Core Competencies for Enhancing Motivation and Self-Management

Objectives

By the end of the sessions, participants will be able to:

• List the Core Clinical Competencies for Self-Management Support

• Identify several key strategies for motivating patients to participate in self-management

• Choose one strategy for supporting self-management to implement/practice over the next several weeks
Why are we here?

A health care provider can influence what a patient and family does which produces positive health outcomes and everyone benefits.
A Model for Planned Care*

Community Resources and Policies

Self-Management Support

Health System Organization of Health Care

Decision Support
Delivery System Design
Clinical Information Systems

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Productive Interactions

Prepared, Proactive Practice Team

Functional and Clinical Outcomes

*E. Wagner, MD, W.A. MacColl Institute, Group Health Cooperative of Puget Sound
What is self-management support?

- helping people to understand their condition and health behaviors and to develop strategies to live as fully and productively as they can

(Bodenheimer et al, 2002; Lorig et al, 2003)
Self-Management Tasks

- To take care of the illness *(medical management)*
- To carry out normal activities *(role management)*
- To manage emotional changes *(emotional management)*

*(Corbin & Strauss, 1998 Bodenheimer et al, 2002; Lorig et al, 2003)*
Self-Management Support is NOT

- Didactic Patient Education
- Lecturing
- Inducing fear
- Finger-wagging
- “You should”
- Shaming
- Waiting for a patient to ask

(Connie Davis; Judith Schaeffer, ICIC)
• Addressing knowledge is necessary but not sufficient to produce changes in chronic illness care outcomes

• Key strategies for improving outcomes of educational and behavior change interventions:
  • assessment of patient-specific needs and barriers
  • goal setting
  • enhancing skills, problem-solving
  • follow-up and support
  • increasing access to resources

(Bodenheimer et al, 2002; Glasgow et al, 2003; Fisher et al, 2005)
Empowerment

- “Empowerment” equals:
  - Being confident
  - Feeling in control
  - Setting and achieving goals
  - Problem-solving to overcome barriers
  - Associated with better outcomes

(Anderson et al, Diabetes Care, 1995)
Self-Management Support: Core Competencies

- Relationship Building
- Exploring patients’ needs, expectations and values
- Information Sharing
- Collaborative Goal Setting
- Action Planning
- Skill Building and Problem Solving
- Follow-up on progress
Self-Management Support: Core Competencies

Relationship Building Skills

- Open-ended inquiry
- Reflective listening
- Empathy
- Affirmation
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 as effective; provoke defenses
  - If a person can answer in one word (yes, no, a number) the question was not open-ended
Skill: Reflective Listening

Goal

- Listen, express interest and understand the meaning of what the speaker is saying
Reflective Listening Bridges the Gaps

1. What the speaker means
2. The words the speaker says
3. The words the listener hears
4. What the listener thinks the speaker means

(Thomas Gordon, 1970)
Skill: Reflective Listening

Tasks

• To be a mirror reflecting the speaker:
  • repeat the words you have heard
  • short summaries
  • reflect meaning
  • wait for a response

• Non-verbal:
  • attentive
  • open
  • non-judgmental
Responding reflectively

Stems:

• *So, you are saying* ….  
• *It sounds like* …..  
• *You are wondering if*….  
• *I hear you saying*….  
• *You are*…..
Skill: Reflective Listening (continued)

- Every reflection opens a possibility: speaker may correct, verify, add, refine

- As mirrors, we all have flaws -- we learn about our distortions or misinterpretations as we attempt to accurately reflect
Skill: Empathy

Goals

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

Tasks

• Attend to and **reflect** the other’s expressed thoughts, emotions, values

• Express **understanding**
  • Normalize, legitimate, affirm
  • Self-disclose, when appropriate

• **Non-verbal:**
  • Open, non-judgmental body posture and gestures
Empathy - examples

“You seem pretty frustrated.”

“So, you feel more relaxed when you are able to find time for exercise.”

“Many people have difficulty remembering to take their medications regularly.”

“I’m impressed with what you have been able to accomplish, despite the barriers you mentioned.”

“I have struggled with similar issues with my parents.”
Self-Management Support: Core Competencies

- Relationship Building
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- Information Sharing
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- Action Planning
- Skill Building and Problem Solving
- Follow-up on progress
Exploring Needs, Expectations, Values

• Agenda

“What are you hoping to accomplish today?”

“What would you like to work on?”

“What are you concerned about?”

• Menu of options

• Current knowledge, behavior, beliefs

• Conviction, Confidence
If you have DIABETES, here are some things you can talk about with your health care provider.

Choose to talk about changing any of these and add other concerns in the blank circles.

- Blood glucose monitoring
- Taking medications to help control blood sugar
- Skin care
- Taking insulin
- Losing weight
- Depression 😞
- Smoking
- Diet
- Daily foot care

(RI Dept of Health Chronic Care Collaborative)
Explore Conviction/Importance

“How convinced are you that it is important to monitor your blood sugars?”

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

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)
Explore Conviction/Importance

“How convinced are you that it is important to monitor your blood sugars?”

Not at all convinced

0 1 2 3 4 5 6 7 8 9 10 Totally convinced

“What makes you say 4?”

“What leads you to say 4 and not zero?”

“What would it take (or have to happen) to move it to a 6?”

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)
Enhancing Conviction: Exploring ambivalence

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

(Miller & Rollnick, 1991; 2002; Miller, 2000)
Enhancing Conviction: Responding to Ambivalence

- **Reflection**
  - simple reflection and summaries
  - double sided reflection: “So on the one hand……., while on the other hand…….”

- **Empathy**

- **Acknowledge and affirm change talk and commitment language**

(Miller & Rollnick, 1991; 2002; Miller, 2000)
Enhancing Conviction: Share Information

Ask Permission

Ask Understanding

Tell (Personalize)

Ask Understanding
Enhancing Conviction
Collaborative Goal Setting

• Offer options
  • “What is a reasonable next step?”
  • “What appeals to you the most?”
  • “What would you like to try?”

• Support patient choice of a goal

(Williams, 1998)
Strategies for Enhancing Conviction/Importance

- Use the Conviction/Importance ruler
- Explore ambivalence
- Elicit and respond to change talk
- Share information (with permission)
- Collaborative Goal Setting
Self-Management Support: Core Competencies

- Relationship Building
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- Information Sharing
- Collaborative Goal Setting
- Action Planning
- Skill Building and Problem Solving
- Follow-up on progress
Action Planning – Starts with SMART Goals

- **Specific** and behavioral
- **Measurable**
- **Attractive**
- **Realistic**
- **Timely**
Action Plan

1. Goals: Something you WANT to do
2. Describe
   - How
   - What
   - When
   - Where
   - Frequency
3. Barriers
4. Plans to overcome barriers
5. Conviction and Confidence ratings (0-10)
6. Follow-Up:
Action Planning: Explore and Enhance Confidence

“How confident are you that you can meet your goal of exercising 5 days a week?

Not at all confident

0   1   2   3   4   5   6   7   8   9   10  Totally confident

“What makes you say 6?

“What might help you to get to a 7 or 8?”

“What could I do to help you to feel more confident?”

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)
Enhancing Confidence

- Review past experience - especially successes
- Define small steps that are likely to lead to success
Enhancing Confidence

- Provide tools, strategies, resources
- Teach skills
- Address barriers/problem-solve
- Link to community resources and programs
Enhancing Confidence: Identifying Barriers & Problem-Solving

- 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?
- Reassess confidence – make sure it is at least 7
Follow-up on Progress

- Timely
- Specify modality and team member
- Attend to progress and to perceive slips as occasions for problem solving rather than as failure
Self-Management Support: Core Competencies

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- Action Planning
- Skill Building and Problem Solving
- Follow-up on progress
Supporting Self-management: Demonstration

What did the interviewer do to:

- Build a relationship
- Explore the person’s needs, expectations and values
- Enhance Conviction
- Share Information
- Collaborate on a Goal
- Enhance Confidence
- Address Action Planning, Skill-Building and Problem-Solving
- Arrange Follow-up
Supporting Self-management: Challenging Cases

What challenges have you had?
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Integrating SMS into the Flow of Care: When, Where and By Whom

• **Before the Encounter**

• **During the Encounter**

• **After the Encounter**
Delivery System Redesign

• Determine process and define roles for delivering SMS among members of the care team

• Planned Care visits

• Medical Group visits

• Chronic Disease Self-Management groups

• Planned peer interactions

• Provide support and coordination according to level of need
Community Linkages

• Identity community programs and resources

• Partner with community organizations

• Partner with employers

• Raise community awareness: community campaigns