

Life & Times

Books

Everything was still too raw for me to be able to understand what they had also been through. It would take some years before I could put myself in their position and realise that even though they had made mistakes, they had always wanted the best for me.

I didn't go back to see my GP, and the piece of paper with the number for the AIS support group remained folded up in my address book. It was only a year later that I was finally ready to dial those numbers and make contact.

THE POWER OF A GOOD GP

I still think about my GP and how brave she was to question the decision that I should never know the truth — and how she was able to really consider what was in my best interests. I often hear people saying that GPs aren't experts, which is true, they are not experts in specific medical conditions. However, they are experts in their patients — and often understand their patients in a way that no other speciality can achieve.

It was this GP that inspired me to apply to medical school as a mature student — and although I later specialised in a different area of medicine, it was this GP that made me see the difference a good doctor could make to someone's life.

I am now a trustee for <https://www.dsdfamilies.org>, an information and support charity for families facing these complex issues.

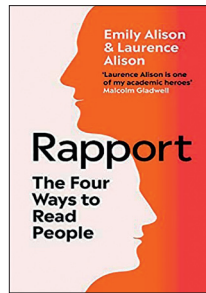
Parents often need to balance respecting their child's right to privacy alongside supporting them to grow up feeling positive about their bodies. GPs can play a vital role in helping to normalise these conditions. They can become part of a circle of trust, allowing children the opportunity to talk openly and understand that their different sex development does not have to be a secret.

Jo Williams,
ST5, Child & Adolescent Psychiatry.
Email: joella@doctors.org.uk

DOI: <https://doi.org/10.3399/bjgp20X713729>

Rapport. The Four Ways to Read People Emily Alison and Laurence Alison

Vermilion, 2020, PB, 368pp, £14.99, 978-1785042065



T-REX, LION, MOUSE, OR MONKEY — WHICH ONE ARE YOU?

Emily and Laurence Alison are clinical psychologists with extensive experience in interviewing criminal suspects, including suspected terrorists and murderers. This new book distils their approach at gaining rapid rapport and information gathering in difficult situations or under time pressure, and has many valuable lessons for primary care clinicians. It offers insights into why poor rapport may cause consultations to fail, and why we may be unable to help patients make changes in their lives that would improve their health outcomes. It is also helpful in recognising how to manage situations of distress caused by failures in healthcare settings and dealing with aggressive or angry individuals.

They propose the use of the acronym HEAR: Honesty, Empathy, Autonomy, and Respect, and illustrate it with well-chosen examples ranging from trying to obtain vital evidence regarding bomb plots to dealing with truculent teenagers. These skills could be transposed to the consultation, allowing a more comprehensive evaluation of the goals and perspective of a patient before entering

into discussions on treatment. They also explore the dangers of reactance as a result of the use of the 'righting reflex', where the interviewer tries to repetitively influence changes in the subject's behaviour. They suggest that techniques offering a range of options are more likely to promote change than directly giving advice or criticism. A further useful acronym is SONAR — the use of Simple reflections, Offering alternatives 'on the one hand', No arguing, Affirmations, and Reframing, in order to gain rapport and motivate.

Emphasis is placed strongly on autonomy and respect for others even when there are situations of personal antipathy. Further sections explore modelling of behaviour based on four illustrative animal groups — T-Rex, Lion, Mouse, and Monkey — and allow a plotting exercise of communication styles and reflective work on flexibility, enabling change from one style to another in different circumstances. This also encompasses issues that may be experienced working within teams and relating to coping with dominant characters in the workplace.

They observe that 'only you control you', and therefore it would make sense to invest in our interpersonal skills in order to improve our own self-awareness and outcomes for our relationships with patients, colleagues, and family. This is a useful addition to the established works on the consultation, and offers new insights to both doctors in training and the established clinician from a psychological approach.

Judith Dawson,
GP, Weavers Medical Centre, Kettering,
Northamptonshire; Clinical Lead for Leonard
Cheshire, a social care charity.
Email: judith.dawson3@nhs.net

DOI: <https://doi.org/10.3399/bjgp20X713741>