

ENHANCING BEHAVIOR CHANGE IN PATIENTS WITH DIABETES PART 1: STAGES OF CHANGE AND MOTIVATIONAL INTERVIEWING



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CHANGE IS HARD!!



Health Coach Model

Physician Center-RN Centric-Health Coach



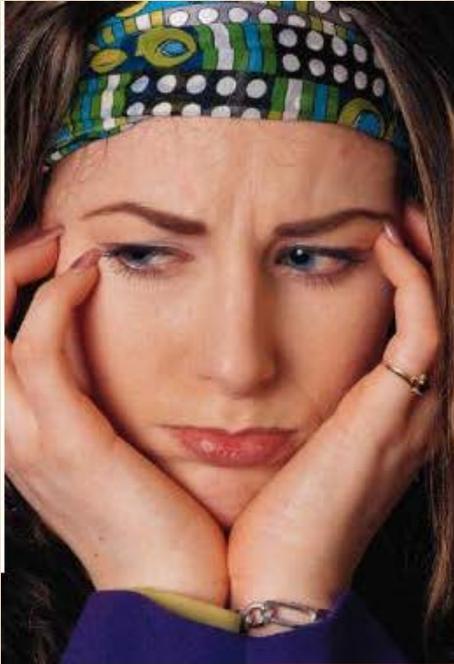
Two Conversations- Real Quick

- Think about an area in your life that you have to make an important decision about.
- How long have you been thinking about making this decision?



- You have to make this decision right now. By the time we are done today you have to start moving on your decision.
- You are not allowed to have second thoughts. That would mean you are non-compliant. Then I get to call you names.

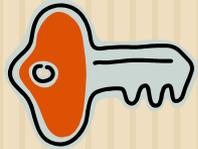
What is your reaction right now?



- When I asked you to make a decision, you sounded like contemplators: fear, anger, resistance, confusion ...
- Actually- what I did was push you backwards in the process of change from contemplation to pre-contemplation. I made you worse.

- Developed in the late 70's and early 80's at University of Rhode Island by James Prochaska and Carlo DiClemente
- Initial study and use was in the area of tobacco cessation
- Model has since been applied to many other facets of health including weight loss, diabetes prevention, injury prevention and others.

STAGES OF CHANGE MODEL



Behavior change does not happen in one step.

People tend to work through stages on their way to change.

Each of us progresses through the stages at our own rate.

Stages of Change

Prochaska's theory

- Pre-Contemplation
- Contemplation
- Action
- Maintenance
- Relapse

PRE-CONTEMPLATION

- Change not on radar. May be very resistant to change talk.
- “Everything is OK”
- Refuses to work with clinician.

PRE-CONTEMPLATION (cont.)

Our role:

- Build a relationship
- Show empathy and caring
- Affirm strengths
- Provide information

Prochaska: 4 types of PRE-CONTEMPLATORS

(4 R's) - Doesn't realize/acknowledge there is a problem, not willing or up for change.

- Reluctant-Waffle, backs off, acts confused
- Rebellious - Gets angry, "It's my body..."
- Rationalizing - Will explain calmly and in great details why change is not possible right now
- Resigned - "I know I should, this is just how I am, I have tried before..."



CONTEMPLATION

- The patient has become aware of the problem but is ambivalent about change.
- Anxiety is rising
- Tries some things unsuccessfully
- Argues for change then argues against it

CONTEMPLATION (cont.)

Our Role:

- Continue to strengthen efficacy
- Evoke reasons to change and risks of not changing
- Use Motivational Interviewing

PREPARATION

- The person is ready to change, the window of opportunity for change has been opened, the breeze is gently blowing in (the winds of change) the sun is shining and ambivalence has been resolved
- Saying I'm ready
- Asking for help
- States need for change

PREPARATION (cont.)

Our Role:

- Facilitate developing a vision of change
- Provide information
- Benefits and consequences of options
- Collaboratively set doable doses of change



ACTION

Individual is now doing the change behavior.

- Starting to execute their plan
- May be asking you for support



ACTION (cont.)

Our Role

- Find rewards for behavior change
- Continue to teach skills
- Help keep goals small and incremental, with a long term goal in mind



MAINTENANCE

- Person identifies and maintains strategies to support change and limit slips.
- Sees change as “lifestyle” rather than diet or quick fix
- No longer a “fad”

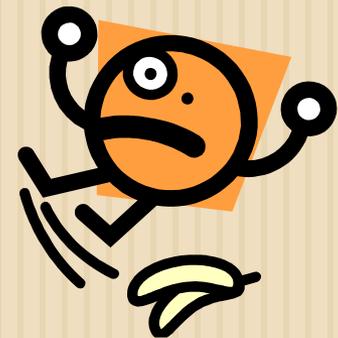


MAINTENANCE (cont.)

- Our Role
- Help person maintain change support system
- Keep change interesting
- Discuss how to bounce back after “slips”

RELAPSE

- Person has a “slip” or consistently returns to previous behaviors.
- Gains weight
- Discontinues activity



RELAPSE (cont.)

Our Role

- Help patient understand what lead to slip
- Teach problem solving for future slips
- Adjust plan
- Help develop new plan



MOTIVATIONAL INTERVIEWING (MI)



Why Motivational Interviewing

You are having conversations with your patients, clients, family, whomever that are potentially pretty tough.

They get tough because often our expectations maybe at different places, but it is important to have these conversations.

There is a way for them to turn positive and into change!

WHAT IS MI?

- Counseling style and series of strategies
- Well researched
- Originally developed for folks with ETOH problems, by William Miller in the late 70's - early 80's
- Last 15 years expanded to smoke, health behavior etc.

CONCEPTUAL BELIEFS

- Client
 - Actively involved in their care
 - Client verbalizes reasons for change
- “Co-Healers”
 - The professional doesn’t carry all the responsibility
 - A collaborative relationship, not adversarial
 - A way of being; not a series of techniques
- Behavior change
 - Discussed in safe way
 - Uses an interpersonal context
- Promotes self-efficacy

TEMPTATION

- Get them to make a decision, or push them forward
- In most cases we get the opposite, we create resistance
- Decision made under pressure may lead to buyers regret.

TEMPTATION (cont.)

- “Getting” people to do it works on a small percentage, everyone else we ignore-intermittent reward.
- Coercion-tends to not work with most people in the contemplation stage.

Motivating Change

“The more I hear myself the more I believe myself”

We change behavior when our current behavior is no longer rewarding, and there is more value in another behavior.

THE FLOW

- Listen Skillfully
- Find the good things versus not so good things
- Find the importance and confidence
- Ask questions-Provide information-Ask again
- *COLLABORATIVELY* develop a plan

BEGINNING: SET THE TONE - AVOID THE TRAPS

- *Premature Focus Trap*-Fall into focusing on what we believe to be the problem
- *Taking Sides*-Most important trap to avoid. The counselor detects a serious problem, prescribes a certain course of action, almost forcing the ambivalent client to resist.



TRAPS

- Labeling Trap-"You have an eating problem."
"You are obese". Does not promote ownership, may promote resistance. It may be some sort of power dynamic.
- Blaming Trap-Whose "fault" is the problem. We are not seeking fault. We are moving forward.

TRAPS (cont.)

- *Expert trap*-impression of having all the answers, may come from a sincere place, but not ready at early stages. Makes patients passive - not the goal of MI.
- *Q&A trap*-creates a power differential

Let's take care of
each other

Be Well

Thank You

