

# *Enhancing Behavior Change in Patients with Diabetes: Stages of Change and Motivational Interviewing -part II*



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# CHANGE IS HARD!!



# Health Coach Model

**Physician Center-RN Centric-Health Coach**



# Stages of Change

- **Prochaska's theory .....**
  - **Pre-Contemplation**
  - **Contemplation**
  - **Action**
  - **Maintenance**
  - **Relapse**

# STAGES OF CHANGE – Case Study

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

A patient was in pre-contemplation for years. His HbA1c was over 10. He came to the point of wanting to change, he began exercising and losing weight. His A1c is now just over 8. The staff would like it to be around 6. He says he is doing fine. What is his stage?

# Motivational Interviewing

- 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

# THE FLOW

1. Listen Skillfully
2. Find the good things versus not so good things
3. Find the importance and confidence
4. Ask questions-Provide information-Ask again
5. COLLABORATIVELY develop a plan

# PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- **Express Empathy**
- **Avoid Argumentation**
- **Rolling with Resistance**
- **Support Self Efficacy**
- **Develop Discrepancy**

# OPENING STRATEGIES

- **Ask open ended questions**
- **Listen reflectively**
- **Summarize-reflect what you heard**
- **Affirm**
- **Elicit self motivating statements**



# Four Types of Self-Motivational Statements

- Problem Recognition
- Expression of Concern
- Intention to Change
- Optimism for Change

# USING MOTIVATIONAL STATEMENTS

## TYPES & HOW TO ELICIT



# Problem Recognition Questions

- What things make you think that this is a problem?
- What difficulties have you had in relation to eating/exercise/smoking?
- In what ways do you think you or other people have been harmed by (behavior)?
- In what ways has this been a problem for you?
- How has (behavior) stopped you from doing what you want to do?

# CONCERN

Once the person talks about the problem, the helper then shifts and elicits statements from the person about how he or she is concerned about that problem.

# CONCERN QUESTIONS

- What is there about your drinking that you or other people might see as reasons for concern?
- What worries you about your drug use? What can you imagine happening to you?
- How do you feel about your hitting other people?
- How much does that concern you?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

# INTENTION TO CHANGE

Once concern statements are out, then the helper again shifts to elicit statements from the person about their intention to change. Here is where it is important for the helper to make sure the person knows that certain behaviors must change, and ask what else the person could do.

# INTENT TO CHANGE QUESTIONS

- The fact that you're here indicates that at least a part of you thinks it's time to do something?
- What are the reasons you see for making a change?
- What makes you think that you may need to make a change?
- If you were 100% successful and things worked out exactly as you would like, what would be different?
- What things make you think you should keep on drinking the way you have been? And what about the other side?
- What makes you think it's time for a change?
- What would be the advantages of making a change?
- I can see that you're feeling stuck at the moment. What's going to have to change.

# OPTIMISM

Once the person talks about making changes, the helper then reinforces self-efficacy by eliciting statements from the person regarding their optimism about the change to be made.

# OPTIMISM QUESTIONS

- What makes you think that if you did decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?

# RESPONDING TO RESISTANCE

What is resistance?

Describe.

# RESISTANCE IN THE MOMENT

- -unwillingness to change
- -sidetracking
- -answering a different question
- -acquiescence
- -being overly cooperative

# MORE RESISTANCE

- Between appt. resistance
- Not completing certain tasks
- Late for sessions
- No-shows
- Not picking up phone

# RESISTANCE (cont.)

- Resistance is a cue to change strategies
- Is a case manager problem, not a client problem
- It is easy to provoke resistance
- Resistance exists between people; there has to be someone/thing to resist. If I stop pushing back, there is nothing to resist - Football

# RESISTANCE (cont.)

- Rolling with resistance
- Not taking it personally-I recognize that people will not do anything they don't want to do, it is their decision

# Addressing Resistance

- **Simple Reflection** - Meeting resistance with non-resistance. “This is so hard, I am tired of it”. “Change is hard because it take a lot of time and effort”

# RESISTANCE – case study

Behavioral health is required to see court ordered patients with ETOH problems. After they do required tests (Depression, etc.) they engage in counseling. The Counselor says the patient is being resistant when they ask "So what is your plan", the patient says "What? I don't have a plan. What are you talking about". The Counselor calls the patient resistant. What is going on here?

# RESOLVING AMBIVALENCE

***“The good things vs.  
the not so good things”***

Purpose: To explore the behavior in question in a non-threatening manner and to help people view their own ambivalence about changing or not changing, as the case may be.

# **BUILDING MOTIVATION & STRENGTHENING COMMITMENT**

## **“Importance & Confidence Scales”**

Purpose: To quickly assess and support readiness for change.

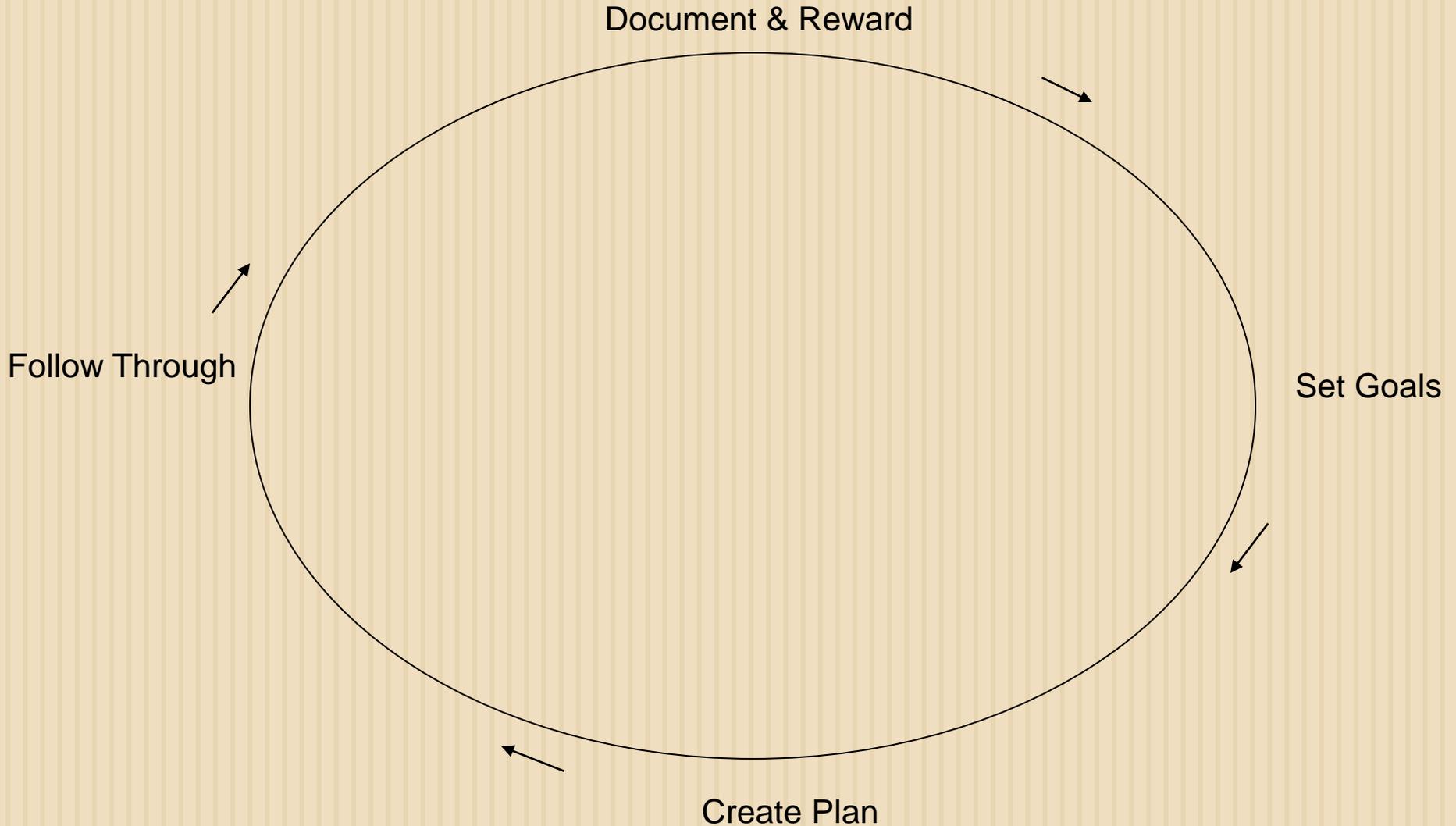
- How important is change when compared with the reasons not to do it?
- How important is it to me right now?
- How sure am I that if I decide to do it, I will be able to?
- It may be important, but not confident they can do it, so they talk themselves into it NOT being important.

- How sure am I that if I decide to do it, I will be able to?
- It may be important, but not confident they can do it, so they talk themselves into it NOT being important.

# PROVIDING INFORMATION

- Ask/Provide/Ask
- Purpose: To offer relevant new information in a way that maintains the sense of collaboration and minimizes resistance.

# Creating your circle of **SUCCESS**



# Individual Plan Sheet

Date:

Goal:

Timeline:

History:

Strengths:

Barriers:

My Role:

Reward:

## More Info on Motivational Interviewing:

- Motivational Interviewing, Second Edition: Preparing People for Change  
William R. Miller, Stephen Rollnick 2002
- Motivational Interviewing in Health Care: Helping Patients Change Behavior (Applications of Motivational Interviewing) by Stephen Rollnick PhD, William R. Miller PhD, MD & Christopher C. Butler (Nov 7, 2007)

**Thomas Edison's teachers said he was "too stupid to learn anything." He was fired from his first two jobs for being "non-productive." As an inventor, Edison made 1,000 unsuccessful attempts at inventing the light bulb. When a reporter asked, "How did it feel to fail 1,000 times?" Edison replied, "I didn't fail 1,000 times. The light bulb was an invention with 1,000 steps."**

**Let's take care of  
each other**

**Be Well**

**Thank You**

