Facilitating Behavior Change: The Missing Link in Diabetes Care

Marc Steinberg, MD, FAAP
mpsteinberg@icloud.com
Missoula, Montana
406.459.0244
http://www.mimedical.net

Wouldn't our jobs be a lot easier if people just did what we told them to do?

With your table mates identify reasons why people don't do what we tell them to do?

Ambivalence is like an internal committee

- The members who advocate for change argue: "There are benefits for me to at least try something different."
- The conservative members sustain the status quo: . "It takes a lot of time to do that stuff. It's easier not to do it."

Ambivalence

- For a while a person listens to the committee's debates for and against
- Listening to arguments often becomes unpleasant so after a while the committee takes a break
- And status quo prevails.

The **RIGHTING REFLEX** is telling people what we think they should do

It's more of a dysfunction than a help

Helpful signs tell us when we resort to the RIGHTING REFLEX:

- Working persuasively without permission
- We're working harder than the patient by trying to install change

The RIGHTING REFLEX often fails because:

- ***STATUS QUO*** *IS PERCEIVED AS EASIER,* **CHANGE IS HARD WORK**
- ***AMBIVALENCE*** IS UNRESOLVED; PEOPLE HAVE CONCERNS ABOUT SUCCESS
- THERE ARE COSTS TO CHANGE

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Remember: **THE MOST INFLUENTIAL AND PERSUASIVE VOICE IS WITHIN THE PERSON YOU'RE SEEING**

Other conditions can inhibit change

- **Reactance**
- **Other priorities perceived to be more urgent**
- **Mental health issues: depression, substance use, disordered eating, psychological stress**
- **Ability issues: cognition, resource availability, social/cultural issues**

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It's Shocking!

- The diagnosis of diabetes overwhelms people
- Accompanied with the diagnosis are two burdensome lists: "What I should do" and "What I should not do"
- A new serious condition along with difficult self-care lists is often stressful for people
- Even those working hard to improve their self-care can feel overwhelmed

BELIEVE IT OR NOT
EVEN WE CAN INHIBIT CHANGE

- **Discord (arguing for change)**
- **The Righting Reflex ("installing change")**

MI offers an alternate practice style

"Motivational interviewing is a *collaborative,* goal oriented style of communication with *particular attention to the language of change*. It is designed to *strengthen personal motivation for and commitment* to a specific goal by *eliciting and exploring the person's own reasons for change* within an atmosphere of *acceptance and compassion*."

Miller WR, Rollnick, S. Motivational Interviewing: Helping People Change, 3rd edition. New York: Guilford Press, 2013, p 29.

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Have a 90 seconds discussion with your team and define:

- CHANGE TALK
- ACTIVATED CHANGE TALK (aka COMMITMENT LANGUAGE)

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Change Talk & Commitment Language: WHY SO IMPORTANT?

The more change talk people use, the more likely they are to initiate change. (Magill M, Apodaca TR, Barnett NP, Monti PM: The route to change: within-session predictors of change plan completion in a motivational interview. *J Subst Abuse Treat* 38:299-305, 2010)

The frequency and strength of activated change talk predicts the success of change. (Amrhein PC, Miller WR, Yahne CE, Palmer M, Fulcher, L: Client commitment language during motivational interviewing predicts drug use outcomes. J Con Clin Psychol 71: 862-878, 2003)

It is a powerful way for patients to tell *themselves and us* what they want to change and how they will do it.

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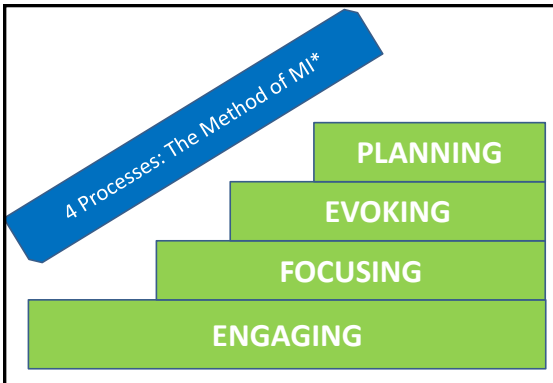

* Miller WM, Rollnick S, The Method of MI In *Motivational Interviewing: Helping People Change, Third Edition*. New York: Guilford Press, 2013, p.26

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How MI differs from other approaches

- *Directional* not directive
- *Guides* rather than leads
- Avoids disagreements (arguing/debating)
- MI is a style of relating to people

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The Heart-Set and Mind-Set

- Partnership
- Acceptance
- Compassion
- Evocation

Identify the ideal qualities of a clinician

1. IMAGINE you recently learned that you have type 1 diabetes.
2. *What qualities would you like see in a clinician if you were struggling with uncertainties about whether or not you could provide adequate self-care?*

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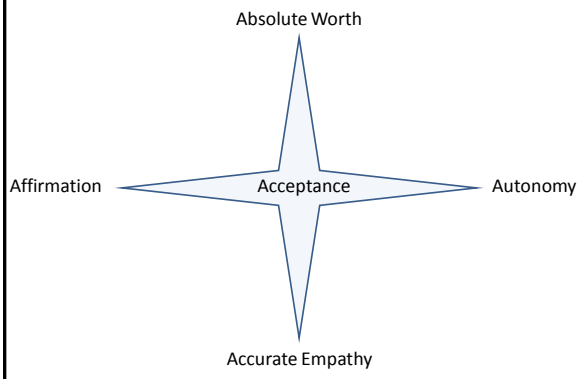
Partnership

- You bring expertise to consultations *and* so do your patients, a wonderful basis for **PARTNERSHIP**
- People with chronic conditions acquire day to day expertise
- Partnership is "horizontal" collaboration, two experts, one with healthcare expertise and the other with a *unique* personal expertise

Acceptance

- Acceptance creates a positive environment that frees people to think about what they might or could be
- Avoids finger-wagging, "You ought to do this" or "Don't do it like that"
- Acceptance has 4 aspects – autonomy, absolute worth, accurate empathy, affirmation



Miller WR, Rollnick, S. *Motivational Interviewing: Helping People Change, 3rd edition.* New York: Guilford Press, 2013, p 17.

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Autonomy

- We don't "give" people autonomy; they make all the decisions about what they do
- Acknowledging this during conversations with patients frees them up to think about change, rather than reacting to what you just said
- Autonomy also makes your job easier; you don't have to attempt the impossible, "*getting someone*" to do something

Absolute Worth

- People have dignity and deserve humane treatment
- They don't need to prove their worth to earn our respect

Accurate Empathy

- Empathy is the desire to see the world from another person's perspective
- It's neither sympathy nor encouragement
- It reflects a deeper understanding of another's plight

Affirmation

- This aspect of MI creates a powerful, positive person centered momentum
- Rather than focusing on people's deficits or mistakes, affirmation centers on strengths – accomplishments, insights, capacities for change
- We will discuss this more in MI skills

Compassion

- Concern about the person's well-being
- A desire and commitment to work for ameliorating or preventing suffering
- "First do no harm," an underlying purpose of good healthcare, is an example of working for people's welfare

Evocation

- Throughout an MI conversation is: *"You have what you need and we will work together to find it."*
- People typically have at least a bit of ambivalence
- MI is used to evoke the thoughts and ideas patients have about change
- Reflections about patients' thoughts evoke more details, offering you *a way to help them as they build their plans*

Core Interviewing Skills: OARS

- **O**pen Questions
- **A**ffirmations
- **R**eflective listening
- **S**ummaries

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Open Questions

Offer people time to think before answering

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Open Questions

- "What topics would you like to do here today?"
- "Where do you want your diabetes to be in 5 to 10 years?"
- "How can I help with the concerns you have?"
- "What's the biggest change you've ever made that still benefits you today?" (What they say provides affirmations.)

Open Questions

- More time to think about answers creates *a person-centered momentum*
- They are especially suited to creating a rhythm in the interview, 1 question followed by 2 or 3 reflections:
- "Your weight concerns you, and experience has taught you that both what you eat and more physical activity help you to lose weight."

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OPEN QUESTIONS

- Are an important part of the 2nd MI process
- Closed questions (those answerable with minimal detail or a simple yes or no) are not wrong. But at times they can clash with evocation and reflective listening.

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AFFIRMATIONS

- Affirmations are statements about the person's self efficacy, efforts, achievements or insights.
- Affirmations often involve empathy: "A few years ago you stopped smoking in one month. You're capable of making difficult changes to improve your life."
- Affirmations demonstrate you understand the patient's strengths and prior successes.
- It is not cheerleading – it is about an important accomplishment.

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AFFIRMATION EXAMPLES

- "Challenges you overcame measuring blood glucose levels helped you learn more about your diabetes."
- "The insights you have about how you ate as a child strengthens your desire to provide healthier meals and snacks for your own children."

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AFFIRMATIONS

- Notice and affirm change talk, taking steps and positive action
- Be genuine: affirmations are not praise. They are factual statements
- Use an affirmation as a segue to discuss trials with new behaviors

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In MI, reflections are the heart of evocation. Reflective listening is an essential skill for helping people change.

Reflections: Statements that evoke the patient's ideas or perspectives

- Listen for change talk and use it in your reflections
- Listen to what is said *rather than thinking about your next question*
- What *feelings* does the person wind around the words?
- Levels of reflection:
  - Simple Reflection – Rephrase or repeat
  - Complex reflection – Paraphrase or add more than one idea – can amplify by adding feeling/emotion)

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Forming Reflective *Statements*

- Not a question; a statement
- A hypothesis, a guess
- Inflect your voice downward

"You are really discouraged about having to accurately count carbs." (complex reflection)

- *Doesn't matter if our reflections are correct or accurate – people will correct us!*

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Reflective Listening and Evoking

- Reflective listening opens the door to evoking
- It takes time to get it down but it's definitely learnable
- 2 or 3 reflections for each question creates a rhythm
- Research shows coaching facilitates learning how to do this

(Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 72*, 1050-1062.)

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Summaries are reflections of CHANGE TALK you've heard

- Indicate you're about to summarize
- Focus on efforts and attempts to deal with ambivalence
- Summaries can be used to create a transition
- End with invitation- is this about right, what do you think?

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OARS sharply contrast with the RIGHTING REFLEX

- OARS allow people to tell us more about themselves
- OARS ARE BASIC SKILLS that can help us *when we feel stuck*

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ROWING IN AN INTERVIEW

•In the videos we have watched which skill is used more: QUESTIONS or REFLECTIONS?

•In groups of 2 take turns interviewing one another in the "patient's" area of ambivalence

• Reflections, Affirmations & Summaries to EVOKE CHANGE TALK

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TRANSITIONING FROM CHANGE TALK TO COMMITMENT (Activated Change Talk)

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Elements of Change Talk

- Change Talk can take several forms (DARN):
  - **D**esire to Change
  - **A**bility to Change
  - **R**easons to Change
  - **N**eed to Change
- **DARN= the** trajectory in ***preparing*** for change

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Change Talk Comes In Strengths

LOW

1. I might be able to
2. I am going to try
3. I think I can
4. I'm pretty sure that I could
5. I'm positive I could

HIGH

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Activated Change Talk

- Statements a person makes about taking steps to change the status quo
- There are two other terms for activated change talk – commitment language and mobilized change talk

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Activated Change Talk

- COMMITMENT (intention, decision)
- ACTIVATION (ready, prepared, willing)
- TAKING STEPS
- CAT is the language of *initiating action*

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Facilitating Commitment from Change Talk

- EARS
- E: Elaborating: Asking for elaboration, more detail, "so, what might that look like"
- A: Affirming: Commenting positively on the person's capability
- R: Reflecting: Forward moving reflections – you want to think about how you would do ____
- S: Summarizing – collecting bouquets of change talk

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Negotiating Commitment, a time for open questions

- Setting Goals: BENEFITS
  - "What would you accomplish by being more physically active?"
- Considering Change Options : REASONS FOR DOING IT
  - "What is the most important part you see in your physical activity plan?"
- Eliciting Commitment: WILLINGNESS
  - "How would it feel to start this now?"
- Arriving at a Plan: INITIATING ACTION
  - "What would your day look like with physical activity?"

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Consolidating Commitment

Notice differences in commitment language:

- High
  - I will/promise/swear/guarantee
  - I intend to/agree to/am ready to
  - I plan/expect/resolve/aim to
  - I hope/will try to/will see about
  - I guess/think/suppose
- Low

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ASSESSING READINESS FOR COMMITMENT

✓Is change talk strong?

✓Is there some commitment language present?

✓Is the client ready to make a plan (that includes accountability)?

✓Is the client willing to set a start date?

✓Is the client able to achieve success with the plan (is the plan realistic)?

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IMPORTANCE RULER

- On a scale from zero to ten, how *important* it is for you . . .

0 1 2 3 4 5 6 7 8 9 10

Not At All Extremely

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CONFIDENCE RULER

On a scale from zero to ten, how confident are you that you . . .

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

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Ruler Questions:

Why are you at ____ and not (a lower number)?

What would it take for you to get to (higher number)?

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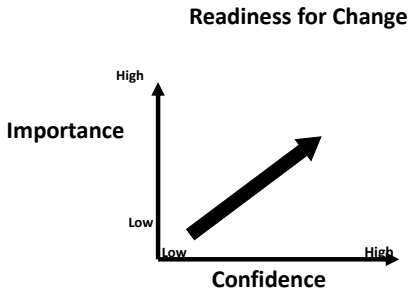

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Providing Information or Advice

Information and Advice: *3 Kinds of Permission*

- ✓ The person asks you for advice or info

"Which option is best for you?"

- ✓ You ask permission to give advice or info:

"Would it be helpful for me to suggest some choices?"

- ✓ You qualify the advice or info to emphasize autonomy

"I can provide you with some ideas and you could decide what would work best for you."

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Elicit – Provide – Elicit (E-P-E)

- Stick to the principle of necessary and sufficient
- It can be helpful to ask the patient what they already know about the topic: "What do you already know about _____?"
- *Always ask permission. It helps partnership to emphasize autonomy.* "Would it be helpful to you if I offered (either information or advice)? You are the one making the decisions about to do."
- End with evoking: What do you think of what I said?"

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Ethical Reasons for Offering Advice

- Ask permission, "Can I speak with you about something important?"
- Express your concerns: "It is important for you to know that not using your insulin can make you seriously ill."
- Evoke further exploration of the topic: "I am interested in what you think about this."

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PUTTING IT ALL TOGETHER

- Pair up with someone you have not interviewed today.
- Use the spirit of MI, OARS and scaling tools.
- WHAT ARE THE PREREQUISITES FOR A SUCCESSFUL COMMITMENT TO CHANGE?

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Questions, Concerns and Comments
are welcomed:
Marc Steinberg, MD
mpsteinberg2003@yahoo.com
406.459.0244
Thank You
Happy Guiding!

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