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**Yes, You Can! Helping Patients  
Change Behavior**

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American Overseas Dietetic Association Conference  
Dublin, Ireland  
March 23, 2006

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**Disclosure:**

Thank you to Novartis Medical Nutrition  
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## Objectives:

1. Describe the clinician's role in behavior change and how conviction and confidence interact to affect motivation and movement through the stages of change.
2. Describe three clinical skills and techniques which have been found to facilitate behavior change.
3. Utilize a confidence and conviction “scale” with clients/ patients as a resource tool to improve their own clinical interviewing and behavior change counseling skills.

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## Paradigm Change

“Content Driven Practice”



“Outcomes Driven Practice”

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### Paradigm Shifting...

<ul style="list-style-type: none"> <li>■ From "Content Driven Practice"...Often includes:               <ul style="list-style-type: none"> <li>• Lecturing patients about information irrelevant to their situation</li> <li>• Content completion</li> <li>• Measures knowledge change</li> </ul> </li> <li>■ "Did we deliver the right content?"</li> </ul>	➔	<ul style="list-style-type: none"> <li>■ To "Outcomes Driven Practice"...Focuses on:               <ul style="list-style-type: none"> <li>• Current Knowledge &amp; Skills</li> <li>• Current Behavior</li> <li>• Barriers or Facilitators</li> <li>• Barrier Resolution</li> <li>• Measures behavioral change</li> </ul> </li> <li>■ "Did the patients achieve their desired outcomes?"</li> </ul>
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### Rationale for Paradigm Change

- Knowledge is a means to an end rather than an end in itself
- Useful knowledge is knowledge that helps individuals better manage and/or live with their diabetes
- Knowledge which does not contribute to a higher goal is not worth teaching

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### Fundamental Goals of Self Management

- Prepare Individuals to:
  - Make informed decisions
  - Engage in effective self-management
  - Implement self-care behaviors that allow individuals to maximize their physical and psychological well-being.

**Self-management education  
is fundamental to any  
chronic disease condition**

Source: AADE, The Diabetes Educator, Sept/Oct 2003

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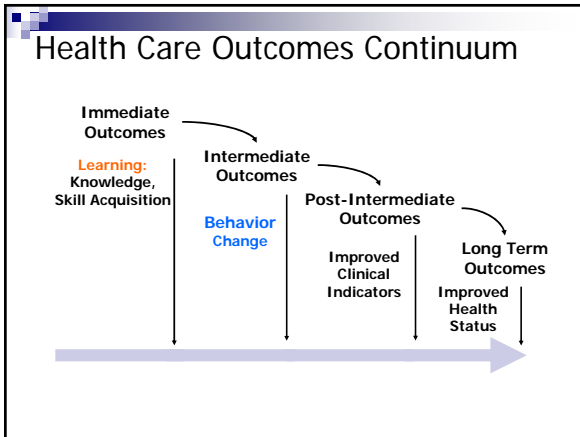
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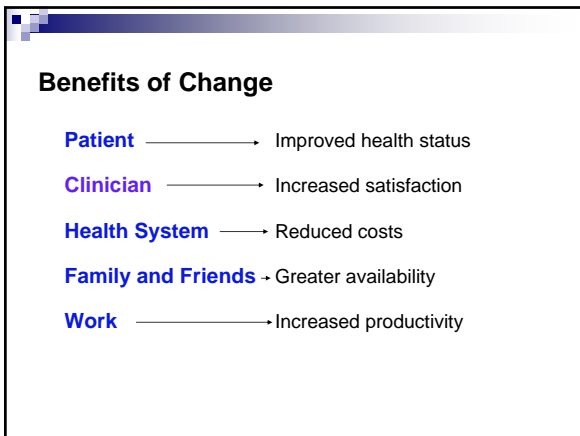
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## Premise 1: change happens

- With clinicians
- Without clinicians
- Change happens frequently
- It doesn't happen all of the time



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## Premise 2: You can provide effective interventions

- Clinician-patient interactions influence the change process
- Clinical techniques are available
- Clinical skills are required

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## *A clinician can influence patient action*



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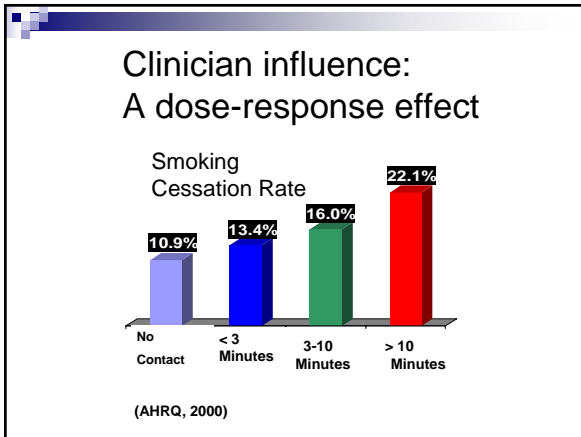
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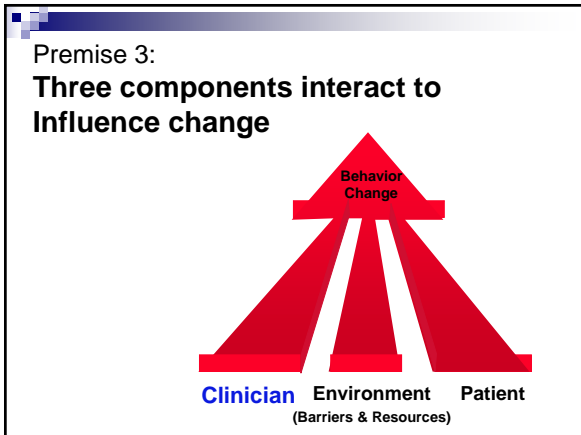
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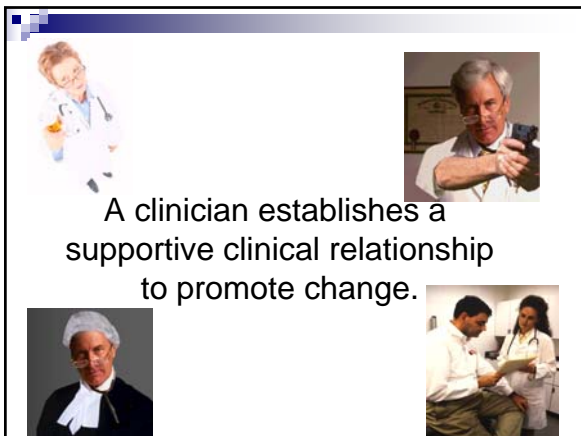
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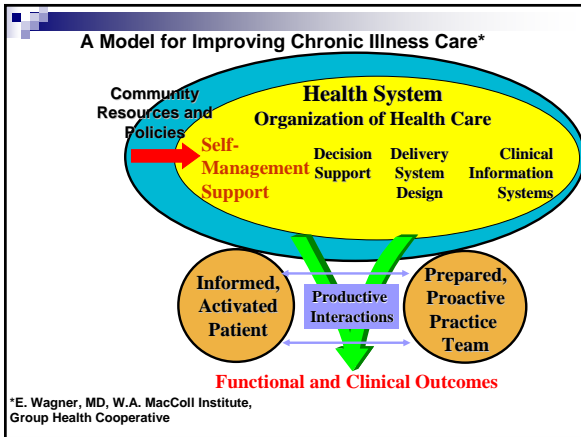
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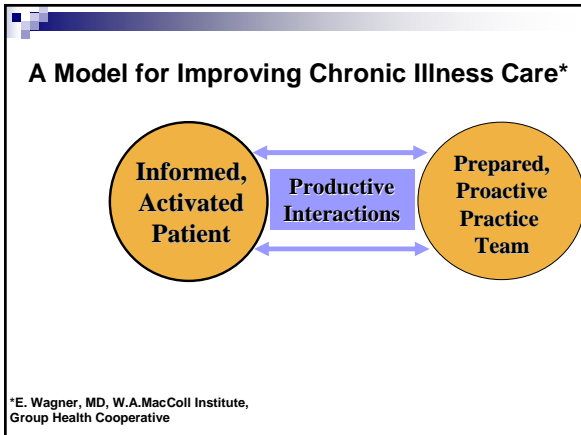
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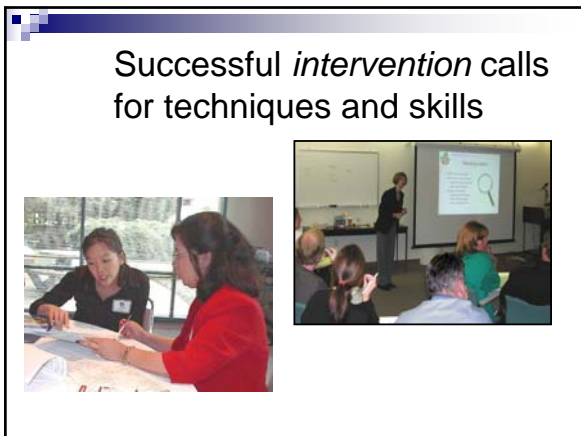
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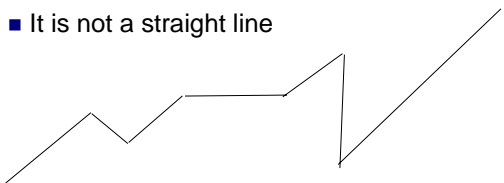
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Premise 4:  
**Change is a process**

- It takes time
- It is not a straight line



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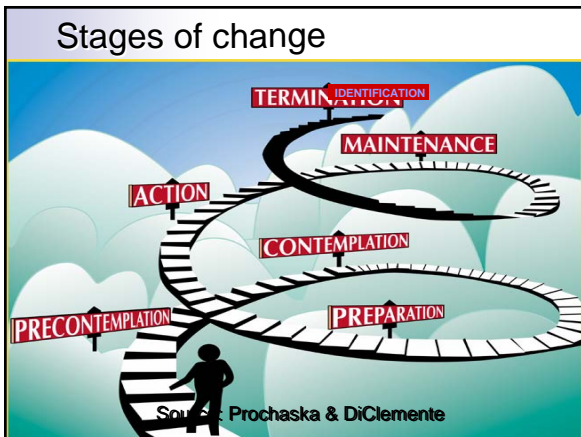
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### Stages of Change: Implications for Intervention

Finding	Implication
■ Most are not ready to take action	■ Providing action-based strategies to all is ineffective and inefficient
■ Movement of 1 stage increases the likelihood of subsequent action	■ Tailoring strategies to stage of change is more effective, efficient and satisfying
■ Relapse is the norm	■ Prepare and be vigilant for lapses; take a long term view

Source: Prochaska & DiClemente

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Clinicians can help patients begin to think about changing behavior and help patients identify “SMART” goals.

- “SMART”** Goals
- S**pecific
  - M**easurable
  - A**ttainable
  - R**ealistic
  - T**angible




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### AADE 7 Self-Care Behaviors™



- Standardized framework to:
  - Achieve behavior change
  - Determine effectiveness of patient program
  - Compare patient performance with recognized benchmarks
  - Establish the contribution of diabetes self-management training in overall diabetes care
- Appropriate framework for ALL chronic disease states – i.e., patient-centered
  - Cardiovascular Disease
  - Chronic Obstructive Pulmonary Disease
  - Arthritis
  - Other co-morbid conditions

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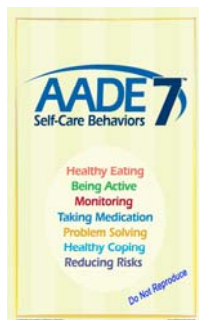
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### Framework for Goal Setting



- Healthy eating
- Being active
- Monitoring
- Taking medications
- Problem solving
- Healthy coping
- Reducing risks




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Summary of Intervention Techniques for Facilitating Behavior Change		
Assess Patient's Agenda before Advise	<ul style="list-style-type: none"> <li>■ <b>Open-ended Inquiry</b> <ul style="list-style-type: none"> <li>- Assess Conviction</li> <li>- Assess Confidence</li> </ul> </li> </ul>	
Build Rapport*	<ul style="list-style-type: none"> <li>■ <b>Reflective Listening</b></li> <li>■ <b>Empathy</b></li> <li>■ <b>Non-Verbal Skills</b></li> </ul> <p>*(Rapport is utilized throughout all the intervention techniques)</p>	
Tailor to Conviction & Confidence:	<u>To Enhance Conviction</u> <ul style="list-style-type: none"> <li>- Identify priorities</li> <li>- Offer menu of options</li> <li>- Provide information &amp; success</li> <li>Advise with permission</li> <li>- Explore and respond to ambivalence</li> <li>- Elicit and respond to change talk</li> </ul>	<u>To Enhance Confidence</u> <ul style="list-style-type: none"> <li>- Review past experiences</li> <li>- Define small realistic and achievable steps for success</li> <li>- Identify barriers and problem solve</li> <li>- Provide tools, resources</li> <li>- Teach skills</li> <li>- Attend to progress</li> <li>- Reframe setbacks</li> </ul>
Agree on Goals & Assist		
Arrange Follow-up	<ul style="list-style-type: none"> <li>■ Develop action plan with specific behavioral goals and strategies</li> <li>■ Plan for visits, calls</li> <li>■ Arrange referrals</li> </ul>	

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## Counseling / Communication Techniques

- Open ended inquiry
- Reflective listening
- Empathy

All build Rapport

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## TECHNIQUES

### Build rapport - examples

*"So, you are feeling pretty frustrated about trying to lose weight."*

*"Sounds like you are unsure about your commitment right to getting your diabetes under better control."*

*"You mentioned some worries about the costs of some of the foods we have talked about."*

*"Many patients have difficulty fitting exercise into their busy lives."*

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**TECHNIQUES**  
**Skill: open ended inquiry**  
**Goal**

- Obtain a story not an answer
- Search is for meaning not facts

**Tasks**

- Simple request - “Tell me....”
- “What” and “How” questions are effective
- “Why” questions aren’t effective; provoke defenses
- If a person can answer in one word, (yes, no, a number) the question was not open-ended

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**TECHNIQUES**  
**Skill: reflective listening**  
**Goal**

- Listen, express interest and **understand** the meaning of what the speaker is saying

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**TECHNIQUES**  
Reflective Listening bridges the gap

The diagram consists of four quadrants arranged in a square. The top-left quadrant contains the text "The words the speaker *says*". The top-right quadrant contains "The words the listener *hears*". The bottom-left quadrant contains "What the speaker *means*". The bottom-right quadrant contains "What the listener *thinks* the speaker means". A solid blue arrow labeled "2" points from the top-left to the top-right. A solid blue arrow labeled "3" points from the top-right to the bottom-right. A solid blue arrow labeled "1" points from the bottom-left to the top-left. A dotted red arrow labeled "4" points from the bottom-right to the bottom-left.

(Thomas Gordon, Parent Effectiveness Training, 1970)

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**TECHNIQUES**

**Skill: reflective listening**

**Tasks**

- To be a mirror **reflecting** the speaker:
  - repeat the words you have heard
  - short summaries
  - reflect meaning
- **Non-verbal:**
  - attentive
  - open
  - non-judgmental

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**TECHNIQUES**

**Skill: reflective listening (cont.)**

**Respond reflectively**

**Examples of "stems":**

- *So, you are saying ....*
- *It sounds like .....*
- *You are wondering if....*
- *I hear you saying....*
- *You are...*

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**TECHNIQUES**

**Skill: reflective listening (continued)**

- Every reflection opens a possibility:  
allow time for the speaker to correct, verify, add,  
refine
- As mirrors, we all have flaws --  
we learn about our distortions or  
misinterpretations as we attempt  
to accurately reflect

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### TECHNIQUES

Skill: empathy

#### Goals

- Strive to understand the “other” at a deeper level: emotions, thoughts, values
- The person experiences being seen, heard and understood

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### TECHNIQUES

Express empathy

#### Examples:

*“You seem pretty frustrated.”*

*“So, it’s really hard to feel like you are making a change when no one notices your efforts.”*

*“I think I understand how you feel ...many of my patients also have a difficult time with....”*

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### “Motivation” - Action for Change

Viewed from two perspectives:

- **Conviction:** belief about the importance of adopting the behavior
- **Confidence:** belief about the ability to adopt the behavior

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A *patient's* commitment to action (motivation) comes from strong *convictions*

- "I am convinced that making this change is important"
- "I am convinced that it is more important than other things"

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A *patient's* commitment to action (motivation) comes from strong *confidence*

- "I am confident that I can make this change"
- "I am confident that I can make this change in spite of obstacles and set-backs"

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**Conviction and Confidence can be measured**

*"On a scale of 0 to 10, how convinced are you that it is important to counsel patients about behavior change?"*

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

*"On a scale of 0 to 10, how confident are you that you can effectively counsel patients to change behavior?"*

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

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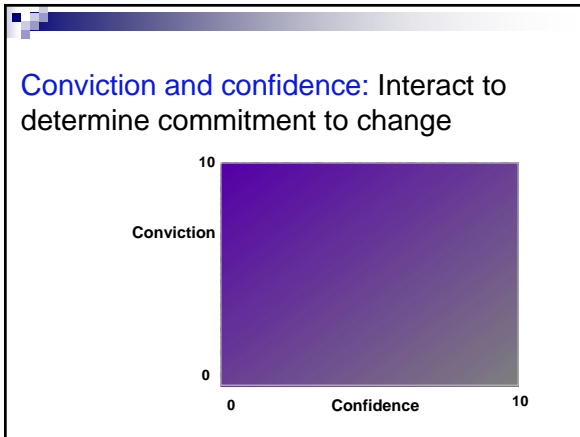
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Discover and discuss the *patient's conviction*

- *"How important is this change to you?"*
- *"How committed are you to making this change?"*

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Discover and discuss the *patient's confidence*

- *"How confident are you that you can make this change?"*
- *"How likely do you think it is that you will make this change?"*

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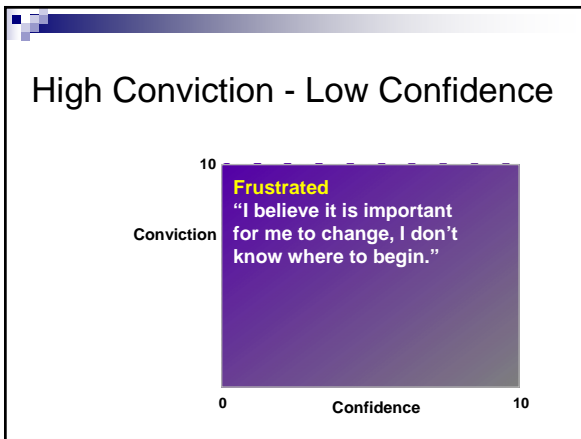
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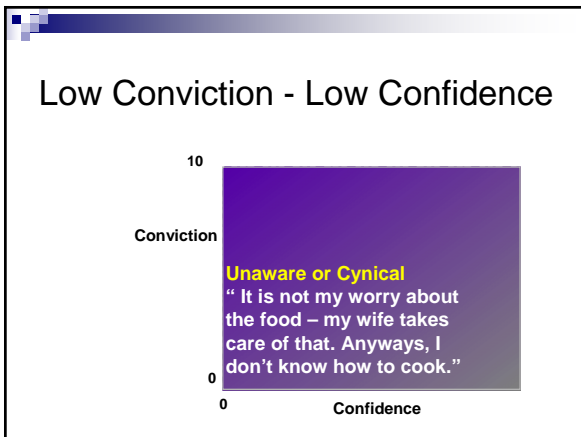
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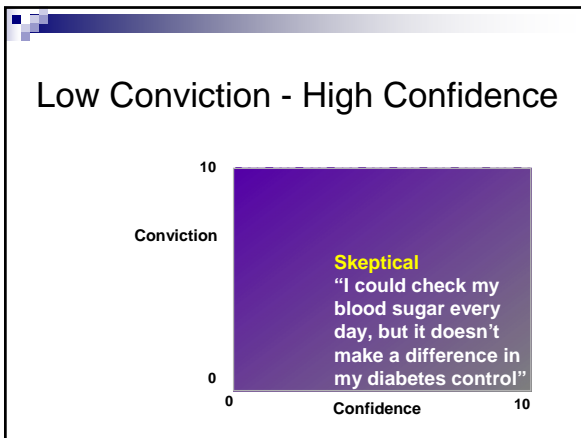
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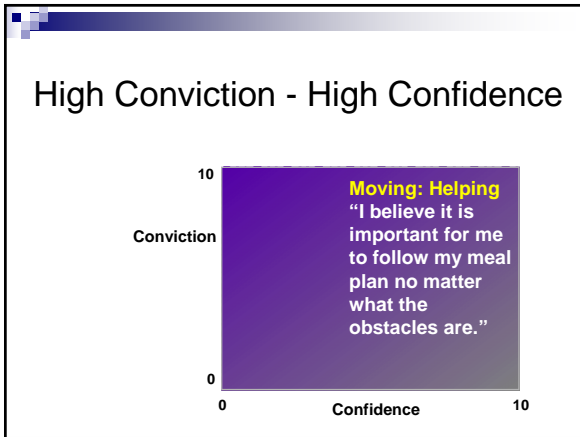
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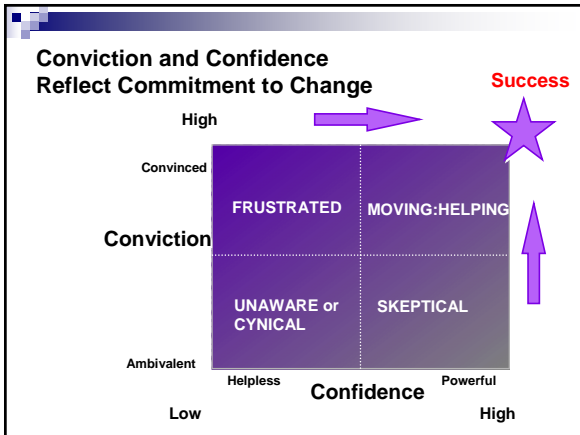
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### Assessing Conviction: Scaling

Use the rating scale to ask the patient:

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

"Why did you rate your conviction as a 2 and not zero?"

"What would have to happen to move your conviction from a 2 to a 4?"

"What could I do to help you to understand the importance of doing more?"

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## Tailor: Low Conviction

### Appropriate Goals

- Increased awareness of importance
- Increased knowledge
- Understand options, choices
- Small steps toward change
- Strengthened relationship



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## Tailor: Enhance Conviction

### Agree on Goals and Assist

- Identify patient's priorities and negotiate goals
- Offer a menu of options and support choice
- Provide new information (ask permission first)
- Explore and respond to ambivalence
- Elicit change talk



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## Enhance Conviction:

### Explore ambivalence

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



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## Responding to Ambivalence

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




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## Assessing Confidence: Scaling

*"On scale of 0 - 10, how confident are you that you can regularly check your blood sugars?"*

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

### Responses

*"Oh, a 6."*

*"What led you to rate your confidence a 6?"*

*"What would you need to get to a 7 or 8?"*

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

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## Tailor: Low Confidence

### Appropriate Goals

- Realistic and achievable goals and an action plan
- Increased knowledge and skills to accomplish task, address barriers
- Increased access to resources, in and outside the health care system
- Plans for follow-up and relapse prevention




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### Tailor: Enhance Confidence

**Agree on Goals and Assist**

- Review *past* experience - especially successes
- Define *small steps* that are likely to lead to success
- Identify *barriers* - problem-solve



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### 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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### Enhance Confidence

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



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### Case Study: Sarah



- 45 yr female
- Type 2 DM, on bolus/basal insulin regimen
- Skips breakfast, experiences hypoglycemia pre-lunch
- “No time for breakfast” on workdays
- 1 hour commute to work in AM
- Scores a “9” on conviction scale that breakfast is important, scores “3” on confidence to eat something before she leaves for work

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### Case study, Sarah, cont:

- Exhibits Low Confidence
- Explore strategies for success
  - getting up earlier
  - prepare something the night before
  - use a meal replacement
  - other....



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Summary of Intervention Techniques for Facilitating Behavior Change				
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Tailor to Conviction & Confidence:  Agree on Goals & Assist	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>To Enhance Conviction</b>                              - Identify priorities                              - Offer menu of options                              - Provide information &amp; success                              Advise with permission                              - Explore and respond to ambivalence                              - Elicit and respond to change talk                         </td> <td style="width: 50%; vertical-align: top;"> <b>To Enhance Confidence</b>                              - Review past experiences                              - Define small realistic and achievable steps for                              - Identify barriers and problem solve                              - Provide tools, resources                              - Teach skills                              - Attend to progress                              - Reframe setbacks                         </td> </tr> </table>	<b>To Enhance Conviction</b> - Identify priorities - Offer menu of options - Provide information & success Advise with permission - Explore and respond to ambivalence - Elicit and respond to change talk	<b>To Enhance Confidence</b> - Review past experiences - Define small realistic and achievable steps for - Identify barriers and problem solve - Provide tools, resources - Teach skills - Attend to progress - Reframe setbacks	
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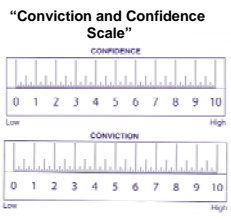
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### Resources:



AADE7 Goal Sheet



"Conviction and Confidence Scale"



Health Behavior Change  
A GUIDE FOR PRACTITIONERS

Order form:  
<http://www.aadenet.org/pdf/AADE7GoalSheetOrderForm2.pdf>

Available at:  
[www.Elsevierhealth.com](http://www.Elsevierhealth.com)

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### AADE 7 Self-Care Behaviors™ Goal Sheet



- Three-part carbonless form to assist educators
  - Introduce patients to the AADE7™ self-care behaviors
  - Use as a "menu" to help patients select self-care behaviors they are interested in changing
  - Work with patients in goal setting
  - Tracking and measuring individual behavior change over time
  - Document outcomes – use as part of a Continuous Quality Improvement (CQI) tool
- Other tools are being considered

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### Yes, You Can Help Patients Change Behavior!



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