

# **Functional Medicine University's Functional Diagnostic Medicine Training Program**

## **Module 8 \* FDMT571B, C, D**

### **Patient Readiness**

*Communication Skills, Spiritual Aspects of Death & Dying,  
and Bereavement and Grief*

By Wayne L. Sodano, D.C., D.A.B.C.I., & Ron Grisanti, D.C., D.A.B.C.O., M.S.

<http://www.FunctionalMedicineUniversity.com>

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### **Patient Readiness: Understanding Change<sup>1</sup>**

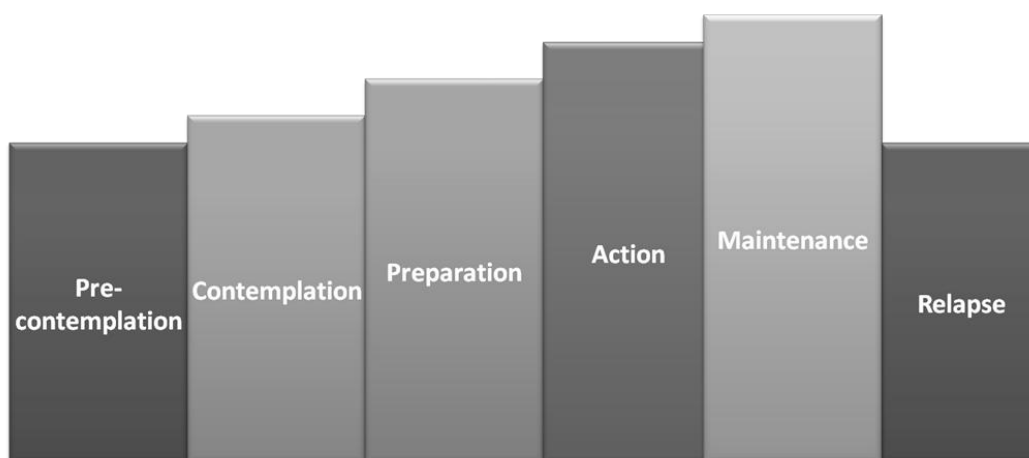
Helping patients in behavior change is an important role for physicians. Understanding patient readiness to make change, what hurdles are involved, and anticipation of possible relapse can greatly improve the change process, treatment outcomes, and reduce frustration for both the physician and patient.

Although much has been written about the role of physicians in improving patient outcomes with behavioral changes, until recently, recommendations have fallen short in relationship to understanding the change process. Simply advising the patient that a change is necessary often leaves the patient misinformed about how to approach the change; while alternately, if the primary focus of the office visit is used to stress the importance of change, the physician may be perceived as being too aggressive.

Physicians should understand when approaching an intervention of change, 'one size does not fit all'. Physicians can enhance each stage of change by taking specific action if there is an understanding of the identifiable stage in which the patient falls. In this lesson we will explore 'The Stages of Change' model, the characteristics of each stage, and the approach that physicians can take to implement and assist the patient in maintaining change long term.

Note: It is not uncommon for patients to spend years in the contemplation stage, or to relapse after a change has been implemented. The approach to guiding the patient through all stages of change should always include empathy, praise and encouragement, and validation, but even more so when they encounter struggle or doubt their ability to accomplish the change.

**Required Reading:** A 'Stages of Change' Approach to Helping Patients Change Behavior may be found on the on-line library at [www.FunctionalMedicineUniversity.com](http://www.FunctionalMedicineUniversity.com)



**The Stages of Change Model<sup>1</sup>**

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**Pre-contemplation Stage**

Patient Characteristics

- No consideration of change
- In denial (doesn't apply to me)
- Feelings of 'immunity' (things happen to other people; consequences are not serious)
- Given up (tried unsuccessfully in the past; believe there is no control)

Goal

- To get the patient to think about change

Physician Interventions

- Ask the patient
  - What would have to happen in order for them to recognize that there is a problem
  - Would they recognize the warning signs that there is a problem?
  - Has a change been attempted in the past?

**Contemplation Stage**

Patient Characteristics

- Undecided about change
- Views change as a loss in spite of possible gain
- Recognizes need for change but evaluates barriers ('yes, but..' time, expense, hassle, etc)
- Often weighs benefits

Goal

- To have the patient recognize barriers and benefits of making change

Physician Intervention

- Ask the patient:
  - What would you like to change and what do you think would help?
  - What reasons/barriers do you have for not making change?
  - Have you attempted change in the past? If so, what helped?
  - What do you think you need to help you?

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*Note: It is a natural tendency to try to 'convince' patients that are in denial or appear argumentative about change. This usually results in resistance on the patient's part. Patient resistance is indicative that the physician has moved too far ahead of the patient in the change process and reverting back to showing empathy and thought-provoking questions is required.*

**Preparation Stage**

Patient Characteristics

- Prepares for or experiments small change
  - 'sampling' changes in dietary recommendations, exercise, or decreasing bad habits

Goal

- To move the patient into the 'Action Stage'

Physician Intervention

- Strategies should move from motivational to development of behavioral skills
- Encourage the patient to address their barriers more in depth
- Offer educational material, encourage questions from the patient

**Action Stage**

Patient Characteristics

- Takes definitive action to change
  - Committed and receptive about continual behavior change

Goal

- To move the patient to the 'Maintenance Stage'

Physician Intervention

- Continue to ask about any difficulties or successes that the patient is having
- Encourage the patient by offering praise and admiration for their accomplishments

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**Maintenance**

Patient Characteristics

- Maintains behavioral change long term

Goal

- To have the patient avoid relapse

Physician Intervention

- Continue to ask the patient how they are doing with the change
- Be generous with encouragement through admiration and praise

**Relapse**

It is not uncommon for patients to recycle through the stages of change a number of times before the change becomes established long term. It is essential that discouragement over these occasional slips not result in the patient giving up. Because the patient may feel demoralized during this time, it is important that they receive support to re-engage their efforts with what was working up to this point. Encourage the patient to identify the pitfalls and environments that contributed to their relapse. The goal is to shift the focus away from failure, offer encouragement, and reestablish realistic goals to prevent further discouragement. One of the most difficult relapses to overcome is when a patient experiences grief.

If your patient is open to having family members or others close to them help them with change, it is beneficial to educate those chosen on how to help the patient. It is also important to recognize that the help of other health care professionals may be necessary to reinforce change (e.g. mental health personnel, nutritionists, etc). This can also reduce the burden on the physician and be beneficial to the doctor-patient relationship.

It is also important that documentation is maintained throughout the change process, including the specific tasks and plans for follow up.

## **Grief**

### **The Five Stages of Grief**

*"To feel too much is dangerous, to feel too little is tragic."* – David Kessler

David Kessler and Elisabeth Kübler-Ross, M.D. have dedicated decades of their lives to understanding death and dying and the grieving process and are considered to be the most renowned authorities on the subject. Before her passing in 2004 Dr. Kübler-Ross and Mr. Kessler identified the five stages of grief which are discussed in detail in the book 'On Death & Dying'.

These five stages should be looked upon as identification of feelings and do not necessarily mean that everyone experiences them in a prescribed order. Nor are they meant to imply that there are typical responses to loss. Everyone grieves loss as individually as the lives in which they live.<sup>2</sup>

#### **Denial**

- Nature's way of letting in only as much as can be handled
- Makes survival possible
- Helps to 'pace' feelings of grief
- As it begins to fade, feelings that were being denied begin to surface

#### **Anger**

- Necessary stage of the healing process
- Underneath anger is pain
- The more it is allowed to be experienced, the sooner it will begin to dissipate
- Has no limits-often the presence of abandonment is present
- The amount of anger can indicate intensity of the love for the loved one lost

#### **Bargaining**

- Before a loss: 'I will never...if you let...live'
- After a loss: 'What if I...' (maybe the tragedy didn't happen; maybe it was a bad dream)
- Guilt is often this emotion's companion
- Negotiation out of the emotional pain

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Depression

- Usually after 'bargaining'
- Usually the deepest emotion
- Feels as if it will last forever
- Must be understood that this is not to be considered mental illness
- Very unusual not to experience

Acceptance

- Not to be confused with being 'ok' with the loss
- Is about accepting the reality and permanence of loss
- Has its good and bad days
  - Changes, growth, evolution in daily living begin to occur
  - Sometimes a feeling of 'betrayal' to the loved one lost can present itself (for 'moving' on)

Grief is an emotion that will inevitably be experienced by everyone at some point in their lives. It is important to recognize that children experience a process of grieving just as adults do. When faced with a loss of someone they love, adults are faced with the difficult task of helping children to deal with the loss while trying to cope with the aftermath that follows. Because this is difficult to manage, children often become the 'forgotten grievers'.

When a Child Grieves

Children and teens may experience many of the same feelings as adults, but often do not have the verbal capacity to communicate it effectively, so they may express it indirectly. They also may find it harder to share their feelings, so the intense sadness may be concealed or even denied and expressed in many other ways.

As functional medicine practitioners, it is important to recognize the grieving process in your adult and pediatric patients. For those physicians who do not treat pediatric patients, it is strongly encouraged that you learn to recognize the symptoms of grief in children in order to help your adult patients deal with unexpected or misunderstood aspects of their own grieving children.

Some common traits of a grieving child may be:

- Anger
- Guilt
  - Believing the loss was somehow their fault
- Increased imagination or magical thinking
  - As the 'forgotten griever', often helps to understand the loss



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- Preoccupation with death/dying
- Anxiety
  - About their own death or being left alone if others die
- Insecurity
- Physical symptoms
- Stomach or headaches
- Insomnia
- Disturbing dreams
- Irritability and fatigue
- Due to sleep disturbances
- Change in appetite
- Hyperactivity
- Withdrawal

The grief reactions of children will vary according to the age and developmental stage of the child.

Because we must remember that grief is both normal and healthy, we should not be overly concerned by the various emotions and behaviors that are seen in children unless they are extreme. If the child is showing signs of prolonged withdrawal or depression, self destructive behavior, or behavior that is harmful to animals, property, or other people, this is considered to be signs of problematic grieving and must be referred to a mental health professional.

#### Developmental Stages of Grief

##### First few years

- Although the permanence of death may not be fully understood, a reaction will occur
- Loss is difficult to comprehend; 'forever' has no real meaning
- May view a loss as temporary
- May regress to an earlier behavioral stage such as thumb sucking or bed wetting or other behavior long outgrown.

##### What can help

- Simple, concrete explanations and repeat them as often as asked
- Include the child in a memorial ritual
- Be consistent in routines
- Expect regression
- Offer lots of physical closeness and nurturing
- Read story books about death and loss

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Early school years

- Begins to understand death is permanent, but feels it is something that only happens to other people
- Tend to focus on physical connotations of death – skeletons, angels

What can help

- Be truthful
- Encourage expression of feelings through art, journaling, music
- Encourage physical activities
- Maintain routines and structure but expect to be flexible

Ages 9-12 years

- Able to see death as universal, personal, and final
- Any 'magical thoughts' are replaced with an understanding that death is irreversible
- Fear may be heightened which prompts an increased amount of questions – funerals, possible afterlife, the state of the physical body

What can help

- Expect and accept mood swings
- Be supportive and encourage sharing of feelings
- Accept increase in concern over own physical body
- Encourage support and don't avoid healthy grieving

Teenage years

- All major aspects of death are understood
- May continue to express grief by 'acting out' or withdrawing
- Expresses grief through music, art, or journal writing

What can help

- Listen and encourage expression of feelings
- Be truthful and factual with explanations
- Accept appropriate grieving responses
- Recognize long-term grieving or depression and need for additional support

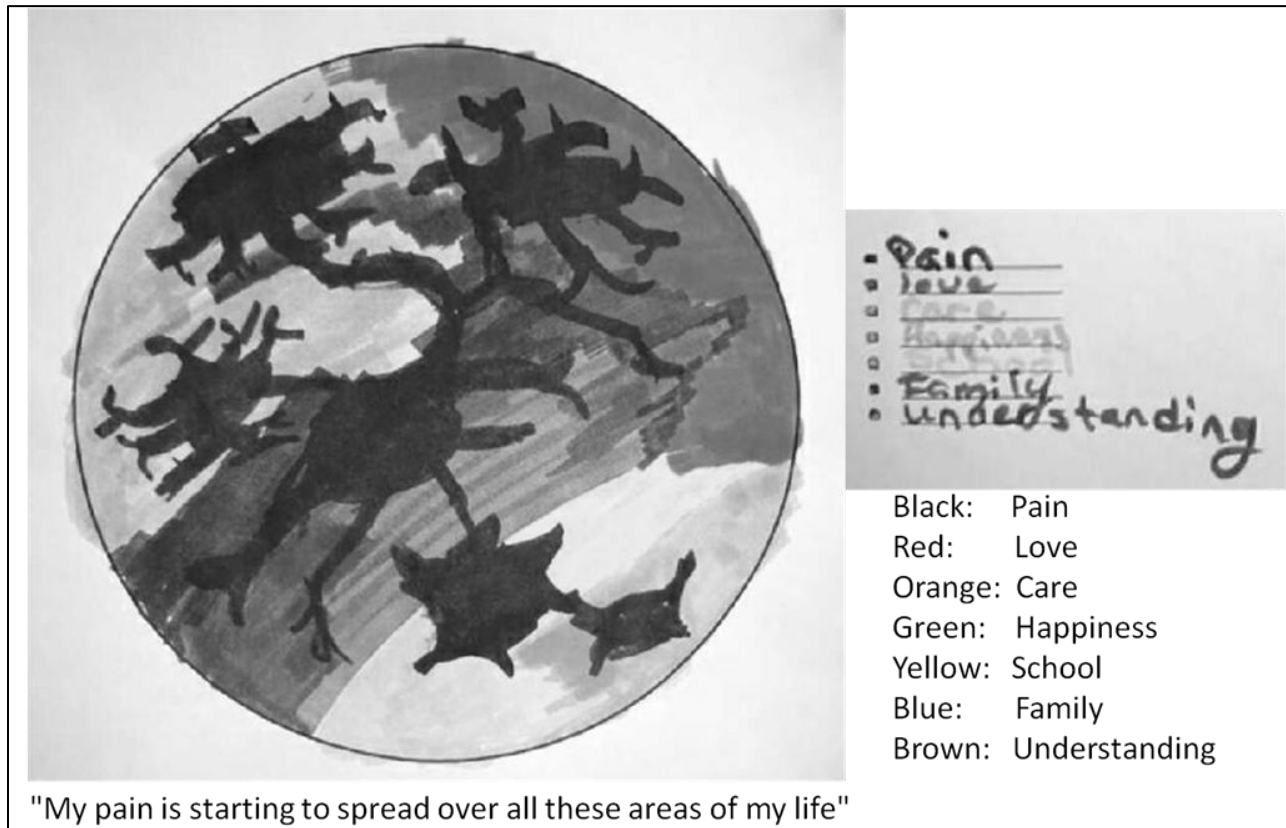
It is important to note that as children mature their understanding of death and loss and the meanings that it has for them also changes. Thus, children will often 're-grieve' at different stages of their lives, usually when a special milestone occurs (i.e. graduations, religious passages).

It is essential that adults are available for the child over the long run. Children need constant reassurance that they are loved and will not be abandoned. Adults should be prepared to provide complete information and not assume that the child already knows. Adult emotions should not be hidden – but to a careful extent. Children and teens will learn how to grieve by observing adult reactions and sharing of emotions. However, just as children should not take on adult responsibilities in the aftermath of a loss, neither should they become the adult's support system.<sup>3</sup>

### Expressions of Grief Through Art

As mentioned earlier, expression of emotional grief in children is often revealed through means other than non-verbal communication. Here, we look at a 13 year old boy's expression of emotional pain through his art work. Note the graph that he provided which indicates what each color represents and the verbal description of his pain. It's very clear that the dark color of pain is over riding positive aspect of his life, including 'understanding', and the darkness of the colors show his depression and unresolved grief.

Virginia Simpson, PhD, FT , a bereavement care specialist working with this boy advised me that she immediately recognized how deeply disturbed he was and referred him for further psychiatric help.<sup>4</sup> It is important to note that pictures should be used a tool and not solely relied upon to make a determination of the emotional status of the child. Other factors should include behavioral changes, verbal communication, sleep disruption/disorders, and the length of time and depth of the grieving process.



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Much research has been done on the topic of art therapy to determine the emotional state of patients in areas of grief, harassment, sexual abuse and other traumas in both children and adults. Mention should be also be made on the significance of spontaneous pictures by severely ill children. The most noted clinical research in 1901 (Morgenthaler), 1906 (Mohr), and 1922 (Prinzhorn) drew attention to the fact that children produce primitive motifs, colors, etc. It was Freud's discovery of the unconscious realm that laid the foundation for interpretation. However, it was C.G. Jung's discovery that basic symbols of a universal nature are expressed in spontaneous manifestations. Today, it is generally recognized that the use of doodles and spontaneous pictures can be psychologically significant and valuable in psychotherapy and child guidance work, and thus, have almost become a matter of common place.<sup>5</sup>

### **Spirituality**

Spirituality has been described as having a sense of connection and meaning, having a personal belief in a supreme being along with an ultimate set of values, having an investment in those values, and having an inner wholeness or peace within or outside of formal religious structures.

Research has shown that patients believe that spiritual health is as important to them as physical health. Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses. Some studies indicate that those who are spiritual tend to have a more positive outlook and a better quality of life. For example, patients with advanced cancer who found comfort from their religious and spiritual beliefs were more satisfied with their lives, were happier, and had less pain.<sup>6</sup> Spirituality is an essential part of the "existential domain" measured in quality-of-life scores. Positive reports on those measures—a meaningful personal existence, fulfillment of life goals, and a feeling that life to that point had been worthwhile— correlated with a good quality of life for patients with advanced disease.<sup>7</sup>

It is important that the functional medicine practitioner know when a discussion of spirituality is indicated. This approach should be based on:

- The doctor-patient relationship
- Degree of illness or emotional suffering
- Personal history
- Social context
- Clues that the patient gives on how important the subject is to them.

Remember – If you really want to help someone – Listen. The best approach is to simply ask the patient how important the role of spirituality or religion is to them and whether they wish to discuss it further with you or someone else.

If the patient is comfortable discussing the subject, the physician should be clear about the patient's beliefs and what sort of practice(s) they make part of their lives.

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If the patient appears uncomfortable with the discussion, other methods of moving the patient toward spirituality as it relates to stress management is by introducing them to meditation, yoga, or other relaxation techniques. However, caution should be taken in which method of stress reduction to use. For instance, if the patient is depressed, meditation may not be the best option.

If the patient expresses a desire for further discussion with someone else, the physician should determine what the patient's expectations are as it relates to this approach. If the patient has not established an allegiance to a specific faith, referring to a spiritual counselor or leader may be in order. However, referral to a spiritual counselor who is trained in spiritual and psychological elements could be the better option. If neither of these seem to be fit, a support group that focuses on the spiritual or emotional needs of the patient may be more fitting. Once a recommendation or referral is made, always follow up with the patient on the outcome.

We discussed the importance of the clinical aspect of physicians identifying the emotional status of adults and children through non-verbal communications. It is equally important that the patient identifies and understands their emotions as part of growth. Methods of helping patients to get in touch with their feelings may include:

- Keeping a journal
- Listening to or playing music
- Writing poetry
- Painting or drawing
- Planting a garden
- Volunteering

### **Summary**

As functional medicine practitioners, the psychological and mental health of our patients plays an important role in helping them achieve lifelong physical health. With the ability to identify and understand the patient's readiness to change, their emotional state of mind in making change, and the hurdles in which they face, we are able to develop a sense of trust and rapport with them that promotes positive treatment outcomes.

We must also be realistic about identifying when there is a need for third party intervention while continuing to be available for the patient. This approach will only serve to solidify the doctor-patient relationship as healthier behaviors progress.

Most often, we tend to rely on the 'hard copy data' of testing to determine a patient's health care needs. The techniques discussed in this lesson helps us to realize that the medicine we should practice does more than rely on the physical aspect, but also on the spiritual state of the patient.

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**References**

1. *A 'Stages of Change' Approach to Helping Patients Change Behavior*, Gretchen L. Zimmerman, Psy.D., Cynthia g. Olsen, M.D., and Michael F. Bosworth, D.O., Wright State University School of Medicine, Dayton, Ohio
2. <http://grief.com>, Elizabeth Kubler-Ross, M.D., and David Kessler, *The Five Steps of Grief*
3. *When A Child Grieves*, Hospice of Baltimore Training Program 1999, 6601 N. Charles Street, Baltimore, Maryland 21204
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7. *The McGill Quality of Life Questionnaire: A Measure of Quality of Life Appropriate for People with Advanced Disease. A Preliminary Study of Validity and Acceptability*, Cohen SR, Mount BM, Strobel MG, Bui F, Department of Oncology, McGill University, Montreal, Quebec, Canada, *Palliat Med.* 1995 Jul;9(3): 207-19

**Required Reading**

*A 'Stages of Change' Approach to Helping Patients Change Behavior*, Gretchen L. Zimmerman, Psy.D., Cynthia g. Olsen, M.D., and Michael F. Bosworth, D.O., Wright State University School of Medicine, Dayton, Ohio

**Recommended Reading**

*On Children and Death*, Elizabeth Kubler- Ross, MD, 1997, ISBN: 0-684-83939-3