Helping Patients Make Healthy Fistula Choices
Craig R. Fisher, Ph.D., L.C.S.W.

Slide 1

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 cooperation with Kan Kraybill of the National Health Care for the Homeless Council
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Slide 2

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.

Slide 3

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.
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Slide 4

Dedicated to all who are weary...

Slide 5

“What challenges do people experiencing dialysis face in trying to better their lives and/or simply survive?”

Slide 6

Realities and Experience of Dialysis Patients

Barriers
- Lack of adequate income support/livable wage
- Lack of appropriate, affordable housing
- Lack of access to health/mental health/substance abuse care
- Inadequate social supports
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Slide 7
Realities and Experience of Dialysis Patients
Vulnerabilities
- Physical health problems
- Mental disorders
- Substance use disorders
- Education –
- Cultural issues

Slide 8
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

Slide 9
Effective Approaches to Motivate Healthy Choices
Stages of Change
Motivational Interviewing
“Given a choice between changing and proving that it is not necessary, most people get busy with _________.”

John Galbraith

“Habit is habit, and not to be flung out the window... but coaxed downstairs a step at a time.”

Mark Twain

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Stages of Change

Precontemplation

Contemplation

Action

Maintenance

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Slide 13

Precontemplation
Not a ______!
“Who, me?” Unaware or barely aware of a problem
No intention of changing behavior in foreseeable future

Slide 14

Contemplation
Aware of problem, ______
Dealing with ambivalence, weighing pros and cons

Slide 15

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
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**Preparation**
- Turns ambivalence into __________________________
- Sets reachable goals and makes specific plans

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Slide 17

**Action**
- Commitment is clear
- Modifies behavior, experiences, and environment to address problem

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Slide 18

**Maintenance**
- Stabilizes behavioral changes/engages in new behaviors
- Chooses effective support system
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(Viewed as a temporary loss of motivation)

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A learning opportunity

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Slide 20

The Change Process

- Motivation to change
- Ambivalence is __________
- Resistance happens; not a force to overcome
- The other person is an ally, not an adversary
- Change, growth are intrinsic to human experience

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Slide 21

Stages of Change: Practical Implications

- Tailor your approach
- Move __________ at a time
- Be ________, allow ________
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Stages of Change: Practical Implications

“The ______ you are willing to _____ establish the ______ of your existence: Erwin McManus, Wild at Heart

Ever say, "I can not do that?"

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Effective Approaches to Motivate Healthy Choices

Stages of Change

Motivational Interviewing

Slide 24

AKA

“Helping people ______ themselves into changing”
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Slide 25
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" – __________.

G. Alan Marlatt, Ph.D.

Motivational interviewing
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

Slide 26
Why MI?
• Effective across _______ and cultures
• Applicable to range of professional disciplines
• Effective in _______ encounters
• Actively involves people in _______ care
• Improves adherence and retention in care
• Promotes healthy "_______" role for providers
• Instills _______ and fosters lasting change

Why MI?
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

Slide 27
Five things – No 10 things MI is not
Not...
1) A way of _______ people into doing what you
   want them to do
2) A _______ to learn
3) Practice as usual
4) A panacea

Five things – No 10 things MI is not
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
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Slide 28

Why not?
What is often heard.
• "I'm not a listener; I'm a ______."  
• "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.

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Slide 29

Name this book.
• What book is most likely the 2nd 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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Would you like to give your patients a present?
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Slide 31

M______ hierarchy
of_______

Self-actualization
Esteem
Love/Belonging
Safety
Physiological

Slide 32

Readiness Occurs ______________

Slide 33

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
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**Guidelines Explained**

1. Take a ___________ 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.*

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Slide 35

**Generate a Gap/Ambivalence**

- Develop a ___________ 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*

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Slide 36

**Help to create Ambivalence**

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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 ____________

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

_________ - 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?”
3. Provide __________ reinforcement:

Guidelines Explained

- 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.

4. Roll with resistance:

Guidelines Explained

- Do not get ___________________.
- Listen and acknowledge the __________________ of view.
- If the patient thinks that you ______ them, they may be more willing to ______ you.

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

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- ______ 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 _______ to respond differently

Slide 44

- Avoid Argumentation
  - Keep on your patient's side
  - Arguing for change often promotes ________, thus causing the patient to _______ the behavior you want them to change

Slide 45

- Guidelines Explained
  - 5. Talk less than your patient:
    - Talk less, ____________.
    - Sometimes ________ than words.
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- Ask twice as many open questions as closed questions
- When listening empathically, more than half of your reflections should go beyond simple reflection
- Offer ___ or ___ reflections for every question you ask

Slide 47

___________ 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
Slide 48

6. Work as a team with your ____________:
   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 ________________!
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: ______

Bearing Hope

“People who believe they are likely to change do so. People whose caregivers 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.
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Affirmations

- Statements of recognition of patient strengths
- Build confidence in ability to change
- Must be congruent and genuine

Slide 53

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.

Slide 54

Play it ____________________.

Henry Cloud has written a number of books by himself and with John Townsend

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MI Self Check
My clients would say that I...
- Believe that they know what's best for themselves
- 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. 1E800E729E6686 – NCADI
- Changing for Good by J. Prochaska, Norcross & DiClemente, 1994
- Health Behavior Change, Rollnick, S, Mason P, & Butler, C. Churchill
- Understanding and Changing Unhealthy Behavior, Prochaska, J. & DiClemente, C
- Changing for Good: Tools and Skills to Change Almost Anything, Prochaska, J. & Velicer, W.
- Website: www.motivationalinterview.org

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