Helping Patients Make Healthy Choices

When the patient does not have a clue about the reasons they should or any desire to do so.

A training Module developed by the Patient Leadership Committee of Renal Network 9/10 in conjunction with Kan Kraybill of the National Health Care for the Homeless Council

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Can We Talk?

- Philosophy
Objectives:

• After this session, you will
  • Be able to know how ready your patient is to listen to you.
  • To understand what is the best way to respond to your patient
  • To understand how to turn a conversation around when you discover that your patient would rather have a root canal than continue talking to you
Final Objective:

That you will be able to use the Training Handbook to assist others in learning how to use Stages of Change and Motivational Interviewing effectively.
Why don’t people change…
even when faced with serious negative consequences?

You would think…
You would think...

- that having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication.

- that the very real threats of blindness, amputations and other complications from diabetes, as well as having a toe cut off, losing their vision would be enough to motivate weight loss and glycemic control.
You would think...

- that having severe cramps, nausea, major drops in blood pressure, headaches, and the vomiting would be enough to make the patient watch their fluid intake

- that the significant risk of infection, having a catheter that leads directly into their heart, not being able to take showers, having to be on dialysis for a longer treatment times would encourage the patient to accept an AVF
And yet it is often not enough
Sound familiar?

I give clients my best advice, but they won’t listen.

I educate and give options; what else can I do?

She resists everything I suggest.

Some people just don’t want to be helped.

He’s in TOTAL denial about his problems.

Some people just need a good talking to!
Dedicated to all who are weary...

of trying to educate, advise, entice, convince, coax, cajole, persuade, sweet-talk, smooth-talk, guilt-trip, bribe, manipulate, or otherwise get people to change
“What challenges do people experiencing dialysis face in trying to better their lives and/or simply survive?”
Q: When the kidneys shut down, what other organ must compensate?

How about a few fries, Scarecrow?

If he only had a brain...
Realities and Experience of Dialysis Patients

Structural Barriers

- Lack of adequate income support/a livable wage
- Lack of appropriate, affordable housing
- Lack of access to health/mental health/substance abuse care
- Inadequate social supports
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Realities and Experience of Dialysis Patients

Personal Vulnerabilities
- Physical health problems
- Mental disorders
- Substance use disorders
- Education –
- Cultural issues
Realities and Experience of Dialysis Patients

**Intra-personal Feelings/Perceptions**

- Anxiety, **fear of future**
- Shame, guilt of being ill – it’s all my fault
- Frustration, anger
- Depression, psychosis
- Low energy and motivation
- Lack of self-efficacy
- Lack of meaning, identity, belonging
- Hopelessness
“For every complex problem there is an easy answer, and it is wrong.”

H.L. Mencken
Effective Approaches to Motivate Healthy Choices

Stages of Change

Motivational Interviewing
CHANGE …

“It Don’t Come Easy”
“Given a choice between changing and proving that it is not necessary, most people get busy with the proof.”

John Galbraith
"Habit is habit, and not to be flung out the window… but coaxed downstairs a step at a time.

Mark Twain
Stages of Change
Prochaska & DiClemente

PRECONTEMPLATION

PREPARATION

CONTEMPLATION

ACTION

MAINTENANCE

Relapse

RELAPSE at any stage is viewed as a loss of motivation and movement back down the spiral of change.
Precontemplation

Not a clue!

“Who, me?” Unaware or barely aware of a problem

No intention of changing behavior in foreseeable future
PHOSPHORUS BANDERS?
I DON'T NEED ANY
PHOSPHORUS BANDERS!

FLOOSH SISH CRUMBLE

I GUESS I DON'T NEED FINGERNAILS, EITHER...

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Contemplation

Aware of problem, but not ready to change

Dealing with ambivalence, weighing pros and cons
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Ambivalence

“I want to, but I don’t want to”

- Natural phase in process of change
- Problems persist when people “get stuck” in ambivalence
- Normal aspect of human nature, not pathological
- Ambivalence is key issue to resolve for change to occur
Preparation

Turns ambivalence into intention to take action

Sets reachable goals and makes specific plans
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Action

Commitment is clear
Modifies behavior, experiences, and environment to address problem
IF YOU CAN'T RUN, WALK!

IF YOU CAN'T WALK, FLAP!

IF YOU CAN'T FLAP, WIGGLE!

BUT EXERCISE!
Maintenance

Stabilizes behavioral changes/engages in new behaviors

Chooses effective support system
Viewed as a temporary loss of motivation

Relapse happens! A learning opportunity
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The Change Process

- **Motivation** to change is a state, not a trait
- Ambivalence is normal
- Resistance happens; not a force to overcome
- The other person is an ally, not an adversary
- Recovery, change, growth are intrinsic to human experience
Stages of Change: Practical Implications

- Tailor your approach to the stage
- Move one stage at a time
- Be patient, allow time
Stages of Change: Practical Implications

“The limitations you are willing to accept establish the boundaries of your existence: -

Erwin McManus, Wide Awake

Ever say, “I can not do that?”
Effective Approaches to Motivate Healthy Choices

Stages of Change

Motivational Interviewing
AKA

“Helping people talk themselves into changing”
"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."

Blaise Pascal - French mathematician and philosopher (1623–1662)
Motivational interviewing

It presents not a series of magical techniques but a style, a way of being with our patients. In other words, ... a patient-centered approach to working with people ‘where they are’ rather than ‘where they should be’ as dictated by treatment providers.

We need to be on the “same page” – their page.

G. Alan Marlatt, Ph.D.
Why MI?

- Evidence-based practice
- Effective across populations and cultures
- Applicable to range of professional disciplines
- Effective in briefer encounters
- Actively involves people in own care
- Improves adherence and retention in care
- Promotes healthy “helping” role for providers
- Instills hope and fosters lasting change
Five things – No 10 things MI is not

Not...

1) A way of tricking people into doing what you want them to do

2) A technique

3) Easy to learn

4) Practice as usual

5) A panacea
Why not?

What is often heard.

- “I’m not a listener; I’m a doer.”
- “I know what’s best for others.”
- “I need to be in control.”
- “I want results NOW.”
- All they need is to be educated about this.
Name this book.

- What book is most likely the 2\textsuperscript{nd} most read book by those in this room?
- Not well written - yet was the most important book in your life at one point.
- Not a single quotable line that you can remember
- You most likely do not know the author.
- You probably still remember the pictures within the book.
- It was so impactful that, if asked, you would have been able to pass a test on it.
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Caution
Boss has had a bad fight with spouse this morning.
Proceed with extreme caution!
Would you like to give your patients a present?
Maslow’s hierarchy of needs

- **Physiological**: Breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: Security of body, of employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: Friendship, family, sexual intimacy
- **Esteem**: Self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualization**: Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Readiness Occurs in Relationship

Trust – relationship – Readiness - change
Some guidelines to use

1. Take a realistic approach
2. Listen empathetically
3. Provide positive reinforcement
4. Roll with resistance
5. Talk less than your patient
6. Work as a team with your patient
7. Allow patient to direct discussion
8. Emphasize patient’s personal strengths
1. **Take a realistic approach:**

   Do not expect patients to immediately agree with your ideas. If they have not yet accepted the need for a fistula, they probably have what they believe are good reasons and will resist your attempts to change their minds.

   There are many factors that will affect the outcome of your meeting with a patient. Just one of these factors is trust.

   Patients need to know it’s about their needs and well being and not the staff’s needs. It is realistic to expect the patient to have resistance.
An Operating Assumption

People always use their best problem-solving strategies to get their needs met, even if these strategies are dysfunctional.
Generate a Gap/Ambivalence

- Develop a discrepancy between individual’s current behaviors and his/her stated values and interests
  - Let patient present arguments for change
  - Acknowledge both the positives and negatives of behavioral change

Cognitive dissonance.
Help to create Ambivalence

KDQL-36

I’m OK
Guidelines Explained

2. Listen empathetically:

Listen and observe to understand what they are feeling and believing – the message behind what they are saying.

Acknowledge that it is probably difficult to be asked to learn about one more thing or to have one more surgery.
Express Empathy

- Create a “free and friendly space” to explore difficult issues
- Use reflective listening
- An accepting attitude facilitates change, pressure to change thwarts it (paradox)
Open-ended Questions

- “How can I help you?”
- “Would you tell me about ____?”
- “How would you like things to be different?”
- “What are the positive things and what are the less good things about ____?”
- “What will you lose if you give up ____?”
- “What have you tried before?”
- “What do you want to do next?”
Guidelines Explained

3. Provide positive reinforcement:

Compliment small steps. (For example: have they reduced their fluid overload,
• How are their labs, is one lab factor improved,
• Are they coming on time,
• Is their affect brighter, etc.)
• Point out their efforts – help them to see their growth.
Can Do

- Increase individual’s perception of self as a capable person
- Affirm positive statements and behaviors
- Offer options, instill hope
- Encourage consideration of role models, past successes
Guidelines Explained

4. Roll with resistance:

Do not get into power conflicts. Listen and acknowledge the patient’s point of view.

If the patient thinks that you hear them, they may be more willing to hear you.
Roll with resistance

- Resistance is not directly opposed
- New perspectives are offered, but not imposed
- Patient is primary resource in finding answers and solutions
- Resistance is a signal to respond differently

Helping Patients Make Healthy Choices
Avoid Argumentation

● Keep on your patient’s side
● Arguing for change often promotes resistance, thus causing the patient to defend the behavior you want them to change
FLUID INTAKE
THE NEVERENDING BATTLE
Guidelines Explained
5. Talk less than your patient:

Talk less, listen more. Sometimes silence speaks louder than words.
• Ask twice as many open questions as closed questions
• When listening empathically, more than half of your reflections should go beyond simple reflection
• Offer 2 or 3 reflections for every question you ask
“Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your patients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen.”

Miller & Rollnick, 2002
Guidelines Explained

6. Work as a team with your patient:

Staff the patient with the rest of the core team. Maybe another team member has clues to understanding the patient that you have missed. Maybe another team member has heard the patient discuss something that can point out the patient’s strengths, lead to an area for positive reinforcement or show where not to go in a conversation. Try to understand the patient’s fears and whether he is thinking logically or emotionally.

Also, your patient is a part of the team!
Guidelines Explained

7. Allow patient to direct discussion:

Be open to allowing the patient to lead the discussion. This may include: . . .

Be aware of clues that the topic is going to be changed or has changed.

Verbal and nonverbal clues could be: . . .
“People who believe they are likely to change do so. People whose care givers believe that they are likely to change do so. Those who are told that they are not expected to improve indeed do not.”

Miller & Rollnick, 2002
Guidelines Explained

8. Emphasize patient’s personal strengths:

What are their strengths? Sometimes the patient is not aware..
Affirmations

- Statements of recognition of patient strengths
- Build confidence in ability to change
- Must be congruent and genuine
Here are Some Traps to Avoid

- Question - Answer
- Taking Sides
- Expert
- Labeling
- Premature Focus on change
- Blaming – not relevant who’s at fault or to blame –
- What do we need to do is the question.
Play it forward.
Practical Exercise

- So now let's put some skin on these guidelines.
- We are going to see how these guidelines work in a case study.
- At the end of your handouts is a practical exercise.
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Session Goals

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Mi Self Check

My clients would say that I…

- Believe that *they* know what’s best for themselves
- Help them to recognize their own strengths
- Am interested in helping them solve their problems in their own way
- Am curious about their thoughts and feelings
- Help guide them to make good decisions for themselves
- Help them look at both sides of a problem
- Help them feel empowered by my interactions with them

Adapted from Hohman, M. & Matulich, W. Motivational Interviewing Measure of Staff Interaction, 2008.
Resources

- TIP # 35 - Enhancing Motivation for Change in Substance Abuse Treatment, CSAT, 1999. 1-800-729-6686 – NCADI
- Changing for Good by J.Prochaska, Norcross & DiClemente, 1994
- Website: www.motivationalinterview.org

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