

B₃ A₁ D₂

N₁ E₁ W₄ S₁

Breaking Bad News

- i. Any news that adversely and seriously effect an individual's view of his own future is considered bad news
- ii. Disclosing diagnosis
- iii. Relapse rate
- iv. birth of malformed baby
- v. Death of loved one
- vi. Family expect full disclosure with empathy, kindness and clarity
- vii. Bio-psychosocial model

BPS

is a shorter form of
Biopsychosocial



by allacronyms.com



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A. Bio-psycho-social model

- Clear evidence of patient's condition
- Step 1: **seating & setting**
 - Exclusivity
 - Involvement of significant others
 - Seating arrangement
 - Be attentive & calm
 - Listening mode
 - availability

- **Step 2: patient's perception**
 - Ask what do you know?
- **Step 3: Invitation**
 - What do you like to know
- **Step 4: knowledge**
 - What do you understand
- **Step 5: Empathy**
- **Step 6: summaries**
- **step 7: plan of action**
 - Role both played for managing disorder

B. Individual disclosure model

- What information patient wants
- Mutual trust & understanding
- It's assumptions are supported by evidence
- Amount of information given
- Disadvantage
 - Time consuming
 - Empathy not involve

C. Full disclosure Model

- Giving full information to every patient
- Promote doctor patient trust
- Detailed information
- Disadvantage
 - Confuse patients
 - Denial

C. Paternalistic Disclosure Model

- Information about patient's disease is right of the doctor
- Sugar coating to minimize pain and distress
- Involve expressions of sympathy

Non disclosure Model

- Deception should use if needed
- What is best for patient
- Easier and less time consuming
- Rejected
 - Summary
- Expectations
- Reaction of patient
- Reaction of health professional



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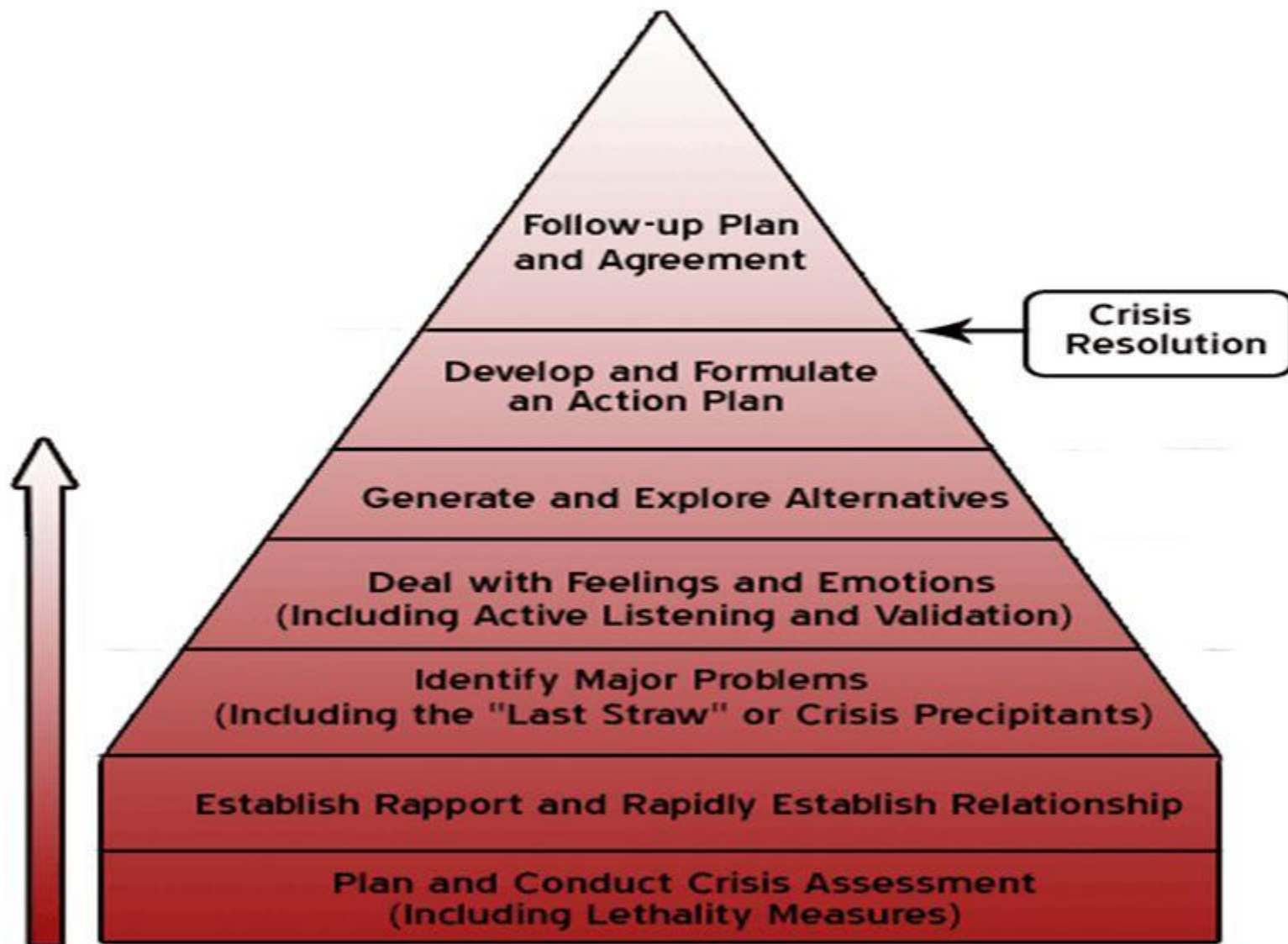
Crisis Intervention

- **Crisis** is a time when a difficult or important decision must be made.
- A situation crisis is where a person is faced with a stressful or traumatic event which could be a natural or manmade disaster.
- **Crisis Intervention** is used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.

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Roberts' Seven Stage Crisis Intervention Model



Disaster Management



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Disaster management

- A crisis involve three main phases :
 - Emergency
 - Rehabilitation
 - Recovery
- trauma is physical as well as psychological
- Women, children and elderly more immune than youngster and men
- Provision of early psychosocial support promote early recovery
- All medical and psychosocial care should be part of disaster relief (holistic model)



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Conflict Resolution

- **Conflict:** is a state where two forces oppose each other
- Conflict arises in situation where individuals and groups are not getting what they want or need.
- Conflict has the quality to divert attention from the main activity, undermine morale, polarized people or groups and thus leads to irresponsible or harmful behavior

Common cause of conflict in healthcare settings

- Assumptions are being made (by patients and doctors)
- Knowledge is minimal
- Expectations are too high
- Personality , race , gender or social class differences exists
- Needs and wants are not being met
- Values are being tested
- Perceptions are being questioned

Methods of conflicts resolution

- The problem is not conflict itself, but rather how we deal with it. The good news is effective conflict management strategies can be learned and mastered. While there are many different types of conflict, let's discuss some strategies for managing interpersonal conflict.

7 strategies to (OCM) organized conflict management

- i. Meet conflict head on
- ii. Show mutual respect
- iii. Win-win situation
- iv. Work on your communication skills
- v. be honest
- vi. Agree to disagree
- vii. Leave individual egos out of negotiations
- viii. Let the negotiation team create the solutions
- ix. Respect the differences
- x. Undertake a deep analysis of the conflict

Do's and Don'ts

Do's and Don'ts In crisis intervention

Do say	Don't say
These are normal reactions to an abnormal situation	It could have been worse
It is understandable that you feel this way	You can always get another car/house or another child
It was not your fault; you did the best you could	It is best if you just stay busy
I'm sorry that this happened	I know just how you feel
Things will get better, and you will feel better, although things will never be the same again	You need to get on with your life

A brown cardboard envelope is shown with a matching card partially inserted. The card features the words "thank you!" in a large, bold, black, sans-serif font. The envelope and card are set against a plain white background.

**thank
you!**

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