

Transcription for May 31, 2012

SDPI Training

Tipping the Motivational Balance for Change: Session 3 - Stages of Change

Speakers:

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Darryl Tonemah, PhD:

So thank you for deciding to attend. We've done – this will be our third in a series of four sessions. The other two were basic listening MI stuff, how to get people to start talking the language of change and then we decided on **Stages of Change**.

I was the Behavioral Specialist for the Southwest sites of the Diabetes Prevention Program and Look AHEAD Studies. We used the Stages of Change and motivational interviewing a lot in those groups.

So when we were discussing what we want to share with you guys, it seemed like Stages of Change was a natural fit. For those of you – I know a lot of people are pretty familiar with Stages of Change. There is a pretty broad range. There are people who are pretty familiar with it, and some that have heard about it, but don't know much about it.

I am going to try to talk to both of you groups, both of those people, because I have a couple things to go a little bit deeper that are generally shared in quick run overs of Stages of Change, but I also talk about the generalities that the newcomer will want to hear about.

All right, here we go. And there's me, Darryl Tonemah.

So what happened in Session 2? Were you guys in Session 2? Are you nodding right now if you were in Session 2? If you weren't in Session 2, you missed out. It was fantastic! It was so awesome guys, it would have changed your life, but you missed out.

So what did happen in Session 2 was we discussed ways of having the client participants tell us the reasons for change, by asking about new questions, exploring pros and cons, asking for elaboration, imagining extremes, looking forward, looking back. Basically we want the participant/patient/client, to take the positive side of the argument for change.

We want them to tell us why they want to change as opposed to us saying, you should change because because..." We want them to say, "I want to change because because..." It is really just a way of how you are forming your questions. I always say, have about four or five good well-formed questions in your toolbox that you can just whip out when you feel like... "I'm not sure what's going



on here, I'm feeling stuck." They are feeling resistant, something like that. Be sure to have those things in your toolbox.

We also talked about ways to develop discrepancy between current behaviors and goals through well-formed questions that help the client/participant consider many aspects of change. "How are my current behaviors not matching up with the goals that I have stated for you."

You can actually ask those questions without creating a wrestling match right there in your office. You can, we talked about the 'Columbo' method of questioning. Did you get to send that out Kelli? I know you probably went to the bathroom or something. There was a 'Columbo' clip on YouTube that – what you're laughing about.

Kelli Wilson, MS, RD, LD (Moderator):

I did send that out in an email, so it was kind of an optional homework assignment, if people were able to listen to that or view that or not. I did send it out though.

Darryl Tonemah:

Okay, so it was way of asking questions like Columbo does. Yeah, you said this earlier but you're doing this and I don't get that, can you tell me a little bit more about that.

That was a very good Columbo personation right there for free.

Okay, the next one, explore the four types of self-motivational statements: **Problem Recognition, Expression of Concern, Intention to Change, and Optimism for Change**. Actually, that's kind of a process. You want the person to recognize they have a problem. Is that problem actually a concern for them? Do they intend change? Do they believe they can change? That's kind of a flow of that conversation. We talked about that last week, or a couple weeks ago last session.

We'll discuss this week, **Stages of Change**. In the beginning, we've talked a little bit about, just briefly about kind of where it started. The Transtheoretical Model, the five stages of change, the kind of behaviors associated with those different stages, what it sounds like when people are in those stages, what verbiage do we look for, and what do we do when we hear those things, to help them kind of move through the stages.

So here is my quote for this week. "You're a hard habit to break." That is Super Group Chicago. You guys remember that song? I know you are singing it right now.

So Stages of Change procession, Prochaska and DiClemente actually started in the 70s. It was helpful within the dynamic change process. They kind of gave it a format. In the early years, they helped with smoking cessation. Then it was discovered that it was effective with multiple behavior changes, even comorbidity changes – Stages of Change, changes, weight-loss, and smoking, things they kind of went together.

Currently it has many uses across a variety of fields, if you ask around, if you ask other people. People across disciplines know about Stages of Change because motivation is motivation regardless of it's for to learn how to drive a car or if it's to lose weight or if it's stop smoking. It all flows in these stages. So let's talk a little bit about it.

Motivation exists along a continuum of readiness. Are you guys familiar with that? And people are at different stages, at different points in change depending on their motivation at any given moment.

When I was working with DPP and Look AHEAD, I would always kind of listen for things when people were talking. Were they giving action statements?

“I am really enjoying this or I am having trouble with this. I feel like quitting.”

Are they are in the maintenance? I really want to keep it interesting for myself now. They have been doing it long enough where they're looking to explore new things.

So part of understanding at deeper level of Stages of Change is how they are talking. In what stage would that fall under? So client progress through the stage in a spiral, not in a linear way, for motivating what we're doing at this moment.

Instead of enhancing motivation, we will generate resistance if you use strategies that don't match the stage that the patient is in. What does that mean? If we're saying action statements like, “You should, you should, you should”, and they are in pre-contemplation, well it's not even on my radar, or contemplation, I'm thinking about it, and we're making action statements. We can actually push them against us. We make them take a stance for status quo.

We assist the client participant with their decisional balance. What are some of the good things about change? And that's more toward the earlier stages of pre-contemplation and the contemplation phase.

Let's talk a little bit more about this stuff. I might jump ahead here Kelli and then come back. Okay.

The **Transtheoretical Model**. Stages of Change also called the Transtheoretical Model, because it cuts across theoretical frameworks of change. It kind of has a flow of how it moves forward versus **Consciousness Raising**; increasing awareness via information, education, and personal feedback about healthy behavior.

If a person is in pre-contemplation phase, they can seem prickly when we talk about change, because that's not on their radar yet. So we just want to raise some awareness. Maybe hand them a pamphlet about your program, maybe wave to them when you're at the powwow, when you have a booth at the powwow. Just wave to them, so that they kind of connect you with the program.

Dramatic Relief: feeling fear, anxiety or worry, because unhealthy behavior or feeling inspiration and hope when they hear about how people are able to change to healthy behaviors. So I have this, I don't know what to do about it, but there is hope out there.

Self-Revaluation: Realizing that the healthy behavior is an important part, who they are and who they want to be.

Process of change continued: **Environmental Revaluation**. Realizing how their unhealthy behavior affects others and how they could have more positive effects by changing. Actually, that's one of the evoking languages of change questions. How do you think your behaviors are affecting people you love, significant people in your family?

Social Liberation: Realizing that society is more supportive of healthy behavior.

Self Liberation: Believing in one's ability to change and making commitments and recommitments to act on that belief.

Helping Relationships: Finding people who are supportive of change, which is a significant thing. A lot of research says that, the more support we have in making change, particularly family support, but sometimes we can't get that. So you guys may be the support somebody has. So the more support somebody has, the more likely they are to make the change and maintain that change.

More Transtheoretical process. **Counter Conditioning:** substituting healthy ways of acting and thinking for unhealthy ways.

Reinforcement Management: Increasing the rewards that come from positive behavior and reducing that comes from negative behavior. You always want them to have a reward for behavior change. Very simply, the more a behavior is rewarded, the more likely it is to be maintained. This is very simple behavioral psychology stuff. It may be, for some people if they make their goal for this week then they get to go to movie. I personally like to download songs. So if I work like a dog this week, getting this thing ready, then I am going to, as soon as we are done here, I am going to download a song. That would be my personal reward for that.

So we just want to find out what works for that person; what do they perceive as rewarding in their behavior change.

Stimulus Control: usually reminders and cues that encourage healthy behavior; substitutes for those that encourage unhealthy behavior. Things on a fridge, pictures things like that around the house that can make them aware of behavior change over time.

That was a lot of deeper information that we kind of went through quickly, because I wanted to get you to make sure we get to the language stuff.

So, why are we talking about this stuff? Many people are curious about it. We are using the DPP, and Look AHEAD studies and it proved to be pretty valuable. Maybe the last one is kind of the reason that proved to be valuable. It helps give us a framework for discussion of participants and what we can do to help. It gave us basically an algorithm. What did they sound like? What kind of things did they say? Well, that sounds like contemplation? You are saying action things, so maybe you are making them resistant. So, when you're having conversations about your participants, probably your clients, you can actually use the stage of change information to decide what strategy may be useful going forward.

So, I want to have a quick conversation with you guys. If you've been to one of my workshops or I think I did this on the very, very first training of this several, several months ago, just play along, just nod along, okay? I'd like you to think about something that you have to change; something that you have to do, and it has been hanging over your head and you just haven't really done it yet. It's something bigger, not I need to go shopping or need to get groceries, but something bigger in your life that you've been putting off and putting off and putting off. I'll give you guys 10 seconds to think about it. And of all the workshops I have done, pretty much 99.999% of the people have had something.

Okay. Can everybody see that? Okay. So, how long has this been hanging over your head? Just think, this thing, go ahead, and click on an answer there. How long has that been hanging over your head? One to three year looks like the most common. Less than six months. Interesting! Can I go down on that Kelli? Do I control that? Oh, I do. Well look at there, more than five years, okay. You know, the longest I've had on that was 28 years. Is anybody longer than 28 years? We have more than 5; she has put more than 28 on there.

Okay. So the thing that's been hanging over your head, we have about 40-45 minutes left of time together today. You have to make a move on that today. You have 45 minutes. You have to make your decision on it, and when you leave work today, it has to be done. You can't change your mind. If you change your mind, you get to call your names like a 'waffler', or 'resistant', or a 'goober', something like that. I get to call you names, because the deal is we're going to do it today. No changing your mind!

I am going to see if I can talk to Kelli about – maybe we can have some sort of consequences for you guys, because maybe you can write it down and six months from now we'll see if you've done it. If you haven't done it, I get to call you 'resistant' and 'noncompliant'. Deal? Deal. Sweet! All right! Let's move on.

Now, why is that interesting to us? I will tell you why it's interesting. When I do that in groups and if we got to have a conversation and I would say, "What was your first response when I said you have to do it. What was your initial gut thing that happened to you?"

A lot of people will say, "You don't know me"! Or "Well, I am just going to change what I was going to change then. I will make it something easier or I don't have time to do it right now or give me something else. You can't boss me around." So, what I asked you to do is think about something that you're in the contemplation phase of, something you're thinking about doing. You're with me there?

That list that I just said: you can't tell me what to do, you can't boss me around, it's my world, you don't know me, okay. That is language of pre-contemplators. So, what happened was, in essence, I pushed you backwards in the process of change. I made you worse by telling you what to do, by saying, "You should change, you have to change, you need to change, and you did this change, and get it done." And in doing that, I made you say, I made you defend status quo.

Now, what's interesting is we do the same thing clinically and we're not even aware of it. You guys all have good hearts. You're so nice, and obviously you're very smart, that's why you're on this today. You made a very wonderful decision. But, from that though, we can push, we say things in action, action, action phase when they are in contemplation. And we push them back to pre-contemplation phase.

You guys with me there? Is anybody nodding? Okay, just pretend like you're nodding, and I am going to act like you're nodding. I will assume that you're thinking only good things right now. So, let's go through this.

So, how we can help them to the process of change? It's finding out where they are then and what can we say or what do we do to match where they are to keep them moving forward. You're with me there? Thank you!

Precontemplation: Well look at these two at the picture. They look grouchy, okay. Individuals are unaware, unable, unwilling to change, no intent to change. The problem isn't even on the radar. They may argue or interrupt, deny, ignore, avoid reading the things you give them, avoid talking with you, or they don't want to even think about behavior change. Do you know anybody like that?

"I don't have a problem!"

And we as Native people, we like to joke about it a lot. "I don't have an eating problem. The problem is that I ain't eating right now!" We say things like that, and we'll say – "Eh" and really that's a way of pushing us back a little bit saying, well, I am not going to talk about this right now.

So, to avoidant, or us, that person may be seen as resistant or unmotivated or grouchy. But really, they are just at that stage of change where they don't want to think about change right now. Change isn't on the radar. It's still a stage, and it's still something we can work with. But, we have to be really careful with this person because we could actually push them further away from us, from health, from the clinic, whatever it is. So, what do we do?

Well, here is what it sounds like, "No, my weight isn't a problem. I suppose you're going to want to tell me I am fat; or if you have a booth at the powwow, I just thought you're giving away free stuff, I don't want my finger pricked."

So, you can hear the defiance of them establishing: I am very autonomous and I recognize myself as not having a problem right now. That's precontemplation. What do we do with that? Establish rapport. Just listen.

Remember, we talked about responding to resistance if you were here earlier before. But, establishing rapport is just maintaining that relationship. "You know what, you don't have to talk about that right now. Tell me more about yourself. Let's not even talk about change right now."

Determine why they have come – let's say they have come to your clinic or they have come to your program, and they say, "Well I was referred by my doctor, I don't want to make any changes okay."

But, they came there, and that in itself is they're demonstrating some sort of motivation. We have to be real careful. We have to massage that. We can't just jump into that. We have to use our fundamental listening skills just to soften them up to us.

But remember, if they came there, there's some sort of motivation. Well, my doctor told me to. So, they didn't have to come, remember that. So, we want to find out why did they come. What was going on in their thought process that brought them there? Let me take a little bit of time. So we have to be patient with our patients. We have to calm down, slow down because we have our agenda at the front of our mind. But our agenda may not be their agenda and it's that gap that creates this resistance.

So, now I will give information on risks and pros and cons of use, when you started talking a little bit. That's kind of pushy right there. But, when you have a little bit of a relationship, acknowledge their thoughts, feelings, fears, and concerns. Keep the interview informal, and listen well, listen well, listen well, listen well; I think that's enough times.

Contemplation. Okay, so you're over here at pre-contemplation. Now, here is contemplation. Individual is ambivalent or uncertain about behavior change, not thinking about change. Hey you know what, I asked you remember to think about something that you are in a contemplation phase on, something that you are ambivalent about.

Now, when you're ambivalent about something, that doesn't mean you're not interested in it. It means you're very interested in it, but you're also interested in – if you're interested in change, then you're also interested in status quo. There is value to both of them in the contemplation phase. If we push too hard, we push them backwards. We make them resistant. Oh no, we don't. Yeah, we do. It just happened on this webinar. You guys got all stank on me. So we have to be careful. We have to make sure we're wording things well and aligning our strategies with their stage.

So, individuals ambivalent or uncertain about behavior change, their behavior – they're open to conversation, well "yeah but" though, if you get too excited too soon. "Yeah but, yeah but, yeah but,

yeah but, yeah but,” then we try to problem solve. Well you should try doing this, “Yeah but, yeah but.”

Maybe you will walk.

“Yeah but there's a bunch of dogs on the Rez.”

“Well, maybe you should do it at the mall.”

“Yeah but the mall is so far away, I don't have the ride there.”

You can engage them – you're making them start – you push them backward to precontemplation, so be careful.

Individual is still iffy. Change is on the radar. “I am thinking about it.” But the map for change hasn't been drawn yet. For some people, maybe part of staying in that contemplation phase for – I don't remember what our poll was, but there was a lot of people that were more than five years – staying in that contemplation phase. There is value to both. It's fun not sweating. Why would I exercise, why would I want to get sore? That doesn't make sense to me. So there is value in it. But I need to do it, because I would be healthier. So they have the internal dialogue. So let's see what that sounds like.

“Yeah, maybe, yeah, I will talk with you about that. Yeah, I have been thinking about changing that. That's a good idea, but I've got a lot going on right now. Yes, but there is things I need to do first.”

And I am sure you guys have a million examples of your own. So, when somebody is in contemplation phase, when they are making this verbiage, I think that's a word, verbiage.

Our role during contemplation: discuss the way pros and cons of behavior change. What are some of the good things versus the not so good things? If you want to do the resolving ambivalence on motivational interviewing, you start on the pros and cons or you start on the status quo side. What are some of the good things about your current behavior, what are some of the not so good things about current behavior?

Then, you switch to the change side, on the other side of the scale. What are some of the hard things about change and what are some of the good things about change? You want to get them thinking in the process of what does change look like to them, and what is the value of status quo to them? Now, you can't be the one saying, “If you don't change, this will happen, and if you change, this will happen.” That can't be you saying that.

You can't say, “Well, you need a change.” Because I just did that to you earlier and you guys got all grouchy with me. So, you need them to be the one having that conversation with them. What you do is you facilitate that dialogue by asking those good questions that get them thinking about well how do I change this process. We elicit the self-motivating statements, which we talked about earlier. Emphasize free choice and responsibility. Sometimes we have to whip that out saying, “You know what, it's up to you. I want to be a tool for you here making this change, but I can't make this change for you. So, you are going to have to – I can help you in exploring it but it's really up to you.”

Next one, **motivational interviewing** is very effective here, from here out, the motivational interviewing is very effective. If you're not familiar with it, you can go back and listen to some of the things we did earlier. There are the books by Miller and Rollnick on motivational interviewing. Or you could email me if you have questions. I think probably by the end, we will give you my email again if

you have any questions. Or I actually give Kelli my email and blah, blah, blah, okay. Bored myself right there.

Preparation! So, the first two, or the first three, these first three parts; **precontemplation**, **contemplation**, and **preparation**, they are more – the participant/patient/client is going to spend more time internalizing information. They will be thinking about it. How does it affect them emotionally? How does it affect them affectively, this change that's being discussed? They want to evaluate it. Is this change of use to me? So, they're going through all this internal process.

The last steps, **action** and **maintenance** phase, is more external processing. What are my commitments? What will I be doing? What will my rewards be, and what support am I engaging in my change process? So, preparation is still the last part of that; the first process is, "Do I want to make this change that's valuable to me?" Remember, at any stage, they can start slipping backwards, it's not a linear process, they can jump around.

So, we have to be careful and use our skills to help them move through the process.

So, in the **preparation**, the individual shifts from thinking about behavior change to planning initial steps. Am I talking fast? Now, I am getting excited! I just love this stuff. Okay, let me calm down and center myself.

Individual shifts from thinking about behavior change to planning initial steps. The behaviors; they ask questions, they consider options, they demonstrate openness in considering behavior change.

"What are some things that we can do to if I've never walked before, I don't even know, are there trails in town?"

They are asking kind of curious questions like that.

"How do I stretch? What kind of shoes do I wear?"

That's all the preparation process.

Really, in the preparation process, they want to be doing this within the next month, within the next couple of weeks. It's sitting there, and they're going to get there, but there are a couple of ducks they want to get in row before they attempt that. Individual may be seen as excited or ready to move or coachable.

So, what preparation sounds like? "How do I start? What do I need to do? How can I find out more about stretching, about running, about training for a marathon whatever it is?" The language that we are looking for, for some of your preparation is, "Okay, what do I do next, what do I do next?" That's the kind of thing we're looking for. The other ones in the precontemplation, you can hear a lot more resistance language, or it's not a problem.

Contemplation, we're looking for things that tip us off that they are thinking about it, but they haven't really stepped into it yet.

Preparation is, they've stepped into it but with a baby step. So we're looking for language that says, "Yeah, I am ready to move forward but within a short duration. We could even ask that question, "So, when do you think you want to start this action, when do you think you want to do that?" Because that can help us kind of determine how serious are they. Are they saying, "Well a couple of years from now." That's not necessarily a preparation phase that sounds a contemplation phase still.

Preparation is, it's sitting right there, and I've got to get shoes before I start it. All right! Let me move on here.

Our role during preparation, support efforts to change, clarify goals, and identify successful strategies, structure plan of action **collaboratively**. I should have emphasized that, underlined it, bolded it, 'collaboratively'.

Throughout this whole process, if you're working harder than the participant is, you're probably doing it wrong, because that will make them passive. We can't have them being passive. So, you need to engage them, engage them, engage them, and engage them along the whole process here. Plus, if you're becoming more verbal than they are, this probably can be hierarchical and you've changed the power differential.

Did you just circle that Kelli? Cool! Yes, collaboratively.

You don't want to change the power differential. We want them very engaged in the process. So, keep them in the loop, keep them moving.

Set 'SMART' goals! I am sure you guys all know what these are; specific, measurable, attainable, relevant, timely; SMART goals.

The more specific, the better! "I will walk 150 minutes by – what's today? Thursday – by next Thursday, I will walk 150 minutes." So that's a very specific goal. It's measurable, it's something I can do, it's relevant to what my goal is, and it's timely, let's do this now.

Okay. Also, I like to use the three M's of goal setting; Meaningful, Manageable, and Measurable. If we don't like the SMART goals, it's all the same thing. But, when you're a speaker, you have to have acronyms. Is that the right word, acronyms? Okay. Motivational interviewing is effective here. You will find that from contemplation on, motivational interviewing is very effective.

Action phase: they are moving now. Individual demonstrates like to try new exercises or different foods. They're into it, engaged in the process, have begun activities related to their goals. Now, they've begun them but they haven't done them for a long time. They are less than six months into it. It's not part of their DNA yet. So they are still – and that's kind of one of the things that you need to look at for your activities. "How long have you been doing this?"

"Well, a couple of weeks."

Okay, so they are still a newbie at it. And when you're newbie at it, it's easy to fall back into your previous behaviors, because maybe you haven't gotten that intrinsic reward yet, that intrinsic motivation.

Not until you get further out, are you going to say, "What's feels good to feel good?"

"I like to get that runner's high."

So that's the question. When you see they are doing the activity, ask the question, "How long you've been doing this? That's great, how long have you been doing it?" Be excited about it with them. Once you kind of get a judgment for how long they have been doing, that will help your personal role in what they're trying to do.

Individual is viewed as becoming successful, engaged in a program. They are losing weight through exercising. They are working it.

Okay, let's do this. So what **action** sounds like?

"I have been walking all week dude. I am meeting my friends at Zumba class."

"How long you've been doing that?"

"Well, just for a month or so. Okay. Can we walk?"

Maybe they are asking you.

"Can we go for walk together? Can we walk after class? Are we doing some new recipes in class?"

They are curious about the process of change.

(Webinar Participant Questions) We have a couple of questions here. "Darryl some training says that in precontemplation you back off and accept this. Can you address the question, questioning and delicate balancing continuing the conversation a bit more?"

Yeah. I think in precontemplation, you can get a vibe for the person. That's on your personal skills is what is the temperature of this conversation right now. Are they just trying to get out of here? Okay, then use your pamphlet and they may drop the pamphlet as soon as they get out of your eye line, or maybe they will drop in front of you.

But I think it was the DPP research that said that like about nine exposures to that stuff can help them kind of connects some of that information. So just say, well hey thanks – or if they want to stick around because they like having that conversation with you – you don't have to push the agenda. But you can have a conversation without pushing agenda because that's rapport building. Next time they see you, you are more approachable. But I think either one of those; you don't want to push the change agenda.

If they just walk by a booth, and say, "Oh I don't want a thing."

"Well, would you like one of these?"

"No."

"Okay, great! Thanks for giving us a fly-by."

So I hope I addressed that enough and I think the bottom-line for that is get a feel for it. If they are up to having maintaining rapport or developing rapport, then go for that without the agenda of change. Or if they are just doing a fly-by, you can offer it, and if they don't want it, then right, "It's good seeing you!" and then let them move on their way. Use your own personal barometer for that.

Now there is another one here, "Can there be goals that are too specific? For instance, if a patient sets a goal of walking for 30 minutes at 6 p.m. on Monday, Wednesday, Friday and they skip Monday and figure it's okay to skip the rest?"

Good one, good one. Okay. When you're making your goals, you want to figure out and find out the barriers. "What could come up that would keep you from walking on Monday, Wednesday or Friday? What could come up?"

"I could get lazy."

"Okay, when you get lazy, let's say, you are lazy on Monday, what would be an alternative? What else could be done then on Tuesday or Thursday that can make up for that time?" Let's think about that and put that back in their lap.

"What are some things that you could do?" You want to ask them questions like – open it to them. Give them this nice little blossom of a question and hand it to them, and then see where they go with it. You know what, that may be a form of resistance. So be ready for that, and then take a step backwards. If they start to push back a little bit, be okay with stepping back a little bit and saying, "Sometimes it's hard to squeeze in activity during the week. What's that like for you?"

So part of your skill set then is what is the temperature? How can we explore? How can we ask my question that gets them exploring different options? If that feels like they become resistant, there's probably something going on, and take a step back to the first step of motivational interviewing. Just get them back to some fundamental listening, some reflective things, some empathetic things, because there's something going on for a reason.

I don't think it's a matter of too specific of a goal, but I think you have to explore what if barriers come up? What are some contingency plans when barriers come up? I still think you have to have very specific goals, because if you feel like well, I walk several times next week, that's too nebulous. All the researchers will say that the more specific, the better in that. That's a good question though. Thank you both of those. Were there other ones?

I don't think so. All right! Just keep going forward. This is so fun for me! I know all of you have dozed off. Here we go. Okay.

So our role during the Action Phase:

Seek commitment to specific behavioral change at each session, which is just continue relooking at change plans. What went well? What didn't go well? Maybe that's part of the question there was, "What went well and what didn't go so well."

Acknowledge difficulties, support even minimal progress. You always, always, always want to look at the successes. It's easier to make change on the positives than it is focusing on the negative stuff.

So maybe some weeks it is the fact that they showed up. I know it's hot out there and you came today and that's great! Let's move forward from here.

Identify risky situations, triggers, coping strategies. And that's kind of maybe related to that question also. Help client find new reinforcers, new rewards.

Support Perseverance. MI is effective here. And at this stage it's easy for them to slip. So we want to help identify things that can happen that they slip from their plan. But remember that slips are part of change process and we just learn from them.

"I went to the ballgame this weekend and I had four hotdogs."

“Okay, what do you think we could do different next time?” Put that in their lap and see where they go with that.

I get another one here. Can you see the questions?

“I offer personal training to clients that request sessions; I also teach group exercise. I find that my clients do extremely well with guidance and structured exercise. However, the moment it is time for them to work solo, they completely stop all exercise. I have used MI, but continue to hear, “But we need you, an instructor, to keep me accountable. Can you guide me through MI techniques for this type of situation?”

All right! I think a simple question for that, and a reflective response, I would start, I would do some like a reflective response, but we need you, an instructor, to keep me accountable. A reflective response, “It’s hard to keep motivated when there is not somebody there kind of cheering you on.” That’s just a simple reflective response. See what they say with that and then a question that might work for that would be, “So I have a lot going on here and there are so many people what you would be willing to do. Something small that you would be willing to do that, maybe I wouldn’t have to supervise for you.”

Just a simple; ‘what you’re willing to do’ question. If they say, “I don’t even know.” At that point, we can do **Ask, Provide, Ask**. “Well, it sounds like you are kind of thinking about it, but you really don’t know what the options are.” Then you can provide a menu. “Would you be willing to walk five minutes on the treadmill? Would you be able to do a set of bench when I am not here with you?”

Or maybe – and you probably do this – some sort of keeping track. So if they’re keeping track and then you’re looking at their keeping track sheet. You’re still observing them, but you’re not physically observing them. But you can give them feedback on it. And you hand it back to them the next time you see them. Then give them some advice, next time you give it back to them, something like that.

But for the basic MI techniques I would do a simple reflection and then the question, “What you’re willing to do?” And if they feel kind of stuck on that, do the **Ask, Provide, Ask** and give a menu for change for them.

The Maintenance Phase. Okay, remember, in the last two phases, they are in the ‘what are my commitments, what are my rewards, what are my supports?’ So we are in that phase with them now. We’re moving to that process of change now.

Individuals actively sustain behaviors, part of their regular routine. This is six months or longer they have been doing it. It’s part of their DNA now. They can’t live without it.

“I breathe to run, that is why I exist. I live to eat salad.”

Okay. Their new behaviors are part of their lifestyle, ongoing ways to find time for new behaviors or new activities. Seek ways to keep behavior change challenging and interesting.

Individual can maintain ongoing behavior change with ‘check-ins’ as necessary. They are not; they are not that person that Angelina was talking about that they have to give the ‘Atta boy’ immediately. People in the Maintenance Phase, they are doing it, and we walk by them when they are on the treadmill. We give them thumbs-up and they smile at us and say go on. So, what this sounds like, “I met my weight goals. I am getting tired of running.” You wouldn’t think that would be, but you think somebody in the maintenance phase, they have to find something to keep them interesting.

"I am getting my friends and family involved. I need a way to stay motivated now that I have met my goals."

So what we want to do then is, as providers, you can look at ways, new activities, different activities. Or something that's really cool is getting them to lead. Maybe they help other people in the community in the change process. They engage people, they set up programs with people, and they walk with people, something like that.

So **our role during maintenance**, support and affirm these changes, rehearse new coping strategies and counter-measures. The triggers, "So what are you going to do when the barrier comes up basically?" That's the question. "What are some barriers that have come up commonly for you? What do you do when you just give into the barrier or what can you do to overcome that barrier? Or when that barrier happened last time, what can you do differently this time that that barrier doesn't sidetrack you?"

Review personal growth and long-term goals. You guys have probably already done the graphing of weight loss and activity, things like that. Sometimes you just look back and say, "Look how you've done, this is great!" Give an 'Atta boy.' Encourage them to help others. I know that people have gotten at least volunteer jobs in gyms and things, in the communities, because people see them and say, wow! I guess that is doable here, I could do that.

Self-efficacy wise, I think it's the second most effective way of developing self-efficacy is observing someone else who is similar to you being successful at a behavior. So, somebody from the community who is about the same age, who was generally about the same height and weight, and they made significant changes. Somebody else from the community sees that. That actually increases that person's efficacy in their making change. So, draw that person in. Include them in the process of change.

So, here is a summary. We're right on time, for crying out loud!

Change is a complicated process. Would you agree with that? Are you nodding with me? I know you are. Stages of Change give us a template for understanding the change process. So, if we can recognize some of the language of pre-contemplation through maintenance. With that though, when hearing that language, we hear something in the contemplation, "I am thinking about it but haven't done anything about it." When we hear that, we get out the tools that work with that stage, such as rapport, pros and cons, motivational interviewing stuff. We use these unique tools for all the different stages.

The fourth bullet is real important, **Maintain relationships throughout the process**. I am saying it again, 'maintain relationships throughout the process.'

Now I also want to emphasize that relationship doesn't mean I am telling you what to do all the time. That's not a relationship. I don't like hanging out in those kinds of relationships and I am sure you guys don't either.

Relationship is, "How are you connecting to me? How are you listening well to me? How is our relationship helping me move forward in my goals if I am the participant."

Don't mistake I have all the answers for you as relationship. That's actually can make them resistant. We think well it works for me. You know what, it probably doesn't. It probably works about 20% of the time, but 80% of the time we're actually pushing them in a different direction.

Motivational interviewing is valuable from contemplation through maintenance. Remember that if somebody is in the precontemplation, just read it. Use your skills and just kind of read it. What's the temperature there? Maybe they don't want to have a talk, okay, won't take this. If they don't want it, then they don't want it. That's up to them.

I always encourage you guys to use your own skills. How do things feel for you? If it feels edgy, then it's probably edgy. Then just let them keep going. But if they feel like talking, some people just like to shoot the breeze, go ahead and shoot the breeze with them. More power to you!

Let's see what I got next here, one of my favorite quotes. I probably try to tie it in here somehow. *"You're braver than you believe, stronger than you seem, and smarter than you think,"* by Christopher Robin. You guys know Christopher Robin from Winnie-the-Pooh. Are you guys Pooh bearholics like myself?

As the series has been building and developing, we've shared a lot of information, and sometimes, it seems overwhelming. Particularly if you're new to Stages of Change, I encourage you to go back and read the slideshow again, because we only have an hour to go through this whole thing and we could have spent all day on this stuff. But I want to make sure you had that information and had access to the information.

Thank you for attending.

Kelli Wilson:

Thanks Darryl. You always do such a great job and your enthusiasm definitely carries over in making a webinar fun and interesting. So again, just want to thank you for that great presentation!

Total Duration: 46 Minutes