

DIALOG+ Manual

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INTRODUCTION

DIALOG+ is an intervention specifically designed to make routine patient-clinician meetings therapeutically effective.

The intervention is based on quality of life research, concepts of patient-centred communication and principles of solution-focused therapy. It seeks to ensure that the patient-clinician communication is effective in facilitating and promoting positive change. DIALOG+ consists first of an assessment of the patient's satisfaction with eight life domains and three treatment aspects and an indication of their wishes for more help in each area.

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 4-step approach is used to address the patient's concerns and agree on further actions. The agreed actions will be shown at the beginning of the following meeting in which DIALOG+ is used.

DIALOG+ is supported by software, which runs on an iPad and Android tablets (also Android smartphones). The apps on both platforms differ very slightly, and this manual covers how to provide the intervention as a whole.

The tablet can be held and the touchscreen operated by the patient or the clinician. It can also be passed between patient and clinician or – at later stages of the session – be put aside on a table when not required. Even when the tablet has been put aside, both the patient and clinician should be able to see the screen.

At the first session, the clinician should explain the procedure to the patient as they go along. At repeat sessions, the explanation may be shorter or not needed at all.

PATIENT RATINGS

To begin with, the patient rates his/her satisfaction with 11 areas. Eight of the 11 areas are life domains: mental health, physical health, job situation, accommodation, leisure activities, relationship with partner/family, friendships, personal safety. Three areas are treatment aspects: medication, practical help, and meetings with clinicians. The questions on life domains reflect subjective quality of life, while the questions on treatment aspects reflect treatment satisfaction.

If patients ask for the meaning of the items to be clarified, clinicians can provide an explanation, but this should be very brief and general. There are no precise definitions for the 11 areas, and each question covers the patient's general satisfaction with the given area, e.g. with their current job or with the fact that they do not have a job. The treatment aspects reflect satisfaction with the medication (or – when appropriate - the fact that they do not receive any), their meetings with the clinicians in the given service, and every other type of practical help and access to resources (e.g. benefits, job centres, accommodation, contact centres) that the service may provide.

If the patient feels there are multiple parts of a life domain (e.g. family *and* partner) or a treatment aspect (e.g. different drugs) and that their satisfaction with these different parts varies, they should be encouraged to rate the part that is currently most important to them.

The 11 areas do not directly address every possible problem that patients may have, but they have been shown to allow patients to raise any concern that is important to them. For example, there is no question on the scale in relation to financial situation, although this is important to many patients. Yet, they usually reflect concerns about their financial situation in ratings of other life domains in which finances are relevant such as job situation or leisure activities.

The satisfaction ratings are provided on a scale of 1 ('totally dissatisfied') to 7 ('totally satisfied') with 4 ('in the middle') being the neutral middle. Following each satisfaction rating, there is a question as to whether the patient wishes to receive more help in the given life domain or with the given treatment aspect. These questions are to be answered with yes or no.

On initiating the software, the clinician and the patient are presented with the first area, which is mental health. The remaining 10 areas are visible underneath, in truncated form (see Figure 1).

Assessment

How satisfied are you with your mental health?

1 2 3 4 5 6 7

totally dissatisfied very dissatisfied fairly dissatisfied in the middle fairly satisfied very satisfied totally satisfied

Do you need more help in this area? Yes No

Physical health

Job situation

Accommodation

Leisure activities

Partner / family

Friendships

Personal safety

Medication

Practical help

Meetings

Review Select Discuss Action Items Finish Session

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

The patient provides ratings for each area. When answering a question, the other questions are truncated, with the already provided answers still visible. The ratings should not be discussed at this stage.

Patients can choose not to answer a particular satisfaction question. However, once a satisfaction rating has been given, the question for more help must also be answered.

REVIEW OF RATINGS

On completing the ratings, the patient and clinician can see an overview of all the ratings and answers to the questions as to whether more help is needed. The overview can be used for a brief reflection of the current strengths and problems in the patient's life.

Comparison with previous ratings

From the second use of DIALOG+ onwards, the current ratings can be compared with those of any single previous session. The ratings from the selected past session appear in orange, next to the ratings from the current session which are shown in blue (see Figure 2). The bars represent the satisfaction ratings, the ticks the answers to the questions as to whether more help is needed.

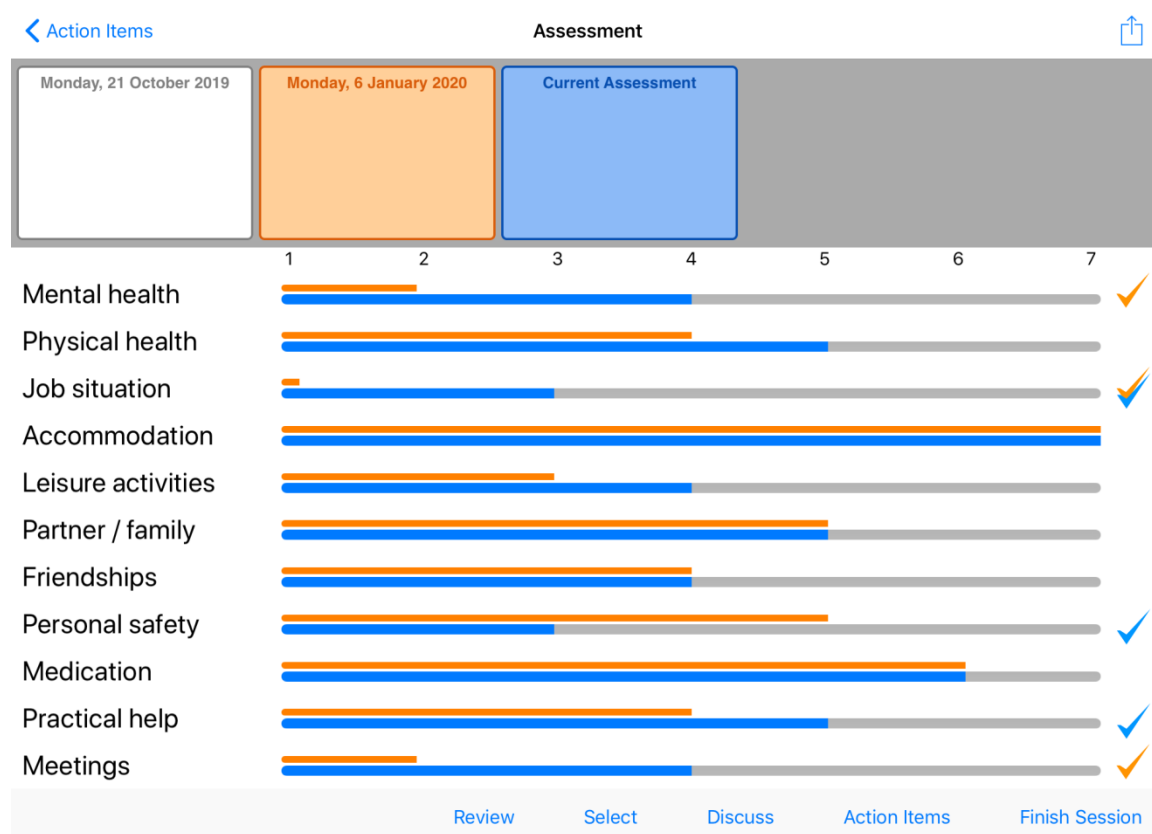


Figure 2: Timeline feature. Dates of previous meetings are displayed at the top. Pressing on any of these will display the ratings from that date in orange

Positive feedback

To initiate the review with the patient, the clinician should briefly comment on positive

ratings, generally those rated at 5 or higher, and - from the second session onwards - those that have improved compared to the previous session. If there is no area rated 5 or higher and no improvement since the previous session, the clinician can provide a positive comment on ratings that are relatively higher than others. This is 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! What did you do to achieve this?”

“What are you doing differently that makes you very satisfied?”

“That’s very good! How can you maintain this?”

Selection of areas for further discussion

Once the ratings have been summarised and possibly compared with previous ratings, the patient decides which area(s) should be discussed in the current session. These areas will be discussed in greater depth using the ‘4-step approach’, described later in this manual. No more than three areas should be selected for discussion in one session. Depending on time constraints, this can be reduced to two or even one area, in which case this should be stated clearly by the clinician before the patient is asked to select area(s) for discussion. In case the patient struggles to select any area, the clinician can suggest one and ask for the patient’s agreement.

Commonly, areas with low satisfaction ratings (particularly those with ratings below 4) are selected. However, the selection is at the patient’s discretion. For example, they may want to discuss a life domain or treatment aspect on the basis of a request for additional help or a recent concern even though the current satisfaction rating is 4 or higher. Selected areas are highlighted on the screen.

When an area is selected for discussion, a ‘pop up’ screen will appear (see Figure 3) to assist the patient and clinician in going through the 4-step approach described later in this manual.

The discussion of each area ends with the documentation of actions. Patient and clinician can then move on to the next selected area. When all selected areas have been discussed and agreed actions been documented, the clinician can finish the session and save the data.

In the next part of the manual the 4-step approach is explained.

THE 4-STEP APPROACH

The patient’s concerns in each area selected for discussion is addressed in a 4-step-approach. The approach is intended to help patients and clinicians to understand the patients’ concerns (‘understanding’), identify scenarios for improvement (‘looking

forward'), explore options for actions ('exploring'), and finally agree on actions for improving the patients' condition and social situation ('agreeing').

When discussing an area, the screen shows (see Figure 3):

- the current rating in the given domain,
- the request for additional help (if applicable),
- the 4 steps of the 4-step approach, and
- a text box for documenting agreed action in the 4th step.

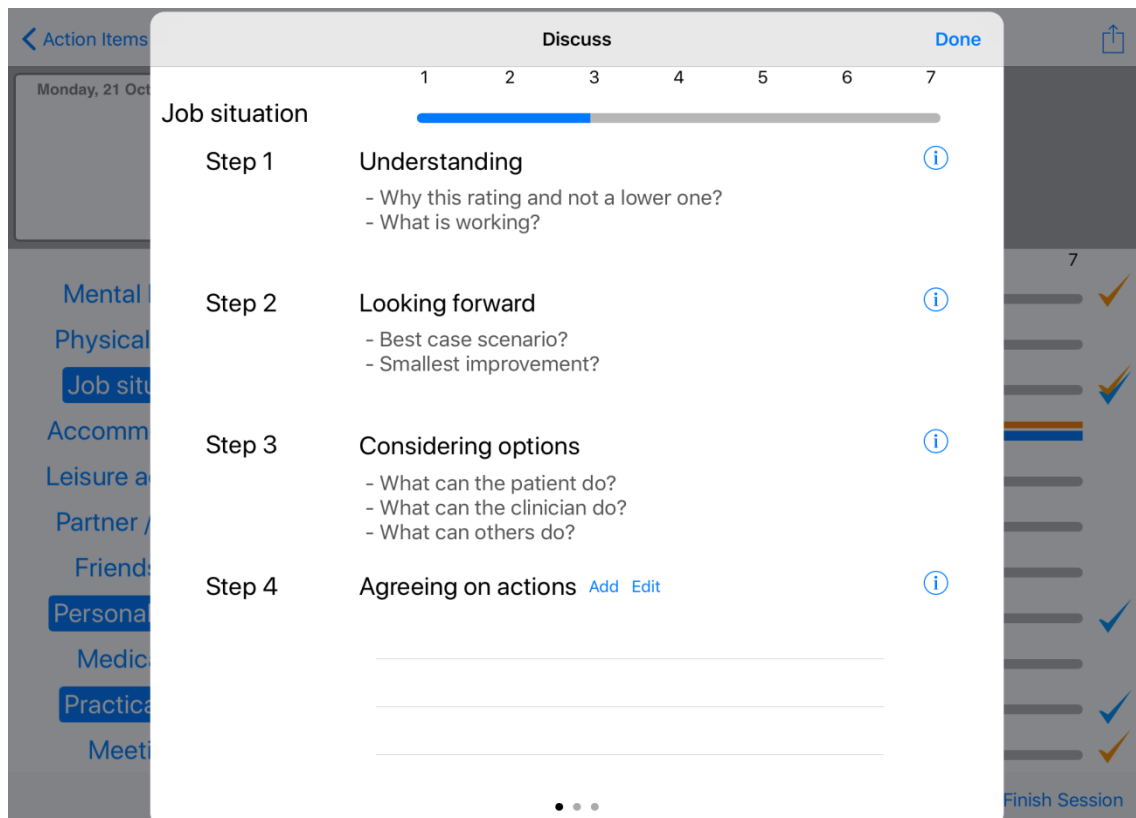


Figure 3: The 4-step approach as depicted in the software. The area for further discussion is visible at the top, with a summary of the steps to be taken underneath.

The four steps are:

1 Understanding – exploring both positive and negative aspects of the situation in the given area. Patients are first asked to explain the reasons for their concerns and dissatisfaction (where applicable). Then patients are encouraged to consider their existing strengths or coping strategies within the situation.

2 Looking forward – directing patients from a description of the problem to considering desired alternative scenarios. Patients are asked to imagine what changes they 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 patients 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 patients’ 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.

On pressing the ‘i’ button on the screen a page appears with an explanation of the given step and illustrating examples.

STEP 1: Understanding

The aim of step 1 is for both patient and clinician to gain a shared understanding of the patient’s current situation. There are two parts to understanding:

(i) Exploring

First, the clinician should explore the patient’s concerns related to the given life domain or treatment aspect, including the reasons for why they have selected it for discussion, e.g. why they have rated their satisfaction as low or feel that they need more help.

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, clinicians should now ask patients to identify what is working well within the current situation and why the rating is not even lower than it is (or when the rating is a 1 how the patient has managed this situation). The assumption is that, no matter how bad things may be, patients somehow manage 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 2: Looking Forward

Having explored both negative and positive aspects of the current situation in the selected area in step 1, step 2 focuses on the future and establishes the patient’s desired changes to their situation. This is to encourage patients to think about and describe what an improvement in their situation would look like, and what changes would be a sign of progress.

Clinicians should seek to elicit a clear picture of the future from the patients 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. Frequently, the best-case scenario cannot occur very soon, and sometimes not at all. Nevertheless, it should always be acknowledged and respected by the clinician as the patient’s goal.

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, what would that situation look like?”

“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 the patient to describe small changes that would still make a meaningful difference to their life. The patient is asked to consider what smallest change would still mean an improvement usually of just one point on the rating scale.

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 – 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 3: Exploring options

Having introduced a forward-looking perspective in step 2, in step 3 the patient and clinician explore what may be done to bring about the desired changes. These options involve what the patient might do themselves, what the clinician might do – potentially involving other services -, and what other people in the patient’s life or in professional services might do. The clinician asks the patient about all the options they can think of as potentially helpful.

The clinician can also propose different options themselves, and ask for the patient's opinion on them.

In step 3, three kinds of questions can be asked:

1. 'What can the patient do?'

First, the clinician invites the patient to think 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 the clinician can do'

Next, the clinician asks the patient about what the clinician might do to support the patient, and what resources or services they can provide. The clinician can also provide their own suggestions about what they might do.

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 other people can do'

In the last part of step 3, the clinician asks the patient what other people might do to help them improve their situation. Other people could include friends, family members,

relatives, neighbours, colleagues, befrienders, support workers, fellow patients or other supporters.

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 4: Agreeing on Actions

Through steps 1 to 3, both the patient and clinician have developed an understanding of the patient’s current situation, thought about desired changes for the future, and identified options for moving forward. The goal of step 4 is to reach an agreement on what action(s) should be taken, and by whom.

Sometimes, having considered the various options in step 3, 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?”

Occasionally, 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 session in which case this should also be documented.

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 (see Figure 3). The documentation should be brief, but precise, i.e. who is supposed to do what, if possible expressed as behaviour that can be reviewed.

At the end of a session, all agreed actions across all discussed areas should be summarised. Normally, no more than a total of three actions should be given to the patient in one session.

The summary of actions can be printed from a screenshot of the tablet screen, written in a notebook or sent as a message to the patient’s phone via email at the end of each session.

REVIEWING ACTIONS

From the second use of DIALOG+ onwards, sessions should start with a review of the actions that were agreed at the previous session. A reminder of the agreed action(s) will appear at the start of each repeat session. The review should be brief and focus on what actually happened. Clinicians should positively comment on any actions that were implemented by the patient, but refrain from analysing the reasons for why one or more agreed actions may not have been implemented.

SUMMARY OF THE 4-STEP APPROACH

1. Understanding

a. Exploring 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 accommodation?”*



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



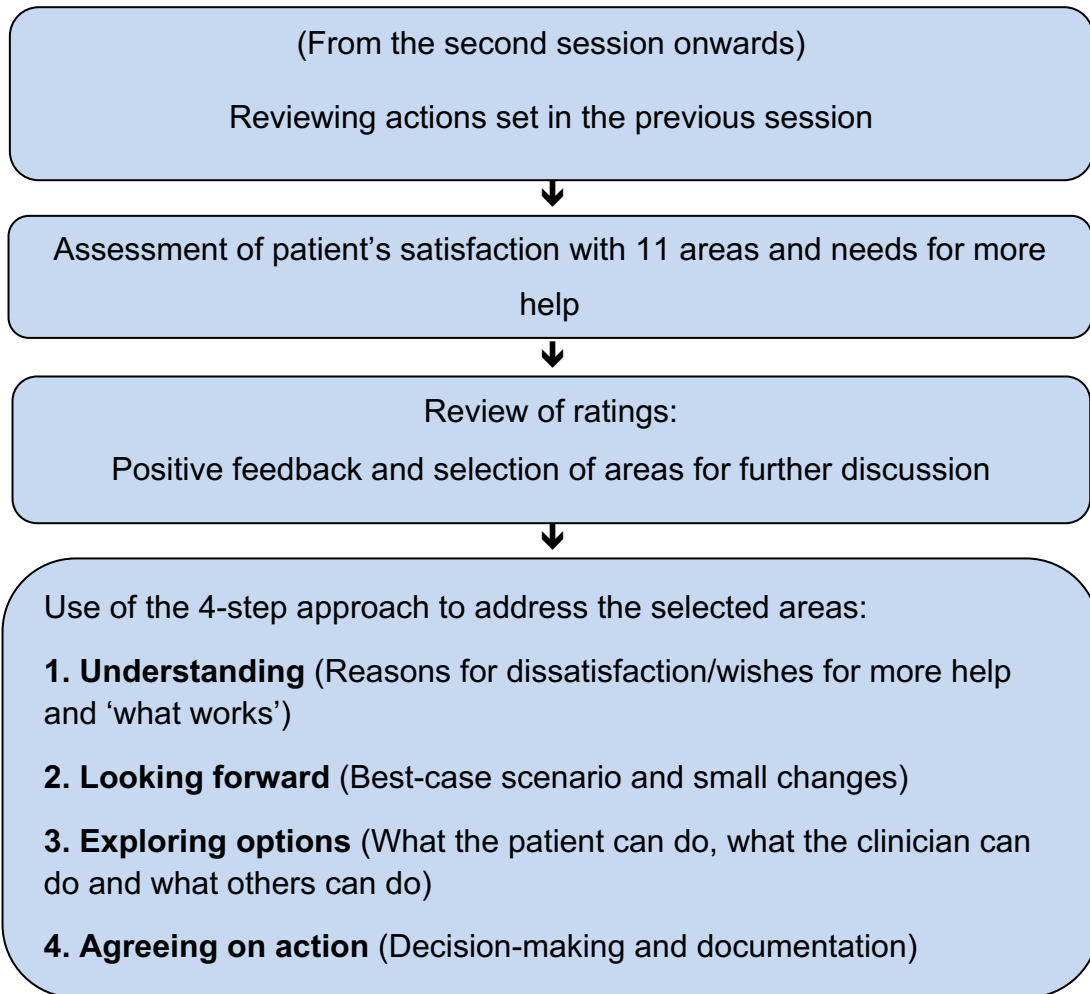
4. Agreeing on action

Guidelines

Summary of what was discussed

Documentation of what patient and clinician have agreed on

SUMMARY OF DIALOG+



An original manual was produced by Stefan Priebe¹, Eoin Golden², Kleomenis Katevas¹, Pat Healey¹ and Rose McCabe¹ (¹Queen Mary University of London; ²East London NHS Foundation Trust) in 2012. The manual was substantially revised and amended by Stefan Priebe in 2020. For queries relating to the manual and training, please contact Stefan Priebe at Queen Mary University of London, E-mail s.priebe@qmul.ac.uk.