

Slide 1

Session 2:  
Change is Good, You Go First:  
Collaborating with Patients for  
Everyone's Health

Judith Schaefer, MPH  
Self-Managing Care: From Ideas to Solutions  
Toronto, CA  
February 17, 2010



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Slide 2

Assess: Agenda

- *"What are you hoping to accomplish by attending this session?"*
- *"What aspect of your self management support is most important to change?"*
- *Which of these behavior change ideas might you like to work on most?*



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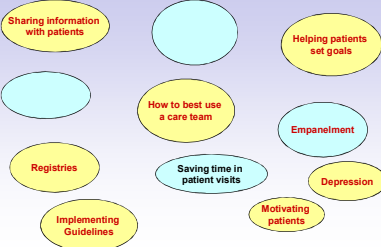
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Slide 3

What changes would you like to make in your practice?



Adapted from Stett et al., *Prim Practice*, 1995 by Barbara Konik of the BC Chronic Care Collaborative



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Slide 4

**Behavior Change Self Study**

- Think about the last time you tried to change any behavior - health or other behavior.
- How did you feel about the experience?
- Do you consider it successful?
- What helped or hindered your experience?



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Slide 5

**Collaborative Partnership**



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Slide 6

**Two Views of SMS**

- Portfolio of Tools and Techniques to help patients change behavior
- A fundamental transformation of the patient caregiver relationship into a **collaborative** partnership.



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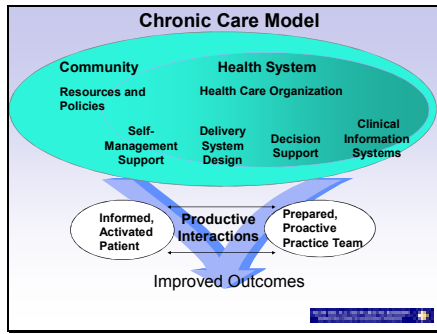
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Slide 7



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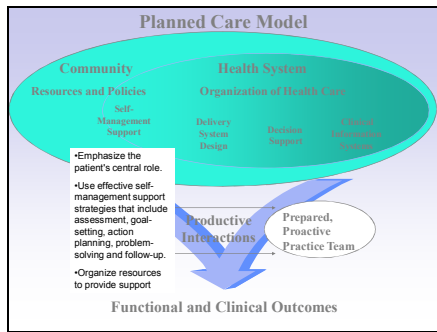
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Slide 8



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Slide 9

- Three Key Components**
- Patients with confidence and skills
  - Health care team prepared and organized
  - System with necessary supports
- A small logo is visible in the bottom right corner of the slide.

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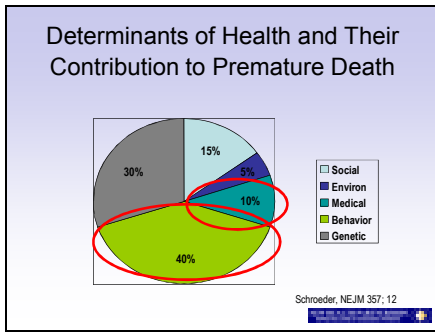
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Slide 13



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Slide 14

- ### Helping Patients Find Their Role
- In a planned care visit scheduling call
  - Waiting room bulletin boards
  - Letters from the practice
  - Visit prep form mailed before the visit
  - Others?

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Slide 15

- ### SMS Skills and Tools: Core Competencies
- Relationship Building
  - Assessing patients' needs, expectations and values
  - Information Sharing
  - Collaborative Goal Setting
  - Action Planning
  - Problem Solving

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Slide 16

**5As of Self-Management Support**

- **Assess** (readiness, conviction, confidence)
- **Advise and inform** (with permission)
- **Agree** (on goals and methods)
- **Assist** (overcome barriers)
- **Arrange follow-up**
- + **Build Rapport and the Relationship**

Whitlock et al, 2002 Am J Prev Med 22:267-84



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Slide 17

**Self Management Toolkit**

- <http://www.selfmanagementtoolkit.ca/>
  - Learning Modules - 5 A's
  - Resources
  - My Home Room -interactive space
- *Self-Management in Theory and Practice: A Guide for Healthcare Providers*

(Rollnick, Miller and Butler, Motivational Interviewing in Health Care, 2008)



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Slide 18

**The "Spirit of MI"**

- **Collaborative**
  - Partnership, shared decision making
- **Evocative**
  - Understand patient goals; evoke arguments for change
- **Honoring patient autonomy**
  - Patients ultimately decide what to do

(Rollnick, Miller and Butler, Motivational Interviewing in Health Care, 2008)



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Slide 19

**Motivational Interviewing**  
"New Principles"

- Resist the Righting Reflex
- Understand Patient Motivations
- Listen to Your Patient
- Empower Your Patient

(Rollnick, Miller and Butler, Motivational Interviewing in Health Care, 2008)

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Slide 20

**Motivational Interviewing**

**Core skills:**

- Asking
- Listening
- Informing

**Guiding - balancing the skills, flexibly applied**

(Rollnick, Miller and Butler, Motivational Interviewing in Health Care, 2008)

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Slide 21

**Listen for Change Talk**

- **D**esire – "I want to...."
- **A**bility – "I know I can...."
- **R**easons – "It will help me to...."
- **N**eed – "I have to because...."

(Miller & Rollnick, 1991; 2002; Miller, 2000)

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Slide 25

### Current Practice

- What strategies or tools are you currently using to engage patients in managing their conditions?



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Slide 26

### Assess: Agenda

- *“What are you hoping to accomplish today?”*
- *“What aspect of your diabetes care is most important to address?”*
- *Which of these self-care behaviors would you like to work on?*



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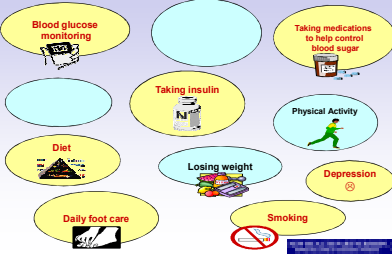
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Slide 27

If you have DIABETES, here are some things you can talk about with your health care provider

→ Add other concerns in the blank circles.



- Blood glucose monitoring
- Taking insulin
- Diet
- Daily foot care
- Taking medications to help control blood sugar
- Physical Activity
- Losing weight
- Depression
- Smoking



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Slide 31

**Challenge: Health Literacy**

- Nearly half of all American adults—90 million people—have difficulty understanding and acting upon health information.
- This affects ability to read and understand dosage instructions on medication bottles, poison warnings, appointment slips and consent forms

Health Literacy: A Prescription to End Confusion (2004). Institute of Medicine. Available at: <http://www.hsph.harvard.edu/healthliteracy>

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Slide 32

**Assist: When Conviction is Low  
Explore ambivalence**

- "What are the good things about changing?"
- "What's the down side of staying the same?"
- "What's the down side of taking action?"
- "What are the good things about staying the same?"
- "What would you have to give up in order to make this a priority?"



Health Literacy: A Prescription to End Confusion (2004). Institute of Medicine. Available at: <http://www.hsph.harvard.edu/healthliteracy>

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Slide 33

**Enhance Conviction:  
Respond to Ambivalence**

- Reflection
  - simple reflection and summaries
  - double sided reflection: "So on the one hand....., while on the other hand....."
- Empathy
- Acknowledge and affirm any change talk



Health Literacy: A Prescription to End Confusion (2004). Institute of Medicine. Available at: <http://www.hsph.harvard.edu/healthliteracy>

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Slide 34

**Enhance Conviction**  
**Rolling with Resistance**



Use your OARS

- Open-ended Inquiry
- Affirmation
- Reflections
- Summaries

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Slide 35

**Getting to Maybe**

- Acknowledge and appreciate current activity or situation
- Explore ambivalence
- Express empathy
- Affirm change talk

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Slide 36

**Agree - Collaboratively set goals**

- Consider patient readiness, conviction and confidence
- Consider clinician priorities
- Offer options
- Support patient autonomy and choice

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Slide 37

**Assist: Enhance Confidence**

*"How confident are you that you can follow the dietary guidelines I outlined?"*

Not at all confident 0 1 2 3 4 5 6 7 8 9 10 Totally confident

*"What makes you say 6?"*

*"What might help you to get to a 7 or 8?"*

*"What could I do to help you to feel more confident?"*

(From Keller and White, 1997; Rolnick, Mason and Butler, 1999)

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Slide 38

**Assist: Enhance Confidence**

- Review past experience - especially successes
- Define small steps that are likely to lead to success



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Slide 39

**Assist: Enhance Confidence**

- Provide tools, strategies, resources, skills
- Address barriers
- Attend to progress and to perceive slips as occasions for problem solving rather than as failure



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Slide 40

**Enhance Confidence**

**Identify Barriers & Problem-Solve**

- *What will get in the way?*
- *Anything else?*
- *What might help you to overcome that barrier?*
- *Anything help in the past?*
- *Here is what others have done...*
- *Ok, now what is your plan?*



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Slide 41

**Rolling with Resistance**

- Reduce intensity, make sure you aren't preaching
- Consider who is doing the most talking, avoid cheerleading
- Check how you are feeling in the interaction



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Slide 42

**Action Plan**

1. Goals: Something you WANT to do
2. Describe
  - How                      Where
  - What                     Frequency
  - When
3. Barriers
4. Plans to overcome barriers
5. Conviction and Confidence ratings (1-10)
6. Follow-Up:



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Slide 43

**Practice Skills Trios**

- Choose roles: patient, clinician, observer
- Patient uses a real personal behavior change issue - not a "pretend" patient
- Use action plan forms
- Trade roles, giving each person a chance at each role



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Slide 44

**Skills Trio Debrief**

Use the Core Competencies Exercise and be prepared to report out on the following:

- Which core competency did you try?
- What lessons did you learn in trying it?
- Was it more or less difficult than you had imagined?
- What are your plans for using it in the future?
- Agree to follow up with a colleague



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