

COMMUNICATION: THE BATHE TECHNIQUE

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GOALS AND OBJECTIVES

GOAL: The goal of this seminar is to enhance your ability to communicate effectively with patients in a therapeutic relationship.

OBJECTIVES: At the end of the conference you will be able to:

1. Discuss multiple functions of a medical interview.
2. Explain the relationship between physical and mental health.
3. Model a technique for obtaining psychosocial data that helps establish rapport with patients.
4. Defend the importance of listening to and having patients edit their stories.
5. Express your commitment to practice medicine using the biopsychosocial model.

BATHE^{*}: A USEFUL MNEMONIC FOR ELICITING THE PSYCHOSOCIAL CONTEXT

Physicians often neglect to explore the psychosocial component of a patient's visit because of time constraints or fear of unearthing unmanageable problems. The acronym BATHE provides a structure to elicit the psychosocial context of the patient's visit, enhance rapport, provide social support and help the patient understand the body-mind connection.

"B" stands for Background. A simple question, "What is going on in your life?" elicits the context of the patient's visit.

"A" stands for Affect. (The feeling state) How do you feel about what is going on?" or "What is your mood?" allows the patient to report and label the current feeling state.

"T" stands for Trouble. "What about the situation troubles you most?" helps the physician and the patient focus, and may bring out the symbolic significance of the illness or event.

"H" stands for Handling. "How are you handling that?" gives an assessment of functioning and provides direction for an intervention.

Following this information, gathering, an understanding response is required to provide closure.

"E" stands for Empathy. "That must be very difficult for you." legitimizes the patient's feelings and provides psychological support.

When patients refer to new problems during the course of an interview, BATHE the patient in regard to each concern.

In a FAMILY CONFERENCE (especially in the hospital) each family member, in turn, is asked to respond to each component of BATH.

Background: Their perception of what is going on (with the patient).

Affect: Their affect. How they feel about the situation.

Trouble: What troubles them the most.

Handling: How they personally are handling it.

Then a question can be posed about how the family as a group can best handle things in order that the patient's needs and their own can be met.

Empathy: The physician's empathic response, acknowledging the legitimacy of each person's and the group's concern is then followed by discussion of the management options.

This protocol maximizes the potential for arriving at a satisfactory consensus.

*From: Stuart, M.R. & Lieberman, J.R. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician, 2nd Ed. New York: Praeger, 1993.