Learning Objectives

Describe:
- A paradigm change for diabetes self-management education (DSME)
- The clinician as a behavior change agent
- How conviction and confidence interact to affect motivation and movement through the stages of change
- Three clinical skills and techniques which have been found to facilitate behavior change.
- The key elements of the “5A’s”

What is DSME?

- Interactive, collaborative and ongoing process involving patient and clinician
  - Assessment of the patient’s specific education needs
  - Identification of specific patient’s DSME goals
  - Apply interventions to achieve goals
  - Evaluation of attainment

Fundamental Goal of DSME?

- Prepare Individuals to:
  - Make informed decisions
  - Engage in effective diabetes self-management
  - Implement self-care behaviors that allow individuals to maximize their physical and psychological well-being.

Self-management education is fundamental to any chronic disease condition

Behavior change is the unique outcome measure of diabetes education!

Paradigm Change

“Content Driven Practice”

“Outcomes Driven Practice”

Paradigm Shifting...

- From “Content Driven Practice”... Often includes:
  - Lecturing patients about information irrelevant to their situation
  - Content completion
  - Measures knowledge change
- “Did we deliver the right content?”

- To “Outcomes Driven Practice”... Focuses on:
  - Current Knowledge & Skills
  - Current Behavior
  - Barriers or Facilitators
  - Barrier Resolution
  - Measures behavioral change
- “Did the patients achieve their desired outcomes?”

Rationale for Paradigm Change

- Knowledge is a means to an end rather than an end in itself
- Useful knowledge is knowledge that helps individuals better manage and/or live with their diabetes
- Knowledge which does not contribute to a higher goal is not worth teaching

Why is Changing Behavior Important?

Leads to improved clinical indicators

Improved health status

Health Care Outcomes Continuum

Immediate Outcomes → Intermediate Outcomes → Post-Intermediate Outcomes → Long Term Outcomes

- Learning: Knowledge, Skill Acquisition
- Behavior Change
- Improved Clinical Indicators
- Improved Health Status

DSME Outcomes Continuum

Measure → Monitor → Manage

Immediate → Intermediate → Post-Intermediate → Long Term

- Learning
- Behavior Change
- Clinical Improvement
- Improved Health Status

- Knowledge Skills
- Clinical indicators: A1C, Lipids, Process measures, Eye exam, Foot exam
- Other measures: Smoking cessation, ASA use, Pre-pregnancy counseling
- Overall health status: Quality of life, Days lost from work or school, Diabetes complications, Health care costs

The Clinician as a Behavior Change Agent

Premise #1: Change happens
- With change agents
- Without change agents
- Change happens frequently
- It doesn’t happen all of the time

Premise 2: You can provide effective interventions
- Change agent – patient interactions influence the change process
- Techniques are available
- Clinical skills are required

Change agent influence: A dose-response effect

Premise 3: Three components interact to influence change

Self-Care Tasks
- To take care/prevent illness
- To carry out normal activities
- To manage emotional changes

(Wagner et al, 2001; Glasgow et al, 2002; Lorig and Holman, 2003)
“Successful Bridge Building: Helping Patients Cross the Behavior Change Chasm”

“Getting Over the Bridge”
AADE 7 Self-Care Behaviors™

Causes of death in USA 2000

<table>
<thead>
<tr>
<th>Cause</th>
<th>Estimated Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>435,000</td>
<td>18</td>
</tr>
<tr>
<td>Diet/activity</td>
<td>400,000</td>
<td>17</td>
</tr>
<tr>
<td>Alcohol</td>
<td>85,000</td>
<td>4</td>
</tr>
<tr>
<td>Microbial agents</td>
<td>75,000</td>
<td>3</td>
</tr>
<tr>
<td>Toxic agents</td>
<td>55,000</td>
<td>2</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>43,000</td>
<td>2</td>
</tr>
<tr>
<td>Firearms</td>
<td>29,000</td>
<td>1</td>
</tr>
<tr>
<td>Sexual behavior</td>
<td>20,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>17,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,159,000</td>
<td>48</td>
</tr>
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</table>

People don’t follow clinicians’ advice and recommendations

- 50% don’t follow long term medication regimens
- More than 80% don’t follow advice to change health behaviors
- 20 to 30% don’t complete curative medication regimens

Premise 4: Change is a process

- It takes time
- It is not a straight line

Stages of change

Finding
- Most are not ready to take action
- Movement of 1 stage increases the likelihood of subsequent action
- Relapse is the norm

Implication
- Providing action-based strategies to all is ineffective and inefficient
- Tailoring strategies to stage of change is more effective, efficient and satisfying
- Prepare and be vigilant for lapses; take a long term view

Source: Prochaska and DiClemente

Keynote – April 14, 2005
Denver, Colorado
Mary M. Austin, RD, MA, CDE
A patient’s commitment to action (motivation) comes from strong convictions (importance)

- “I am convinced that making this change is important”
- “I am convinced that it is more important than other things”

A patient’s commitment to action (motivation) comes from strong confidence

- “I am confident that I can make this change”
- “I am confident that I can make this change in spite of obstacles and set-backs”

Conviction and Confidence: Interact to determine commitment to change

Conviction and Confidence reflect Commitment to Change

The clinician establishes a supportive clinical relationship to promote change

- Use open ended questions, reflective listening and empathic comments
- Roll with resistance
- Avoid arguments

A clinician establishes a collaborative clinical relationship to empower and promote change

- Acknowledge and support the participant’s right to make autonomous choices
- Recognize and respect the participant’s competence


Successful Bridge Building: Helping Patients Cross the Behavior Change Chasm

A clinician considers the resources in the patient’s environment

- What do participants believe is needed to make the change?
- What access do participants have to these resources?
- What are the barriers obtaining resources and support?

(Glasgow et al, 1999; Norris et al., 2002)

The clinician is the intervention

Key elements (“5 A’s”)
- Assess before Advise: open-ended inquiry; assess conviction and confidence
- Build rapport: reflective listening, empathy
- Tailor: Agree on Goals and Assist to match the patient’s conviction and confidence
- Arrange Follow-up

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 effective; provoke defenses
- If a person can answer in one word (yes, no, a number) the question was not open-ended

Discover and discuss the patient’s conviction

- “How important is this change to you?”
- “How committed are you to making this change?”

Assessing Conviction: Scaling

“On scale of 0 - 10, 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

Responses
- “Oh, a 4.”
- “I’m curious, what led you to say 4 and not zero?”
- “What would have to happen to make it to a 6?”

Discover and discuss the patient’s confidence

- “How confident are you that you can make this change?”
- “How likely do you think it is that you will make this change?”
Assessing Confidence: Scaling

“On scale of 0 - 10, how confident are you that you can regularly check your blood sugars?”

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally confident</th>
</tr>
</thead>
</table>

**Responses**

“Oh, a 6.”

What led you to rate your confidence a 6?”

“What would you need to get to a 7 or 8?”

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

The clinician is the **intervention**

**Key elements (“5 A’s”)**

- Assess before Advise: open-ended inquiry; assess conviction and confidence
- Build rapport: reflective listening, empathy
- Tailor: Agree on Goals and Assist to match the patient’s conviction and confidence
- Arrange Follow-up

Skill: reflective listening

**Goal**

- Listen, express interest and understand the meaning of what the speaker is saying

Skill: reflective listening (continued)

- Every reflection opens a possibility: allow time for the speaker to 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, (continued)

Tasks
- Attend to and reflect the other's expressed thoughts, emotions, values
- Express understanding
  - Normalize, legitimize
  - Self-disclose, when appropriate
- Non-verbal:
  - Send a signal of understanding through nods, sounds, movement
  - Open, non-judgmental body posture and gestures

The change agent is the intervention

Build rapport - examples
- "So, you are feeling pretty frustrated about trying to lose weight."
- "Sounds like you are unsure about your commitment to improving your health."
- "You mentioned some worries about the costs of some of the foods we have talked about."
- "Many people have difficulty fitting exercise into their busy lives."

Key elements –("5 A’s")
- Assess before Advise: open-ended inquiry; assess conviction and confidence
- Build rapport: reflective listening, empathy
- Tailor: Agree on Goals and Assist to match the patient's conviction and confidence
- Arrange Follow-up

Conviction and Confidence reflect Commitment to Change

Tailor: Enhance Conviction
Agree on Goals and Assist
- Identify priorities and negotiate goals
- Offer a menu of options and support choice
- Provide new information (ask permission first)
- Explore and respond to ambivalence
- Elicit change talk

Enhance Conviction (continued)
Use the rating scale to ask the patient:

- "Why did you rate your conviction as a 2 and not zero?"
- "What would have to happen to move your conviction from a 2 to a 4?"
- "What could I do to help you to understand the importance of doing more?"
Tailor: Enhance Confidence

Agree on Goals and Assist

- Review past experience – especially successes
- Define small steps that are likely to lead to success
- Identify barriers – problem-solve

Enhance Confidence

- Provide tools, strategies, resources; teach skills
- Attend to progress and perceive slips as occasions for problem-solving rather than as failure

The change agent is the intervention

Key elements - (“5 A’s”)

- Assess before Advise: open-ended inquiry; assess conviction and confidence
- Build rapport: reflective listening, empathy
- Tailor: Agree on Goals and Assist to match the patient’s conviction and confidence
- Arrange Follow-up

Supporting self-care helps…

- To take care of self
- To carry out normal activities
- To manage emotional changes

The goal is to improve health outcomes
Resource for tracking Self-Care Behaviors

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AADE7 Self-Care Behaviors™</strong></td>
<td>Three-part carbonless form:</td>
</tr>
<tr>
<td>TearSheet</td>
<td>- Introduce patients to the 7 self-care behaviors</td>
</tr>
<tr>
<td></td>
<td>- Use as a “menu” to help patients select self-care behaviors they are interested in changing</td>
</tr>
<tr>
<td></td>
<td>- Work with patients in goal setting</td>
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<tr>
<td></td>
<td>- Track and measure individual behavior change over time</td>
</tr>
<tr>
<td></td>
<td>- Document outcomes – use as part of a Continuous Quality Improvement (CQI) tool</td>
</tr>
</tbody>
</table>

Available at: [http://www.aadenet.org/AADE7/goalsheet.html](http://www.aadenet.org/AADE7/goalsheet.html)

QUESTIONS?

THANK YOU!