






Enhancing Self-Management Support: Obesity and Diabetes

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Objectives

- ❖ Illustrate (review) principles of Motivational Interviewing
- ❖ Discuss applications of Motivational Interviewing to address obesity and diabetes
- ❖ Explain how to develop an optimally effective Brief Action Plan

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Introductions



- ❖ What is your role and discipline?
- ❖ What has your prior training been with Motivational Interviewing (MI) and Brief Action Planning (BAP)?
- ❖ What are successes and challenges do you encounter using MI and BAP?



- ❖ What kind of challenges do you experience working with patients who have poorly controlled diabetes or who are obese?
- ❖ What expertise and skills do you bring to your patients who have diabetes or who are obese?
- ❖ What do we know about successful weight management?
- ❖ What do we know about diabetic control?

Why Self Management Support?



Behavior change is difficult!



Role Play



Persuasion Exercise (NOT MI)



Counselor Role: try as hard as you can to convince and persuade the speaker to make the change they are considering

- ❖ Explain why they should make the change
- ❖ Give at least 3 specific benefits from the change
- ❖ Tell the person how they could make the change
- ❖ Emphasize how important it is for them to change – include negative consequences of not changing
- ❖ Tell/persuade the person to do it.

A Taste of MI



Counselor Role: Don't try to persuade or fix anything. Don't offer advice. Ask these questions, listen and reflect

- ❖ Why would you want to make this change?
- ❖ If you did decide to make this change, how might you go about it in order to succeed?
- ❖ What are the 3 best reasons for you to do it?
- ❖ How important is it for you to make this change, on a scale of 0 to 10, (follow-up – why not a lower number?)
- ❖ Summarize and then ask, so what do you think you will do?

MI Central Principles



- ❖ Express empathy
- ❖ Develop discrepancy (mismatch between where they are and values or where they want to be) **AMBIVALENCE**
- ❖ Roll with resistance
- ❖ Support self-efficacy
 - http://www.youtube.com/watch?feature=player_embedded&v=H0ifIQNwXBE





Giving Information and Advice



- ❖ **Ask** (Elicit)
 - What do they already know?
 - Permission
- ❖ **Tell** (Provide)
 - Information or concern you have
 - Qualify, honoring autonomy
- ❖ **Ask** (Elicit)
 - What did they hear you say?
 - How does that apply to patient?
 - What does patient make of it?

AMBIVALENCE



Status Quo



Behavior Change

Avoiding the Righting Reflex

<http://Vimeo.com/18469694>

Client-Centered Counseling Skills

- ❖ OARS – the foundation of MI
 - ❖ Open ended question
 - ❖ Affirm
 - ❖ Reflect
 - ❖ Summarize



Open Ended Questions



- ❖ What makes a good open ended question?
- ❖ What happens with a question and answer pattern?

Affirmation



- ❖ Comment favorably on a trait, attribute or strength of the client.
 - ...not for being adherent or a “good patient”
- ❖ Why are affirmations important?

Reflections



- ❖ Perhaps most important – Why?
- ❖ Recommended 2 to 3 reflections for every question
- ❖ Vary type of reflections
 - Simple
 - Amplified
 - Double-sided
 - Affective
 - Complex



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Reflections



Examples of reflections:

- ❖ <http://www.youtube.com/watch?v=SZ-IH-V7oJ4>

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Summaries



- ❖ Collection of reflections
- ❖ Communicates your understanding
- ❖ Use as transition
- ❖ Helps if conversation is stuck or unproductive
 - Let me see if I understand what you've told me so far.....What have I missed?



It Starts with the Relationship: Using OARS



- ❖ Physician and man who uses heroin
 - http://www.youtube.com/watch?v=TGhj06-sM2Y&feature=player_detailpage

What is unique to MI?



- ❖ Attuned to and guided by certain types of natural language (change talk)
- ❖ Intentional, differential evoking and strengthening of change talk – exploring a person's own motivations for change
- ❖ Strategic-directional use of client-centered therapy methods (OARS)

Motivational Interviewing
is the WHY before the WHAT

Change Talk: DARN CAT



Preparatory Change Talk

- ❖ **D**esire (want, like, wish...)
- ❖ **A**bility (can, could...)
- ❖ **R**eason (if...then)
- ❖ **N**eed (need, have to, got to...)

Implementing Change Talk (reflects resolution of ambivalence)

- ❖ **C**ommitment (willing, ready, preparing...)
- ❖ **A**ctivation (intention, decision, promise)
- ❖ **T**aking Steps

Change Talk



The more someone talks about change
the more likely they are to change

- ❖ Evoke it
- ❖ Recognize it
- ❖ Strengthen it

Evoking Change Talk



- ❖ Evocative questions
- ❖ Decisional balance (pros and cons)
- ❖ Good things/not-so-good things
- ❖ Elaborations/examples
- ❖ Look back; Look forward
- ❖ Query extremes
- ❖ Change rulers: importance, readiness, confidence
- ❖ Goals and values
- ❖ Come alongside

Responding to Change Talk



Strengthen it!

- ❖ **E**laborating – asking for elaboration, more detail, in what ways, and example....
- ❖ **A**ffirming – commenting positively on person's statement
- ❖ **R**eflecting
- ❖ **S**ummarizing – collecting up change talk

Rolling with Sustain Talk



- ❖ **Simple reflection** – simply acknowledge patient’s disagreement, emotion, or perception
- ❖ **Double-sided reflection** – acknowledge and add to it the other side of the patient’s ambivalence
- ❖ **Clarification** – verify your understanding matches client’s perspective
- ❖ **Shifting focus** – shift attention away from what seems to be a stumbling block
- ❖ **Emphasizing Personal Choice and Control** – assure that they determine what happens in the end

Diabetic patient



- ❖ Target: Improved glycemic control
- ❖ Component behaviors:
 - Diet
 - Exercise
 - Medication
 - Monitoring
 - Stress management
 - Smoking cessation

Responding to Change Talk and Sustain Talk



- ❖ I think I'm doing about as well as I can at this point
- ❖ I certainly don't want to go blind
- ❖ I've always disliked exercise
- ❖ I really hate pricking my finger
- ❖ Well, I wouldn't mind cutting down on stress in my life
- ❖ I probably could exercise more

Responding to Change Talk and Sustain Talk



- ❖ Yes, I'm going to exercise more
- ❖ It is really hard to stay on a strict diet
- ❖ I used to exercise regularly
- ❖ I've got to get my blood sugar under control
- ❖ I'm going to get my blood sugar under control
- ❖ I'm willing to take oral medicine but I don't want to take insulin shots

Responding to Change Talk and Sustain Talk



- ❖ There is no way I want to take insulin shots
- ❖ I bought a glucose monitor last weekend
- ❖ I don't think I really have diabetes
- ❖ I wish I could have less stress in my life
- ❖ I might be able to cut down on sweets
- ❖ I'm not much on eating vegetables. I guess I'll eat more of them but I don't enjoy them
- ❖ It is pretty scary thinking about losing my feet

Responding to Change Talk and Sustain Talk



- ❖ I'll think about eating more fruit
- ❖ I hope to take off 20 pounds
- ❖ I certainly don't want to end up on dialysis
- ❖ I started keeping track of what I ate this week
- ❖ What kind of things do I have to eat?
- ❖ There is no way I am going to walk when it is cold outside
- ❖ I don't mind walking but I'm not going to the gym

Snatch the Change Talk



- ❖ I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard.
- ❖ Its just a hassle to take all of those pills. I'm supposed to remember to take them four times a day. And I hate how they make me fell, I guess there is good reason for it, but its just not possible for me.
- ❖ I know you are worried that I'm getting addicted, and I guess I can see what you mean, but I really need more pain medicine. I don't know how I would get through the day without it. If you won't prescribe it, then I'll find someone who will.

Snatch the Change Talk

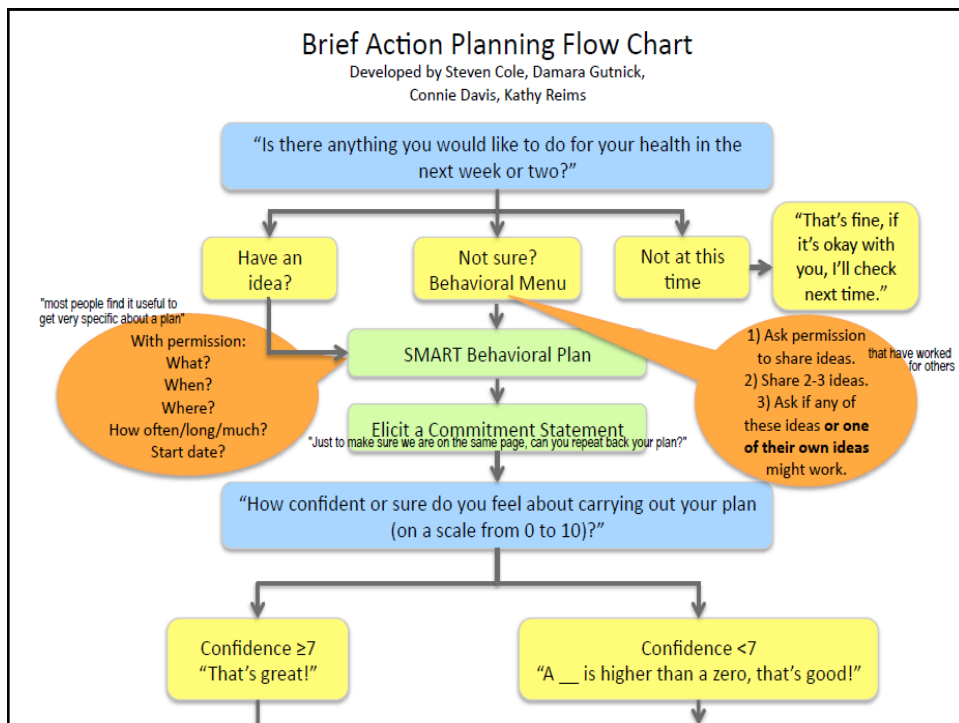


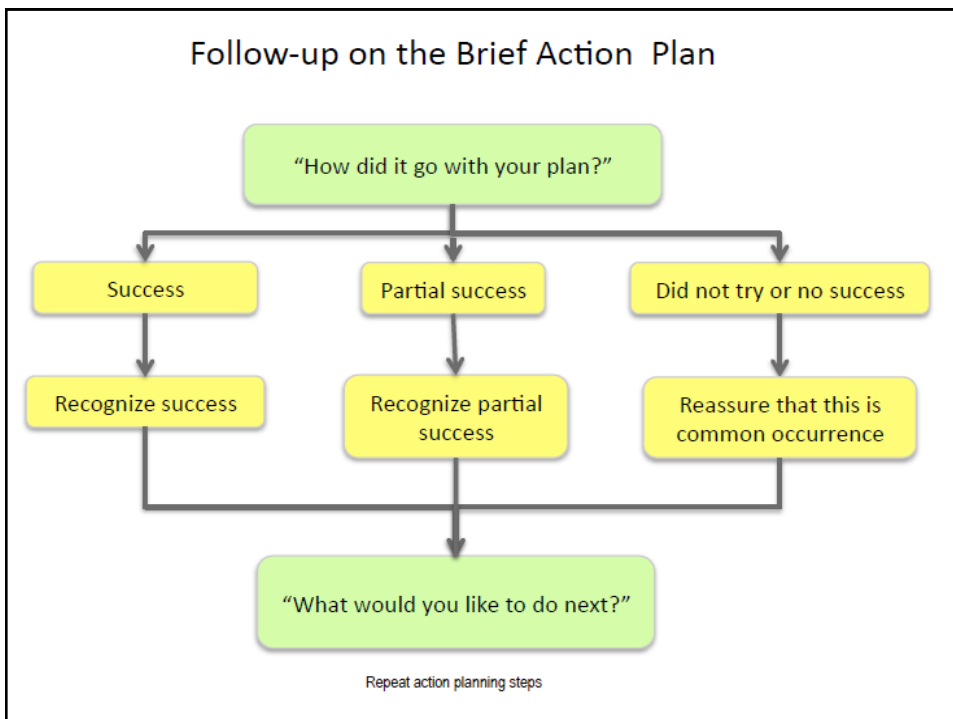
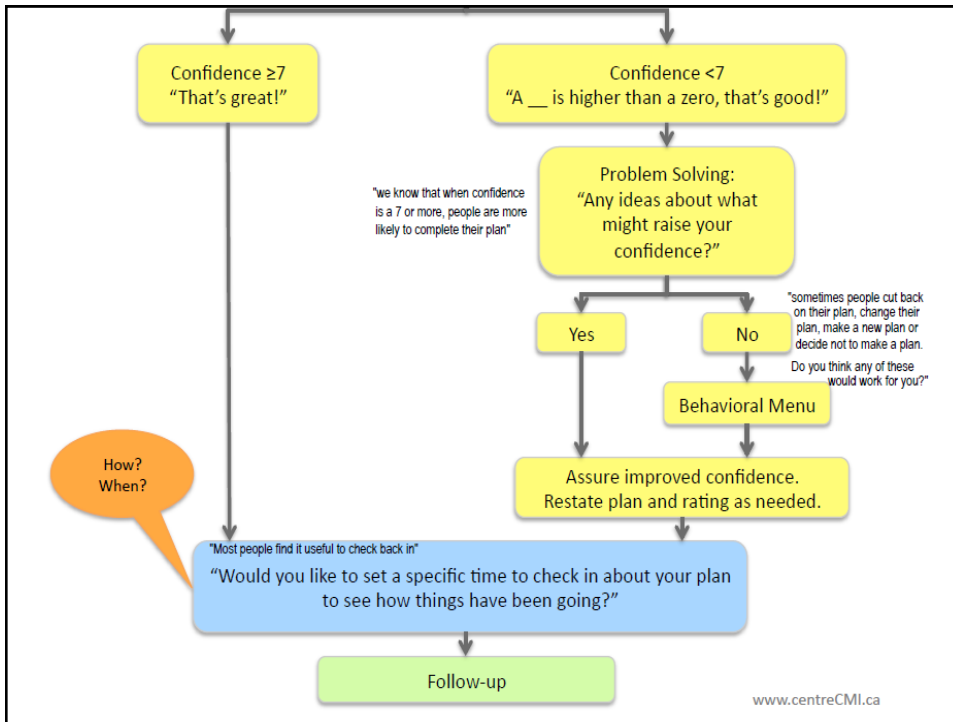
- ❖ I was worried there at first, but I don't think I really have diabetes. The doctor said it was "borderline" or something like that, and I feel fine.
- ❖ See, the thing is, all my friends drink. Some of them probably drink way too much, too, but if I quit drinking, I don't have any friends. I just stay home.
- ❖ Well sure, I'd like to be as healthy as I can, but I'm 68 , for heaven's sake. I figure I can get away with some bad habits now. They won't have time to catch up wit me.

Moving to action planning...

If and when the person is ready -
don't do too soon!

Readiness Change Talk (CAT)





SMART Goals



- ❖ **Specific**
 - What? (get as detailed as possible)
 - When?
 - Where?
 - How often/long/much?
 - Start date?
- ❖ **Measurable**
- ❖ **Attainable**
- ❖ **Relevant**
- ❖ **Time-based**

MI in Action



- ❖ **Video:** Example of less effective interviewing (pediatrician and mother who smokes) (Not MI)
<http://www.youtube.com/watch?v=80XyNE89eCs&feature=relmfu>
- ❖ **Video:** (pediatrician and mother who smokes) (MI)
 - http://www.youtube.com/watch?feature=player_detailpage&v=URiKA7CKtfc

Summary

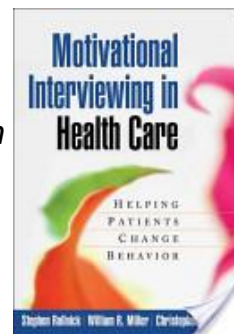


- ❖ What do you think were important things from today?
- ❖ What are some of the challenges in what we talked about?
- ❖ What are some specific things you might want to implement? How might you go about that?

Resources



- ❖ Rollnick S, Miller WR, Butler CC. (2007). *Motivational interviewing in health care: Helping patients change behavior*.
- ❖ Center for Collaboration, Motivation, and Innovation:
<http://www.centrecmi.ca/learn/brief-action-planning/>




Questions?


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