- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.
- CNE/CEU’s are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU’s.
- Certificates will be emailed out to you within two weeks

E.M.A. Tools for Successful Behavior Change: Empowerment, Motivational Interviewing and Adult Learning Principles

Mary Ann Hodorowicz, RD, MBA, CDE

Certified Endocrinology Coder

Mary Ann Hodorowicz Consulting, LLC

4-13-15

Mary Ann Hodorowicz

RD, LDN, MBA, CDE, CEC (Certified Endocrinology Coder)

Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, is a licensed registered dietitian and certified diabetes educator and earned her MBA with a focus on marketing. She is also a certified endocrinology coder and owns a private practice specializing in corporate clients in Palos Heights, IL. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, wellness, diabetes, and Medicare and private insurance reimbursement. Her clients include healthcare entities, professional membership associations, pharmacies, medical CEU education and training firms, government agencies, food and pharmaceutical companies, academia, and employer groups. She serves on the Board of Directors of the American Association of Diabetes Educators.

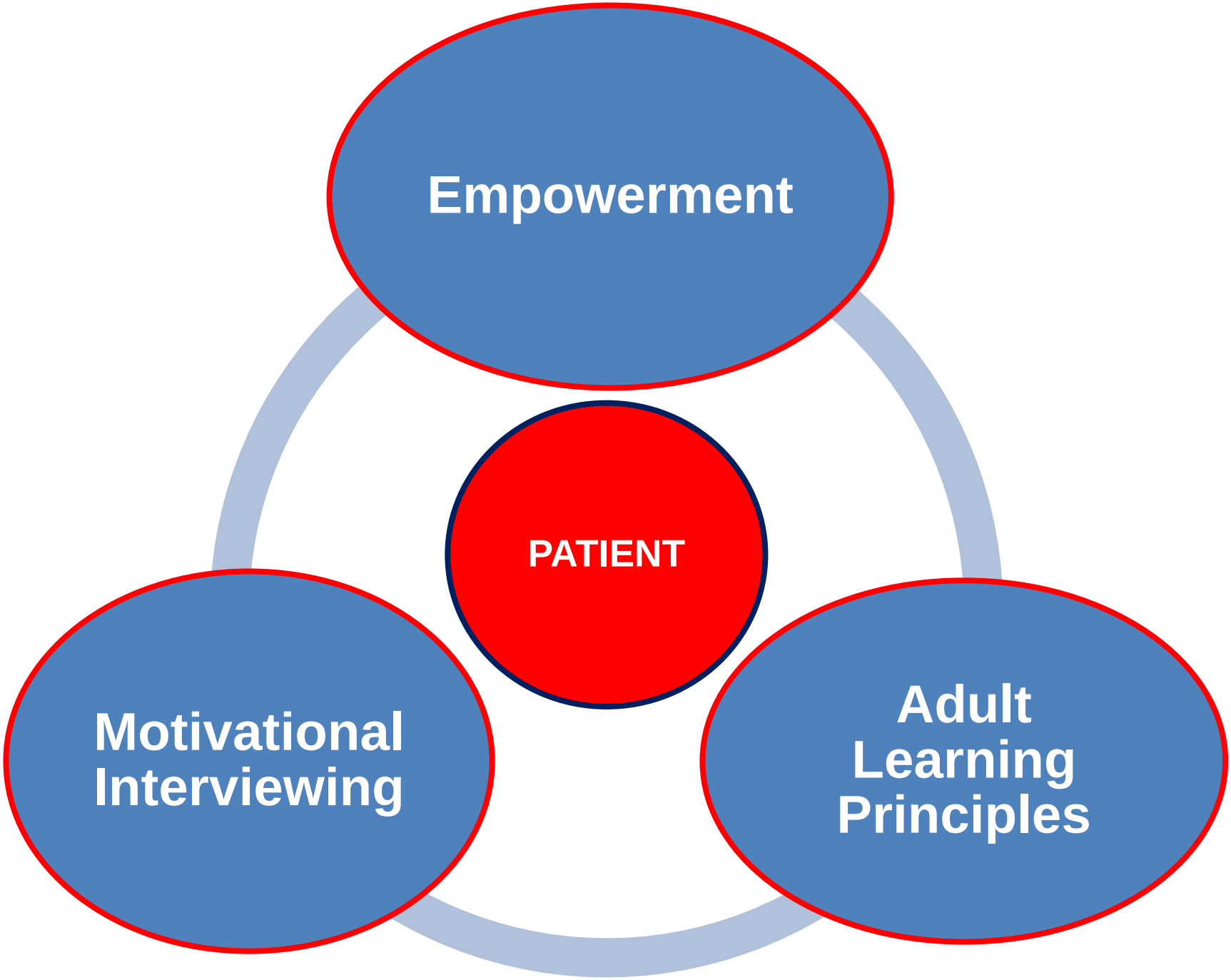
Mary Ann Hodorowicz Consulting, LLC
www.maryannhodorowicz.com
hodorowicz@comcast.net 708-359-3864
Twitter: @mahodorowicz

E.M.A. Tools for Behavior Change

E = Empowerment

M = Motivational Interviewing

A = Adult Learning Principles


Empowerment
PATIENT
Motivational Interviewing
Adult Learning Principles

Learning Objectives

1. Explain the key differences between *compliance* counseling and *motivational interviewing* counseling

2. Name at least 6 motivational interviewing to positively change patient behavior that are summarized in the word **"A.D.O.P.T.E.E.S."**

3. Name the 6 stages of behavior change in the Transtheoretical Model for Change

4. Name 2 adult learning strategies

Do you ever feel frustrated when you're trying to change a patient's behavior?

ALWAYS!

Definition of INSANITY:

Doing the **SAME** thing

over and over again

and expecting a

DIFFERENT

result.

Solution is obvious:

We must change the way we do things!

BUT....changing is one of the most difficult things to do!

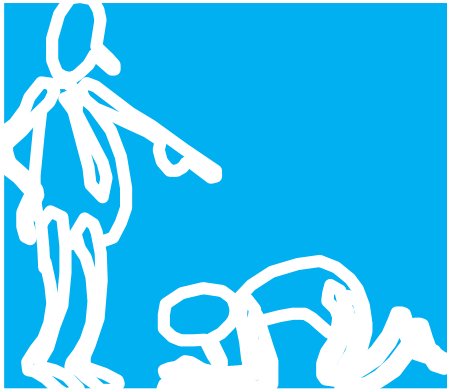
And yet we ask our patients to change all the time!

#1 Reason Patients NOT Empowered to Change Behaviors

Use of less effective, inpt acute care

COMPLIANCE COUNSELING

used to try to get pts to △ behavior.



In direct contrast to use of effective ***outpatient chronic care***

MOTIVATIONAL INTERVIEWING

counseling for changing behaviors!

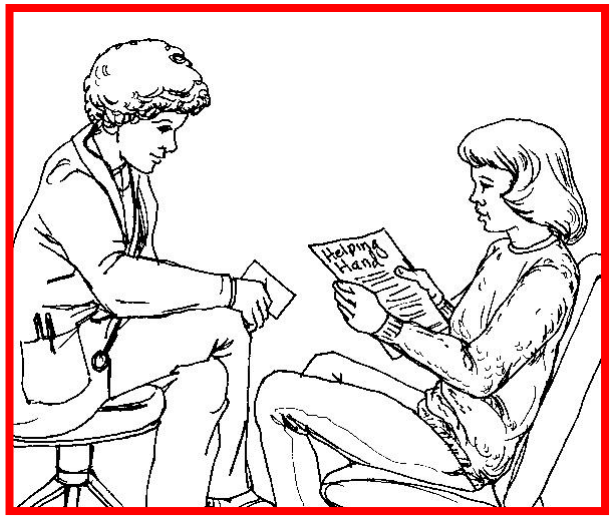
MI is a **style** of working with patients designed to

increase motivation for change

and

reduce resistance to changing

in health behaviors.



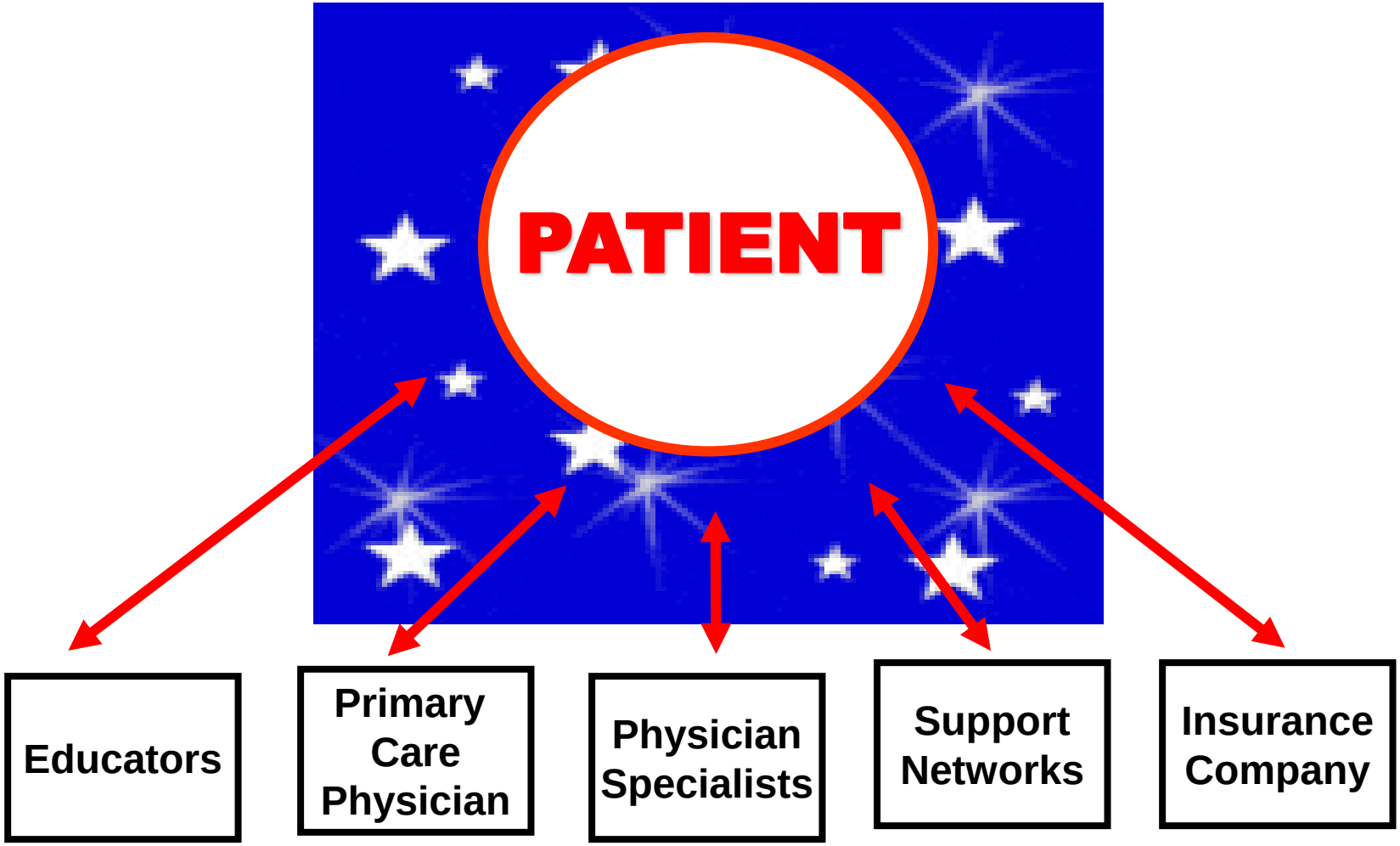
Motivational Interviewing is…

NOT about **wrestling** with your patient as an **opponent**…. this **increases** resistance to change

Dancing with your patient as a **partner**…this **reduces** resistance to change and helps build a strong patient-clinician relationship

Motivational Interviewing:

PT-Centered. PT Leads. HCP Negotiates.



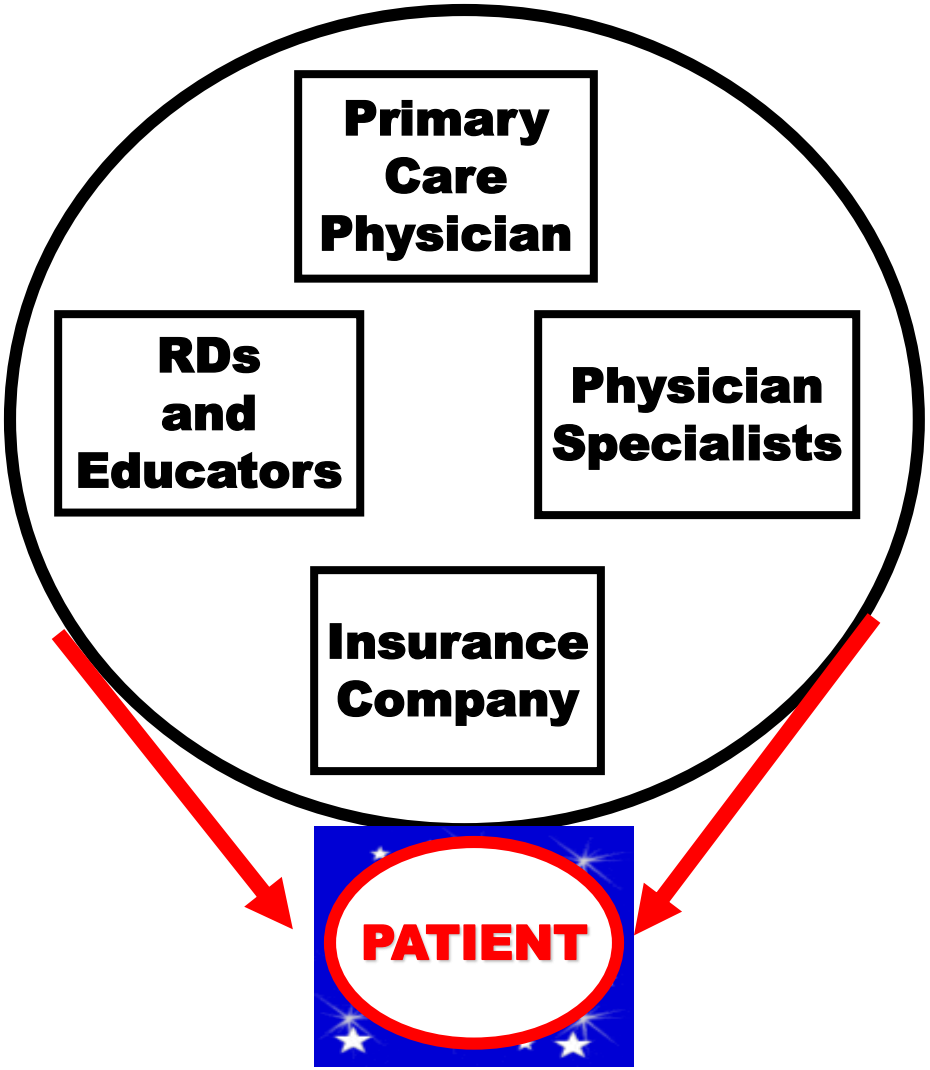
2 Way Communication: Up and Down

Just who is the STAR of the office visit?

You or the patient?

Compliance Counseling:

HCP-Centered. HCP Dictates. PT to Comply.



Only 1 Way Communication: From Top, Down

C = **C**hastises pt when goals not achieved

O = **O**rientates pt to merely be *passive* recipient of info

M = **M**akes all decisions for pt

P = **P**ortrays *deficit* mindset most of the time

L = **L**abels pt stubborn, lazy when goals not achieved

I = **I**nsists on 100% compliance from pt

A = **A**cts as expert, boss, parent

N = **N**ever lays out all treatment options to pt

C = **C**ontrols all patient goal setting (behavior, clinical)

E = **E**mphasizes what's wrong…what is *not* achieved

E = **E**mphasizes what's *right*

M = **M**otivates pt to do most of the work during visits

P = **P**artners with pt on equal basis

O = **O**perates with *optimistic* mindset

W = **W**ants pt to take the lead in all decisions

E = **E**valuates pt's *psychosocial* factors as much as *clinical* factors when helping pt make decisions

R = **R**ealizes that *benefits* of change may NOT always outweigh *costs* of change, from pt perspective

M = **M**akes a *big deal* over pt's *smallest* achievements

E = **E**nsures *all* treatment options laid out for pt
so pt can choose *best* option for his/her life

N = **N**egotiates with pt…..*never, ever* dictates

T = **T**ransfers 100% responsibility for change to pt

Benefits of Using E.M.A. Tools Spell

F.L.A.M.I.N.G.O.S.

F = Fast tracks fun factor for HCP and pt

L = Lessens work for HCP

A = Appropriately shifts work & responsibility for change to pt, where it *belongs*

M = Maximizes outcomes: pt, physician, payer, HCP

I = Increases physician and self-referrals

N = Negotiating skills enhanced for HCP

G = Garnishes more pt visits, less no shows, etc.

O = Optimizes revenue: payer and pt OOP

S = Strengthens pt relationship….and job security

G.R.A.C.E. = Five Principles of MI

G = Generate a Gap

R = Roll with Resistance

A = Avoid Argumentation

C = Can Do

E = Express Empathy

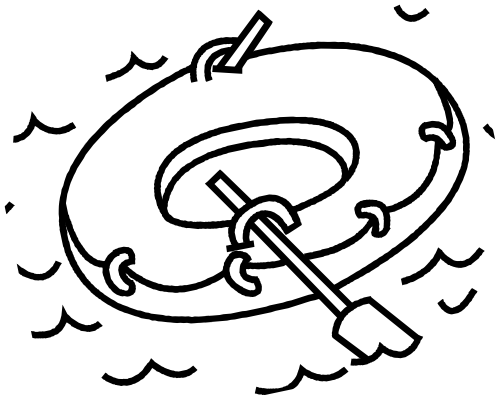
O.A.R.S. = Key MI Strategies

O = Open-ended Questions

A = Affirmations

R = Reflective Listening

S = Summaries



Make Your Patients Your A.D.O.P.T.E.E.S.

Each letter represents a

motivational interviewing

or **adult learning** tool

to improve patient's **behavior outcomes**

G.R.A.C.E. and O.A.R.S. are imbedded in A.D.O.P.T.E.E.S.

WHY do we want to make our patients our

A.D.O.P.T.E.E.S. ?

2 BIG Reasons:

Throughout our patients' lives, their:

1. **Chronic disease will change…for sure!**
2. **Life's "I.V.'s" will change: Issues and Variables**

The one constant in life is change!

Thank for wanting to ADOPT me!

A = Act as a partner and negotiator,

<u>Never</u> as the expert or boss!

Never look down on anyone unless you will help them up!

A = Address patient's most pressing needs, topics, questions, problems at each visit

Why? Increases motivation to change!

I know me best,

Especially my needs.

So today's topic to discuss,

May I select it, please?

- In **group** class, tell patients:
  - **First 1/2** of class is dedicated to topics you need to review….but whole group will contribute
  - **Second 1/2** of class is totally dedicated to what **THEY WANT TO TALK ABOUT!**
  - Give pts list of topics that are worded in a **fun** way:
    - *How to go the grave with both of your feet!*
    - *How to have your cake, and eat it too!*
    - *Cheeseburgers? You betcha!*

Or, in group class:

- *Let's write down the questions you'd like answered today on these sticky notes.*

  or

- *Let's go around the room and see what topics you'd like more information on today, in addition to the topics on our agenda.*

At individual visit, can say to patient:

- *What can I help you with today?*
- *What is your most pressing need or problem that we can work on together?*

PATIENT SELECTED TOPIC FOR TODAY		
	DATES: →	
L	Learn About Acute & Chronic Complications	
E	Eat Healthy and Regularly Through Day	
A	Always Take Your Meds as Prescribed	
R	Reduce Your Risks: • Prevent Low and High Blood Glucose • Know How to Treat Low and High BG • Stop Smoking • See Your Doctor Regularly • Get Flu Shot and Pneumonia Shot • Take Aspirin as Prescribed • Check Your Feet Regularly • Limit Alcoholic Beverages • Get Regular Doctor Exams on Your: o Eyes, Feet, Teeth and Gums	
N	Nip Stress in the Bud	
D	Determine/Understand Diabetes Type	
I	Identify Health Goals* Above & Monitor	
A	Adopt Good Coping Skills	
B	Blood Glucose Monitoring with Meter	
E	Engage in Physical Activity Regularly	
T	Troubleshoot Out-of-Range BG Values	
E	Explore Ways to Solve Problems	
S	Shed Excess Body Weight	
	Most Pressing Need or Problem:	

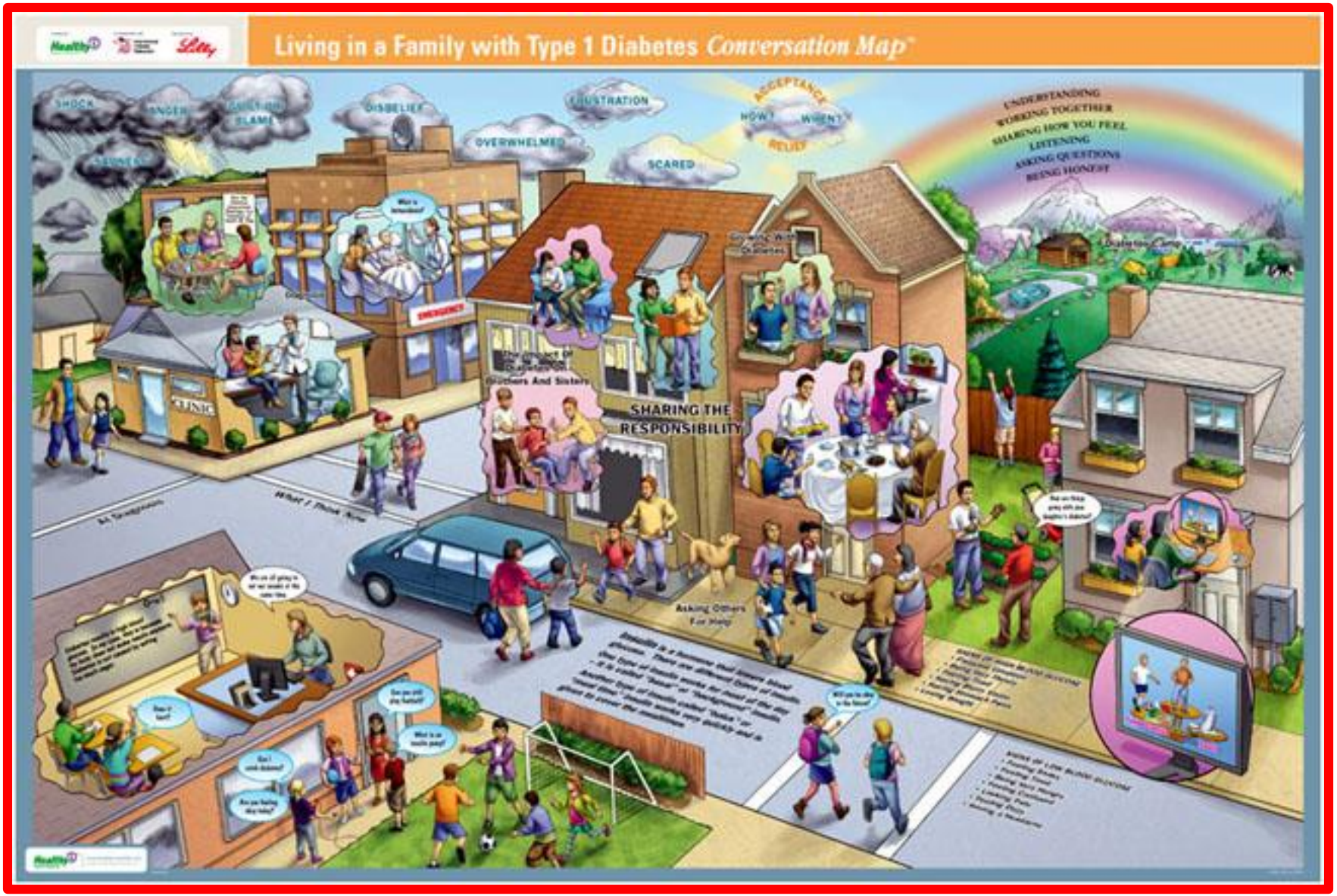
Snippet of
my separate Word
document titled:

DIABETES
EDUCATION
INTERVENTION
CHECKLIST
and MONITORING

Please email me for my "GOODIES" after this presentation!

☐ Healthy eating	Menu planning, label reading, healthy cooking, portion control, dining out, carbohydrate, protein,fat, fiber, sugar, sugar-free foods, omega 3 fats, dietary cholesterol, saturated fat, vitamins, minerals, etc.
☐ Being active	Simple exercises for everyday life, and why.
☐ Reducing risks	Risks of complications of uncontrolled diabetes: heart disease, teeth and gum problems, kidney disease, nerve and vision problems, infections, etc.
☐ Monitoring	Monitoring of blood glucose, blood pressure, blood cholesterol, other health indicators.
☐ Taking medications	How medication works, how to take it, precautions, side effects, how to prevent side effects, etc.
☐ Healthy coping	Coping with diabetes, adapting to lifestyle changes at work, home, etc.
☐ Problem solving	Solving problems with high/low blood sugar, stress, anxiety, traveling, relationships, etc.
☐ Ongoing support	Diabetes self-care support resources in community.

Consider Using "Conversation Maps™ for Diabetes" by Healthy Interactions, Inc.



A = Allow patients to be the FIRST to:

- Answer
- Act
- Analyze
- Add their own information
- Agree or disagree
- Arrive at their own behavior goal
- Aid in developing their own treatment plan

Example

Conversation between patient Mark and HCP:

Mark: *Why does everyone keep telling me that I have to test my blood sugar with this meter?*

HCP: *Why do YOU think they are telling you this?*

Mark: *I really don't know…no one explains it to me.*

HCP: *How do you feel about actually using the test results to better control your sugar on a daily basis?*

Mark: *Yeh, I would think about that, if it would help.*

HCP: *If you don't mind, can you share with me your thoughts on how you might use a test result before dinner to better control your after-dinner blood sugar?*

Patient 1st

You 2nd

Sweetest **sound** to patients:

☆ Their own **VOICE**

Sweetest **word** to patients:

☆ Their own **NAME**

Sweetest **topic** to patients:

☆ Their own **STORY**

80/20 Talking Rule

80%

of Time Patient Talks!

20%

of Time HCP Talks!

80/20 Talking Rule

Only 20% of Time, HCP Talks!

- **OEQs**
- **TELLING….**ask permission FIRST
- **ANSWERING** pt's questions, but only if pt cannot
- **SUMMARIZING** about every 10 minutes
- **ASKING** pt to summarize back to you important info
- **PLANNING** topics, needs, concerns for next visit

Sign over clock in HCP's counseling office:

Why Am I Talking?

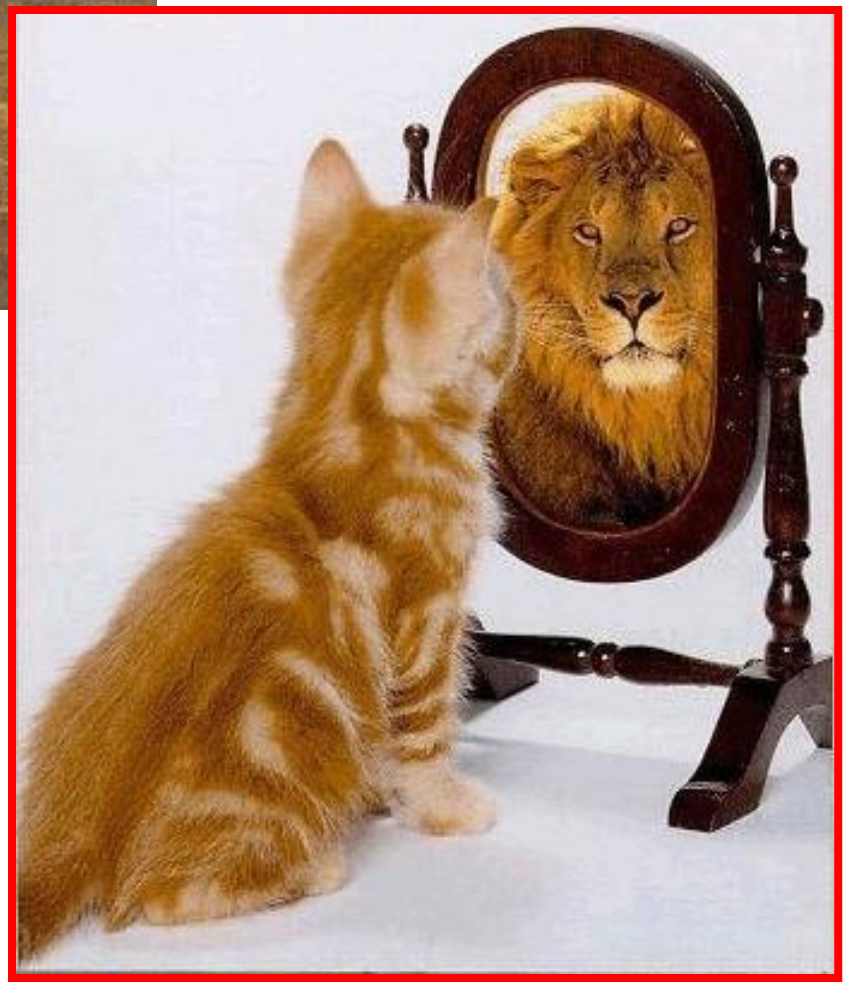
A = Always remember what it means to be *human*….

- It means we are ***not rational*** in our decision making
- It means that ***rational approaches*** to problems can **NOT** always be expected to work
- **BUT**: do we often use ***rational approach*** to get patients to change behaviors? ***Ugh!***

How is this working for you? Likely not so much!

Irrational Behaviors!

Rational?



A = Accept patient's ambivalence toward behavior change….and work with it

….to be ***human*** is to be ***ambivalent***

Should I or shouldn't I get off the fence?

Our job is to help patients slowly motivate themselves off the fence in direction of change, but only when they're ready, willing and able.

A = Always roll with resistance

Resistance often reflects disturbance…a good thing!!

Disturbance often is patient's way of saying:

"I need to understand this better."

How HCP Can Better Roll with Resistance…

1. Try to understand what is **behind** pt's resistance

2. Invite patient to **openly discuss** his/her resistance

   - Create free, friendly, safe environment for talking

   - No matter what pt says…good, bad, ugly…always:

     - Be gracious, non-judgmental, accepting

     - Be very careful about your **body language** when patient says something you find a bit "off"

3. Reinforce patient's role as a **problem-solver**

A = Assure that focus of education is on simple, short "key core message(s)"

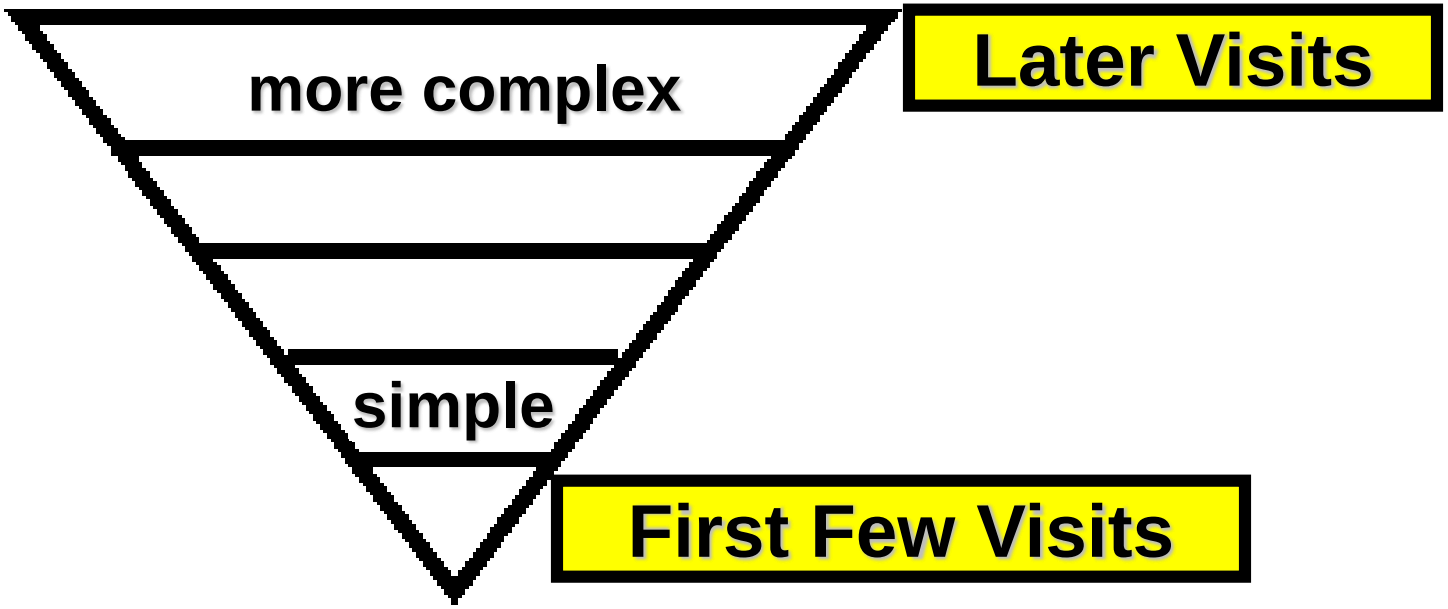
K.I.S.S. =
Keep It Simple and Short

Examples:

- Testing blood sugar regularly helps you to make healthier eating & exercise decisions on daily basis
- High salt intake often increases blood pressure
- Type 1 diabetes means you don't have nay insulin
- Exercise is great tool to lower high blood pressure

“Start low and go slow”!

Keep key, core, educational messages
“easy peasy” at first few visits….
do kids learn calculus in kindergarten?



Which is the best way to educate a patient on the biology of type 1 diabetes?

1. Type 1 diabetes is an autoimmune disease that causes beta cell dysfunction and makes you keto-acidosis prone.

2. Your body does not make any insulin at all. So you will need to inject insulin into your body with a needle or with an insulin pump.

If Patients Said What They Really Feel…

"Keep it simple and short,

Keep it fun and sweet…

Too much at one time,

And my goals I will not meet!"

"Tell me things and you're the boss,

But ask me things so our

partnership is not lost."

"Me talk is key…….you talk, loses me!"

A = Assist patient in "saying" the key, core message(s) via open-ended questions.

A = Ask patient to "do" key activities: write down own correct answers to OEQs; pick up 3D teaching aids; smell; taste, play games, etc.

"**Saying**" and "**doing**" leads to:

- ↑ **learning and retention,** leading to:
- ↑ **shared decision making** by pt, leading to:
- ↑ **motivation** to change behavior

Open-Ended Questions (OEQs)

- *In today's visit, what **topic** would you like to discuss?*
- *From this **checklist** on topic, what would you like to discuss?*
- *Tell me what you have heard or read about **weight** and **blood pressure?***
- *What will you **lose** if you reduce salty foods?*
- *What will you **gain**?*
- *What have you **tried before** to reduce salt and salty foods?*
- *Tell me what you feel about **testing your blood sugar** more regularly? What do you think the **benefits** might be?*
- *What would you like to eat in the café that would **be tasty** and yet lower in **fat and cholesterol**?*

But, I don't have all day to ask pts OEQs!

Strike 3 Rule:

Ask patient 3 different types of OEQs to get him to say the key, core message(s).

If not successful, then TELL patient, but only if you ask permission.

Why ask permission?

Adults Learn and Retain:

20% of what they **HEAR**

30% of what they **SEE**

50% of what they **SEE and HEAR**

70% of what they personally explain or **SAY**

90% of what they SAY and DO

What I hear,

I forget;

What I see,

I remember;

but what I do,

I understand.

~ Confucius, 451 B.C

If Patients Said What They Really Feel…

"Deep down I really

know the score,

But over the years,

buried it more and more.

Help me to SAY, help me to DO,

As my health depends on

being fully engaged with you!"

Thus, ‘LEARNING by DOING’ is key!

CONVERSATION C.A.R.D.

and

INTERVENTION CHECKLISTS

enhance learning

by prompting patient to:

SAY and DO!

A = **A**rrange only **30 min.** ***individual*** visits…..

Why?

Adults start to **"zone out"** after **20 minutes**!

Aim for pt to "**say**" **key, core message** or for you to "**tell**" pt (ask permission first)

Patients learn and retain 90% of what they

SAY and DO…….BUT only IF:

1) Time does not exceed ~ **20 minutes**

   Is maximum "time capacity" in brain

2) Pt doing something **ACTIVE** (saying and doing) at least every **8 minutes**

"90 – 20 – 8 Rule"

A.S.A.P. Plan

A = **A**sk patient: *"What can I help you with today?"*

S = **S**how patient:
Self-Management Intervention Checklist

A = **A**lign pt's assessment data to intervention

P = **P**ursue OEQs to get patient to "**say**" **key, core message(s)**

P = **P**rompt pt to create **behavior goal**

A = Assure that main focus of any eating intervention is on what pt

CAN eat……..

rather than what pt **CANNOT** eat.

Yes, I CAN eat cookies

I NEED DIS

D = Do not FIREHOSE patients with way too much information at one time

Do you have the

FIREHOSING REFLEX?

Most ‘compliance’ HCPs do!

We must resist! Why?

Firehosing can make patient feel overwhelmed…

and then perhaps even stupid! Ugh!

REMEMBER:

People will forget much of what you DO,

They will forget much of what you SAY,

BUT they will NEVER, EVER

forget how you made them FEEL!

D = Determine patient's IVs

.....Issues, Variables.....

that affect everything…do complete, thorough ASSESSMENT at first visit

IVs

Of ALL the IV's we can help pts identify and "blend" positively into their self-care, the MOST significant for BEHAVIOR CHANGE are the PSYCHO-SOCIAL!

DEMOGRAPHIC	BIOLOGIC	PSYCHO-SOCIAL	PSYCHO-SOCIAL
• Age • Gender • Income • Employment • Where living • Race/ethnicity • Culture/norms • Education • Religion • Marital status	Diseases: • Type • Duration • Severity • Symptoms • Co-morbidities • Hospitaliza-tions • ER visits • Cognitive impairment • Language	• Traumatic or chaotic events • Daily stressors • Self-confidence • Interest and motivation • Outcome expectations • Health beliefs • Past health experiences • Past disease experiences	• Denial • Blaming others • Early stage of readiness to △ • Depression • Feeling overwhelmed • Competing health priorities • Competing life priorities • Learning style • Past DSME, MNT

PSYCHO-SOCIAL

- Current disease knowledge, skills
- Family involvement
- Belief in benefits of self-management education, nutrition therapy and ongoing care
- Incorrect or irrational beliefs

PSYCHO-SOCIAL

- Relationship of pt with HCPs
- Relationships with significant others
- Problem-solving skills
- Coping skills

ENVIRONMENT

- Transportation
- Work environment
- School environment
- Community resources
- Social support

ECONOMIC

- Financial issues
- Medical insurance coverage

OTHER

D = Draw out D.A.R.N. for "change talk" with guided OEQs

***Most** of our patients already have the **most** of the answers within them!*

D.A.R.N. Questions for Change Talk

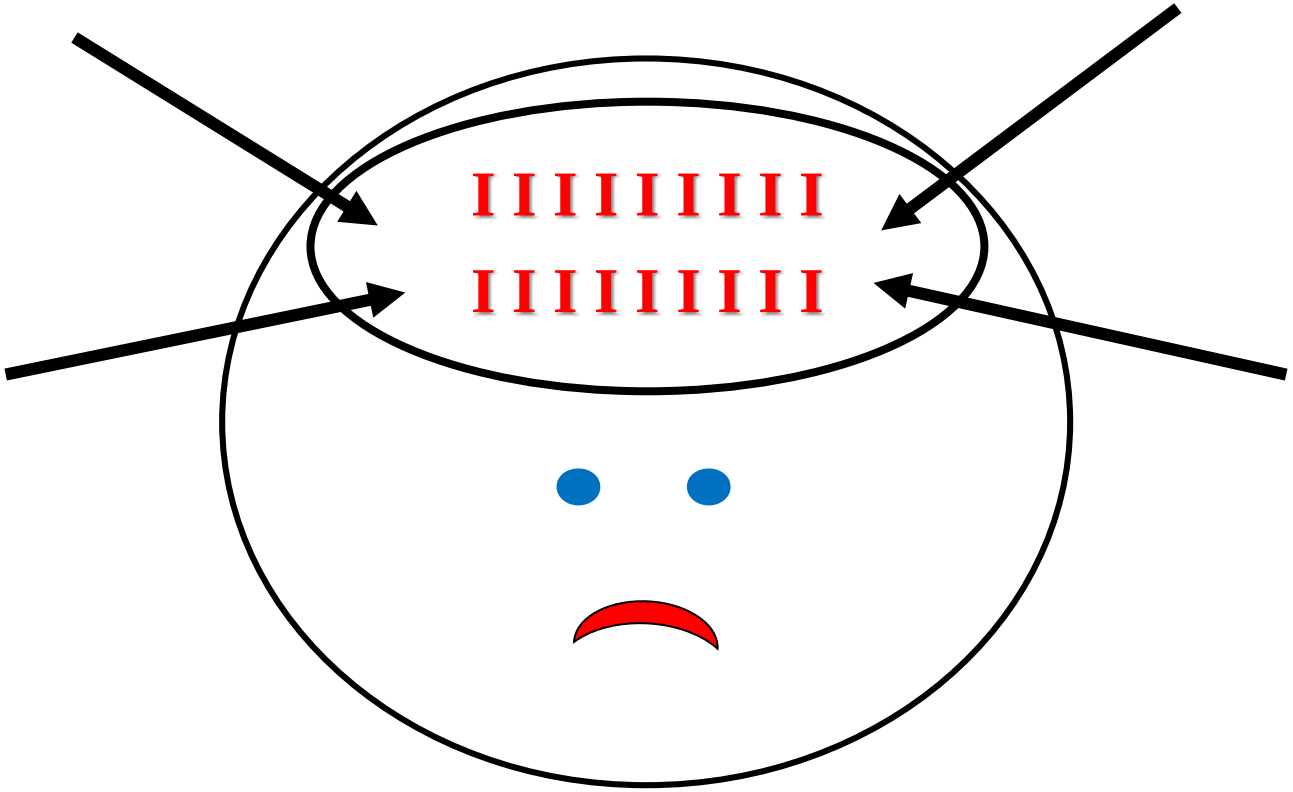
Desire: *What do you want to do to improve your health?*

Ability: *What change are you able do now to achieve this?*

Reasons: *What are some of the top reasons for making this change?*

Need: *Why is this important to your health?*

“Dumping In” Information (I) for Change Is Ineffective To Motivate Behavior Change!



Do you have the “dumping syndrome”?

Mary Ann's B.I.G.G.E.S.T. Questions for Change Talk

B = *How would you **BENEFIT** if you were to test your blood sugar with a meter 1 or 2 times a day?*

I = *What would **IMPROVE** **or** **INCREASE** in your life? What **INCENTIVE** would you need to start testing?*

G = *Who else in your life would **GAIN** if you did test?*

G = *What would you have to* ***GIVE UP*** *to start testing your blood sugar? How would you* ***GAUGE*** *the importance of testing on a 1-10 scale?*

E = *What would you* ***ENJOY*** *about testing your blood sugar?*

S = *Would* ***SOMEONE*** *want to help you test your sugar before and after meals, or fasting in a.m.?*

T = *What would* ***TAKE*** *to:*

- *Get you started with your blood sugar testing?*
- *Keep testing on a <u>regular</u> basis?*

A = Avoid what 'compliance counselors' often do that tips the balance in wrong direction:

- ***Away* from change (pt stays on fence)**
- ***Toward* more ambivalence**
- ***Toward* more resistance**

Can anyone guess what these things are?

What tips the balance *away* from change?

What do HCPs do that is the *opposite* of change talk?

That is, what do they do that often prompts patients to "stay on the fence"?

- Telling patients without them asking you for advice
- Working against pt's resistance (wrestling with pt)
- Trying to insert information into the patient
- You working harder than the patient
- Warning (instilling fear, gloom and doom)
- Being overly directive
- Shaming, blaming
- Stereotyping
- Confronting
- Preaching
- Arguing

Opposite of change talk!

What will backfire….

- **HCP** trying to **persuade** patient to change
- **HCP** trying to **"right"** things FOR the patient
  - Patient will **"dig in"** to protect and defend exact negative behavior you want patient to change!
  - The more a people feel **"pushed"** to move in a certain direction, the more likely they will **push back**

…..a paradox!

Do you have the

PERSUADING REFLEX?

RIGHTING REFLEX?

Persuading Reflex ↑ Patient Resistance

Righting Reflex ↑ Patient Resistance

It's <u>not</u> OUR job to talk patients

out of the woods…

it's our job to help them talk

THEMSELVES out of the woods.

It’s NOT about putting out a fire….

It’s about igniting a flame!

REMEMBER:

Patients have *most*

of the

answers

within them!

Who had the answer within her all along for how to get back to Kansas?

Glinda, The Good Witch, said to Dorothy

- *You **already possess** what you have been seeking.*
- *If you ever go looking for your heart's desire, you don't have to look any further than your own back yard.*
- *Our goodness and our strengths come from **within ourselves.***

Similarly, **Scarecrow**, **Tin Man**, **Cowardly Lion**

discover that what they were seeking….

a brain, a heart, and courage….

were actually INSIDE of them all along!

Thank you! You helped me see my inner strength!

D = Do ask OEQs related to commitment

- *So, what do you make of blood sugar testing now?*
- *What, if anything, do you plan to do with your new information on the benefits of blood sugar testing?*
- *If you do decide to test your blood sugar, what would your first step be?*
- *What, if anything, would get in your way from taking this first step?*
- *What can I do to help you with your decision?*

D = Determine patient's "stage of readiness to change" using Transtheoretical Model of Change

Transtheoretical Model for Change

- **Pre-contemplation**
  - No intention to take action in ***next 6 months***
- **Contemplation**
  - Intends to take action in ***next 6 months***
- **Preparation**
  - Intends to take action in ***next 30 days*** with some behavioral steps in this direction
- **Action**
  - Has changed overt behavior for ***<6 months***
- **Maintenance**
  - Has changed behavior for ***>6 months***
- **Termination or Relapse**
  - Behavior has return… ***has relapsed***

People Take *Themselves* Through Stages of Change…Only When They're *Ready*

- Precontemplation
  - ***"I'm not considering it"***
- Contemplation
  - ***"I'm not sure…but maybe"***
- Preparation
  - ***"I want to do it."***
- Action
  - ***"I am doing it!"***
- Maintenance
  - ***"This is so routine it is strange not doing it."***

6 QUESTION TOOL to Assess Readiness to △

BLOOD GLUCOSE TESTING

Please place a check mark ✓ next to the ONE statement that BEST pertains to you right now.		**SOR**
	I do not plan to make changes in my ***blood glucose testing*** in the next 6 months.	**PC**
	I do plan to make changes in my ***blood glucose testing*** in the next 6 months.	**C**
	I do plan to make changes in my ***blood glucose testing*** in the next month.	**P**
	I have already made positive changes in my ***blood glucose testing*** for at least the last 6 months.	**A**
	I have followed my ***blood glucose testing schedule*** for more than 6 months.	**M**
	I have followed my ***blood glucose testing schedule*** for more than 6 months, but then stopped following it.	**R**

6 QUESTION TOOL to Assess Readiness to △ CARB CONTROL

Please place a check mark ✓ next to the ONE statement that BEST pertains to you right now.		SOR
	I do not plan to make changes in my ***carb control*** in the next 6 months.	**PC**
	I do plan to make changes in my ***carb control*** in the next 6 months.	**C**
	I do plan to make changes in my ***control control*** in the next month.	**P**
	I have already made positive changes in my ***carb control*** for at least the last 6 months.	**A**
	I have followed my ***carb control*** for more than 6 months.	**M**
	I have followed my ***carb control*** for more than 6 months, but then stopped following it.	**R**

D = Deliver interventions that match stage of readiness to change

Example: Diabetes Meal Plan Intervention

✪ **Pre-contemplation Stage**:

- Open ended questions on benefits of having an individualized meal plan co-created by pt & HCP
- Ask pt if she would like brochure titled "*Healthy Food Choices*"

✪ **Action or Maintenance Stage**:

- Individualized meal plan co-created by pt & HCP, with pt selecting *Exchange Lists for Meal Planning*

Example: Blood Glucose Testing Intervention

✪ **Pre-contemplation Stage**:

- Open ended questions on what blood glucose testing is and benefits of (very general)

✪ **Contemplation Stage**:

- Open ended questions on:
  - How pt feels about using blood glucose meter
  - What she has heard or read about it
  - If she knows anyone who does SMBG and what this person says about it
  - What it would take to start testing in near future

If Patients Said What They Really Feel…

Change is a journey,

It tends to ebb and flow.

I'm not in any hurry,

So please, please take it slow.

Through stages I will move,

We need to be in sync.

To keep me in the groove,

My stage and intervention must link.

D = Design printed + picture handouts at ≤5th grade level…make them **fun** when appropriate!

For learning:

Least effective: **Printed word**

Better: **Pictures**

BEST: **Fun, 3-D Objects**

WHY only
5th Grade Level Teaching Level?

Pt's **HEALTH** literacy tends to be low…

despite their age, race, education,

income or career field**!**

THE MORE FEET, THE MORE FAT AND CHOLESTEROL!

A1C IS MEASURE OF “SUGAR COATING” ON RED BLOOD CELLS

5% 6% 7% 8% 9% 10%
11% 12% 13% 14% 15% 16%

AMOUNT OF SUGAR (GLUCOSE) IN BLOOD:

LEFT is NORMAL LEVEL: BLOOD FLOWS WELL.

RIGHT is HIGH LEVEL: BLOOD THICK LIKE SYRUP

Use Fun Acronyms, Mnemonics and Wordsmithing to "EDU-TAIN" Patients

H.A.L.T. SATURATED FAT!

H = **H**ardens cell membranes

A = **A**dds to atherosclerosis in arteries

L = **L**eads to greater insulin resistance

T = **T**riggers liver to make cholesterol

S.W.E.E.T.S. is WHAT EXACTLY YOU NEED TO DO TO CONTROL YOUR BLOOD SUGAR!

S.W.E.E.T.S. for L.I.F.E. with DIABETES

S = Stress Control
W = Weight Control
E = Eat Healthy
E = Exercise
T = Take Diabetes Meds, If Required
S = Self-monitor blood glucose

L = Learn to Reduce Risks
I = Invest in Long-Term Support
F = Fix Your Problems
E = Enjoy Adequate Sleep

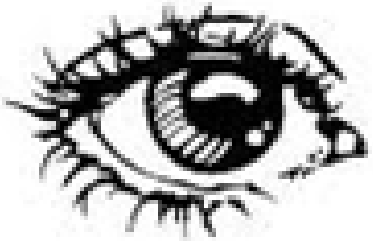
MNT wrapped around, and spelled backwards, is

T N M ...

Total Nutrition Makeover

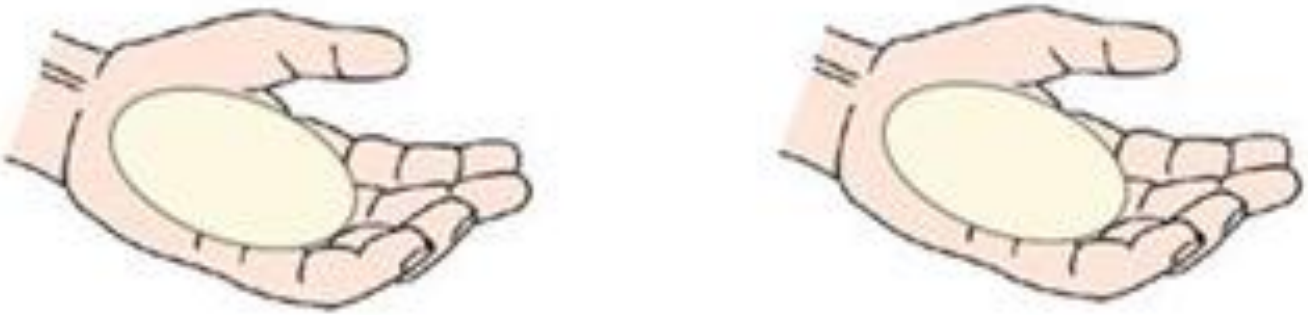
WUZZLES = FUN WORD/PICTURE PUZZLES

1 What is Key Message?

↑ F  br

WUZZLES = FUN WORD/PICTURE PUZZLES

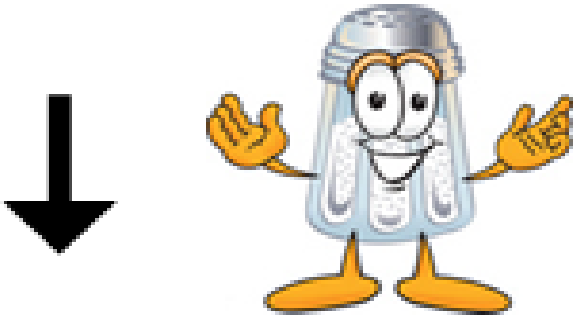
2



What is Limited to
2 Palm's Worth Per Day?

WUZZLES = FUN WORD/PICTURE PUZZLES

5



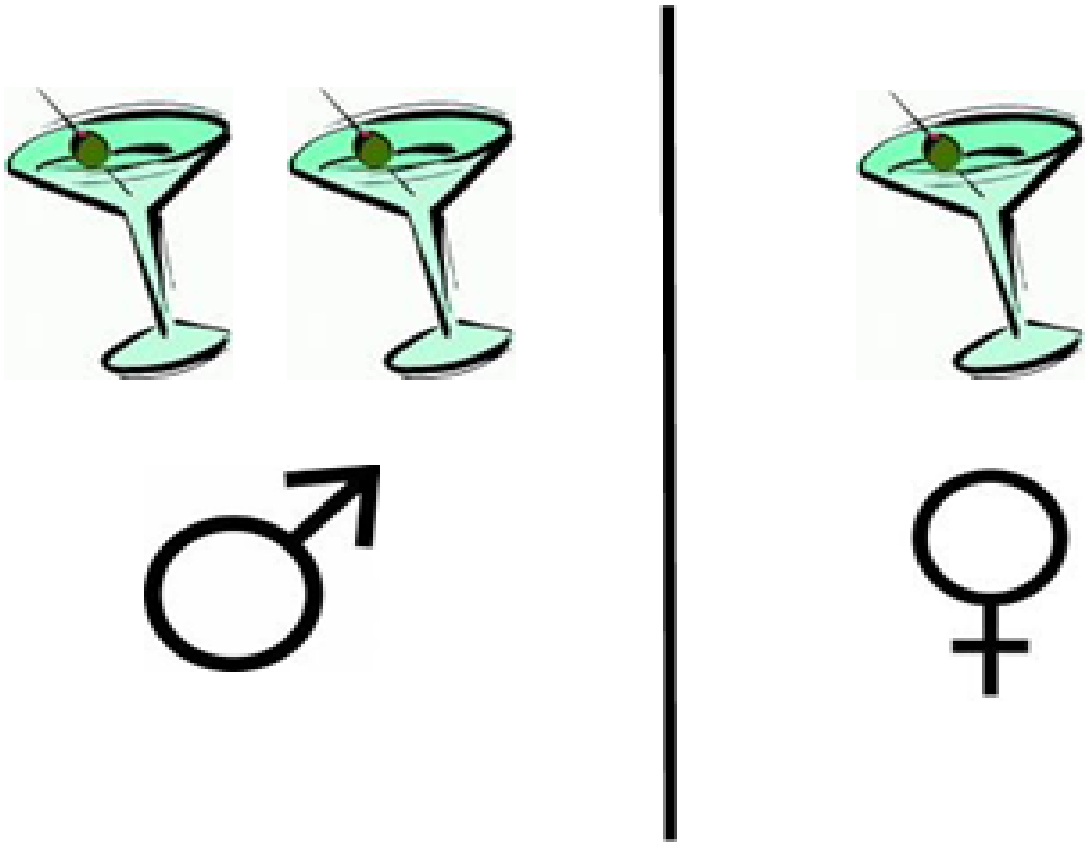
To: 2 ? 0 0

mg per day

Missing Number Rhymes with

WUZZLES = FUN WORD/PICTURE PUZZLES

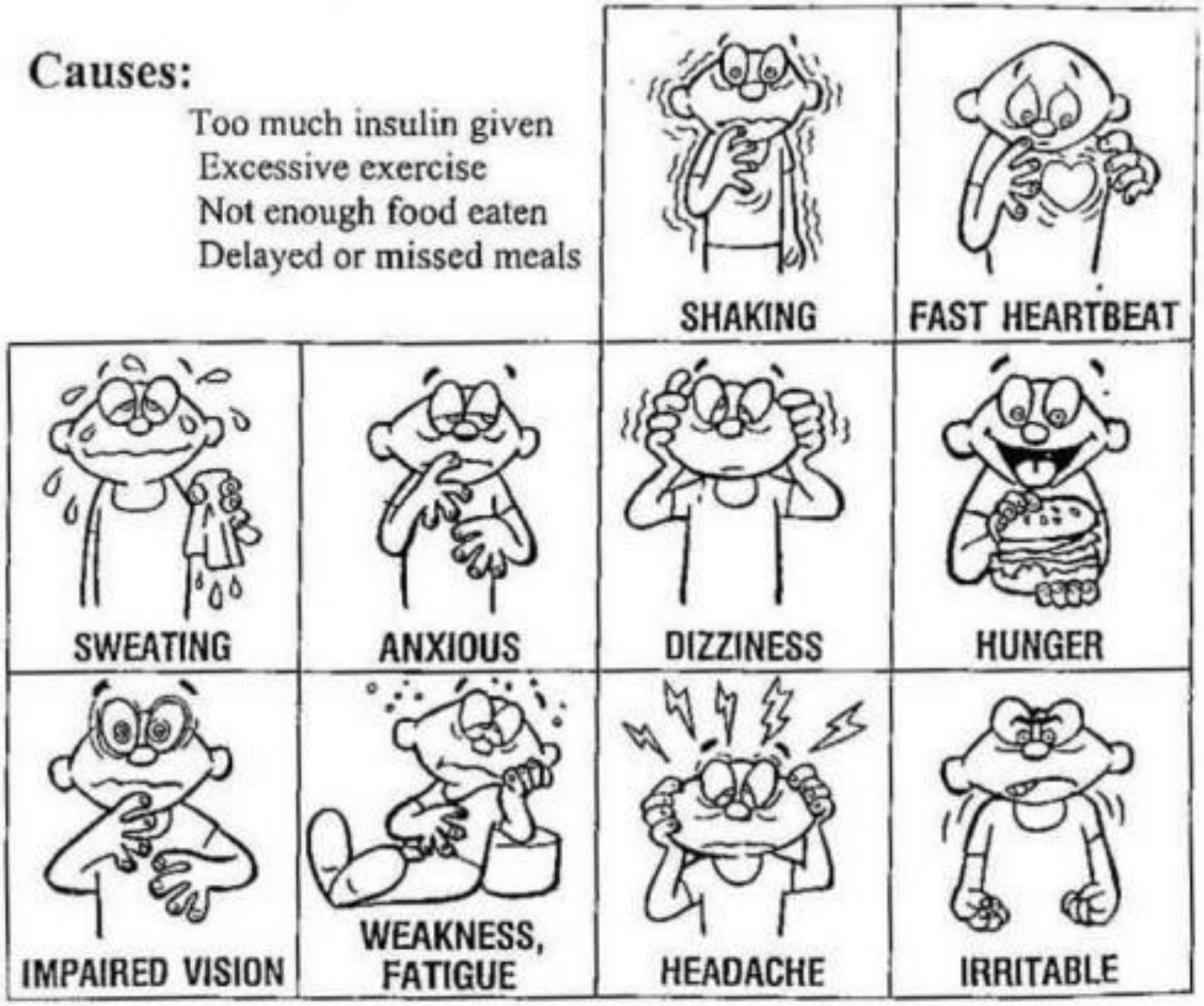
13 **What is Key Message?**



HYPOGLYCEMIA SYMPTOMS
(LOW BLOOD GLUCOSE)

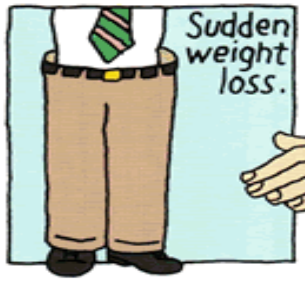
Causes:

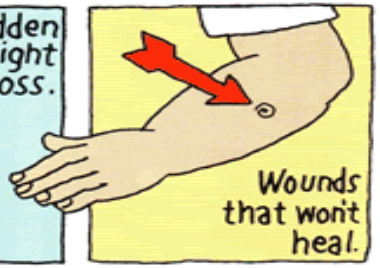
Too much insulin given
Excessive exercise
Not enough food eaten
Delayed or missed meals

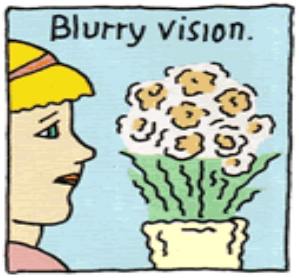


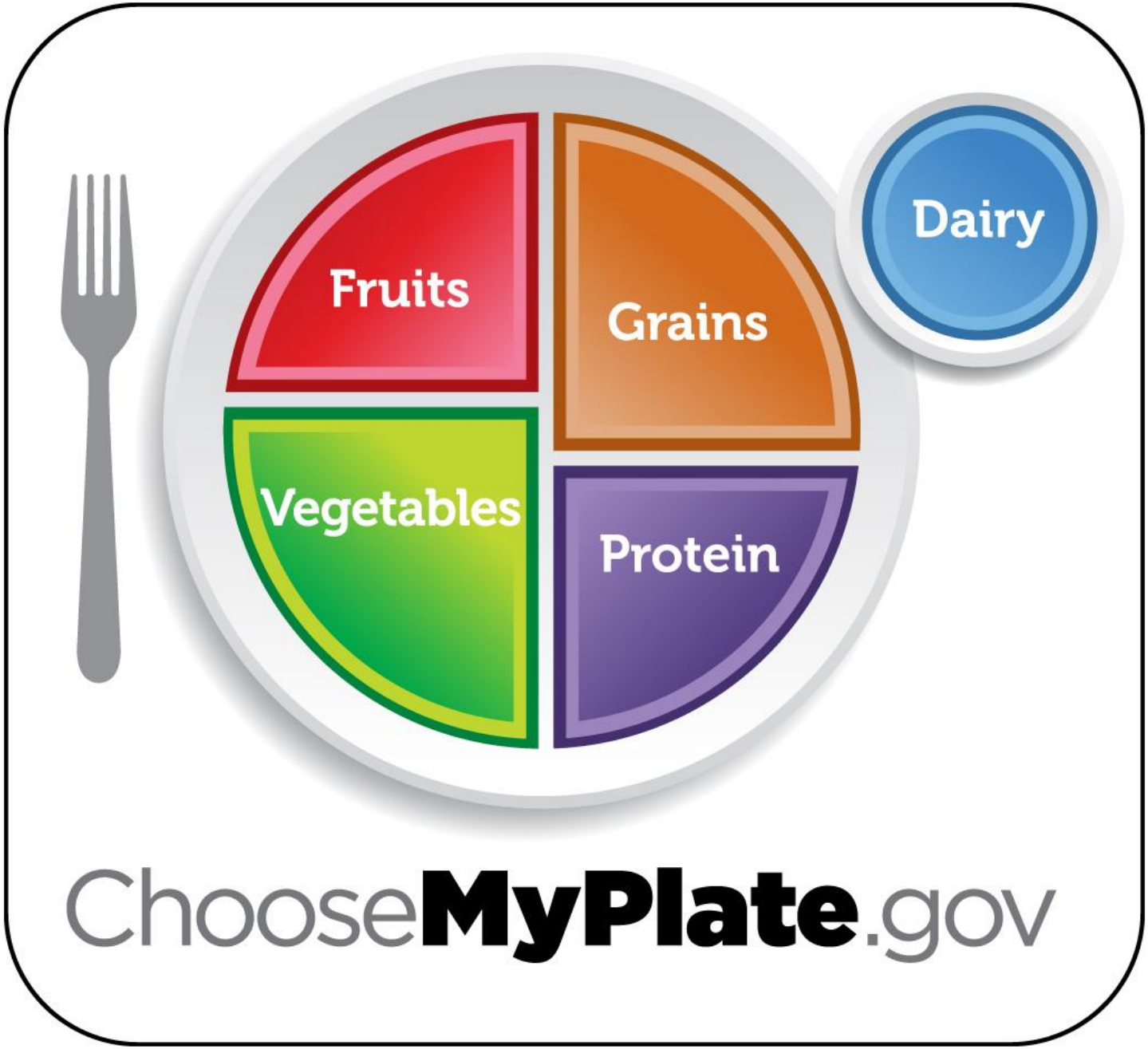
DIABETES

KNOW THE SYMPTOMS








Fruits
Grains
Dairy
Vegetables
Protein
ChooseMyPlate.gov

O = Obtain pt's importance and confidence rating of specific change on 1 – 10 scale

Importance (Knowledge of Why) x Confidence (Skill in How) = Readiness to Change

Importance and Confidence Ruler

0	1	2	3	4	5	6	7	8	9	10

0 = low **10 = high**

O = Obtain pt's answers to key questions:

*How **important** is it for you to change your _____ on 1 to 10 scale below?*

Why did you say _____ and not a 0?

What would it take for you to go from this number to _____ (higher number)?

0	1	2	3	4	5	6	7	8	9	10

0 = not important at all

10 = extremely important

Importance = Knowledge of Why

*How **confident** are you that you can change your _____ on 1 to 10 scale below?*

Why did you say _____ and not a 0?

What would it take for you to go from this number to _____ (higher number)?

0	1	2	3	4	5	6	7	8	9	10

0 =

not confident at all

10 =

extremely confident

Confidence = Skill in How

Readiness to Change Ruler =

K.I.S.S. Method for Success:

Knowledge Integrated with Skill

= Self-Care Success!

O = Opt for strongest relationship with patient

#1 MOST important tool for behavior change!

How To Develop Strong Relationship with Pt

S = **S**earch for a connection

T = **T**alk much less

R = **R**equest that pt select topic(s) for each visit

O = **O**btain pt's feelings/fears/frustrations

N = **N**ever criticize or disagree

G = **G**ive advice ("tell") only when asked

E = **E**mpathize

S = **S**implify and shorten intervention + handouts

T = "**T**ouch pt" in between visits

WOW! Someone ‘membered my birthday!

If Patients Said What They Really Feel…

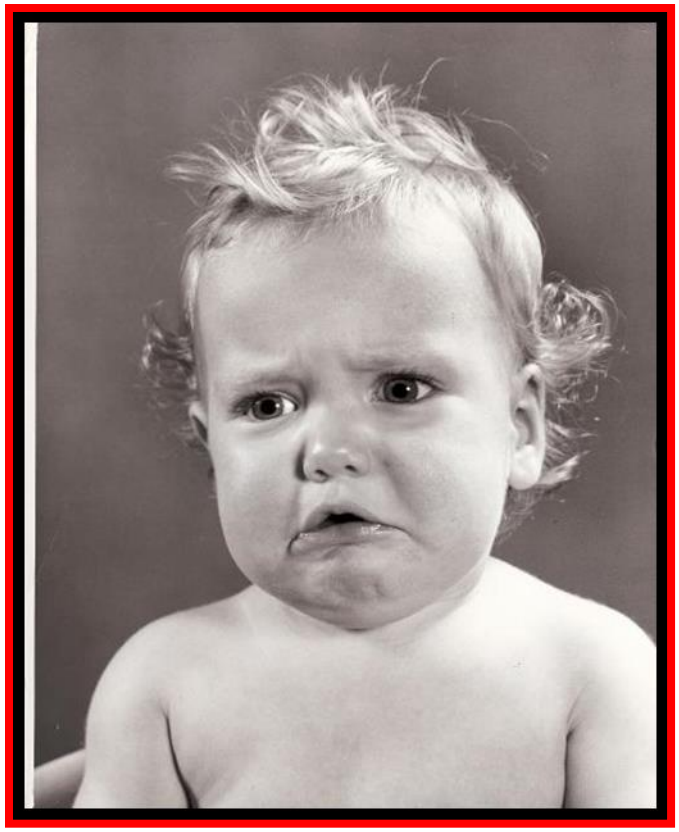
Reach out and touch me when we're not together,

As so many slippery slopes abound.

My goals, I will achieve them better,

When you make an effort to be around.

O = Obtain and affirm patient's negative feelings/fears/frustrations



DID YOU KNOW:

If patient does **NOT** have opportunity to express

and experience strong (usually negative)

feelings/fears/frustrations

about situation,

the likelihood of

sustained behavior change is **SMALL** !

P = Profess a "CAN DO" and "AFFIRMATIVE" attitude with patients

Can Do….Yes You Can!

1. Increase pt's perception of self as capable person
2. Affirm positive statements and behaviors
3. Offer options….*esp. when barriers identified*
4. Instill hope…….*esp. when problems loom large*
5. Encourage consideration of role models and past successes

Affirmations = Statements That Communicate:

- ***"YES…you can do it!"***
- Pt's **strengths**
- What's **right** with patient
- What we can build on, together
- Your **confidence** in pt's ability (skill) to change
- Pt's **confidence** in ability to change

T = Tell, only if you ask permission

Then ask **PATIENT** to **summarize** what YOU just said to insure patient understanding.

T = Together, create 1 or 2 (only) S.M.A.R.T. behavior change goals:

S = **S**ensible (is doable for patient)

M = **M**easurable (amount, what, when)

A = **A**ttainable (how……do skills training)

R = **R**elevant (meets patient's need/problem)

T = **T**ime-based (time period to work on goal)

BEHAVIOR Goal Setting:

Remember to follow K.I.S.S. format:

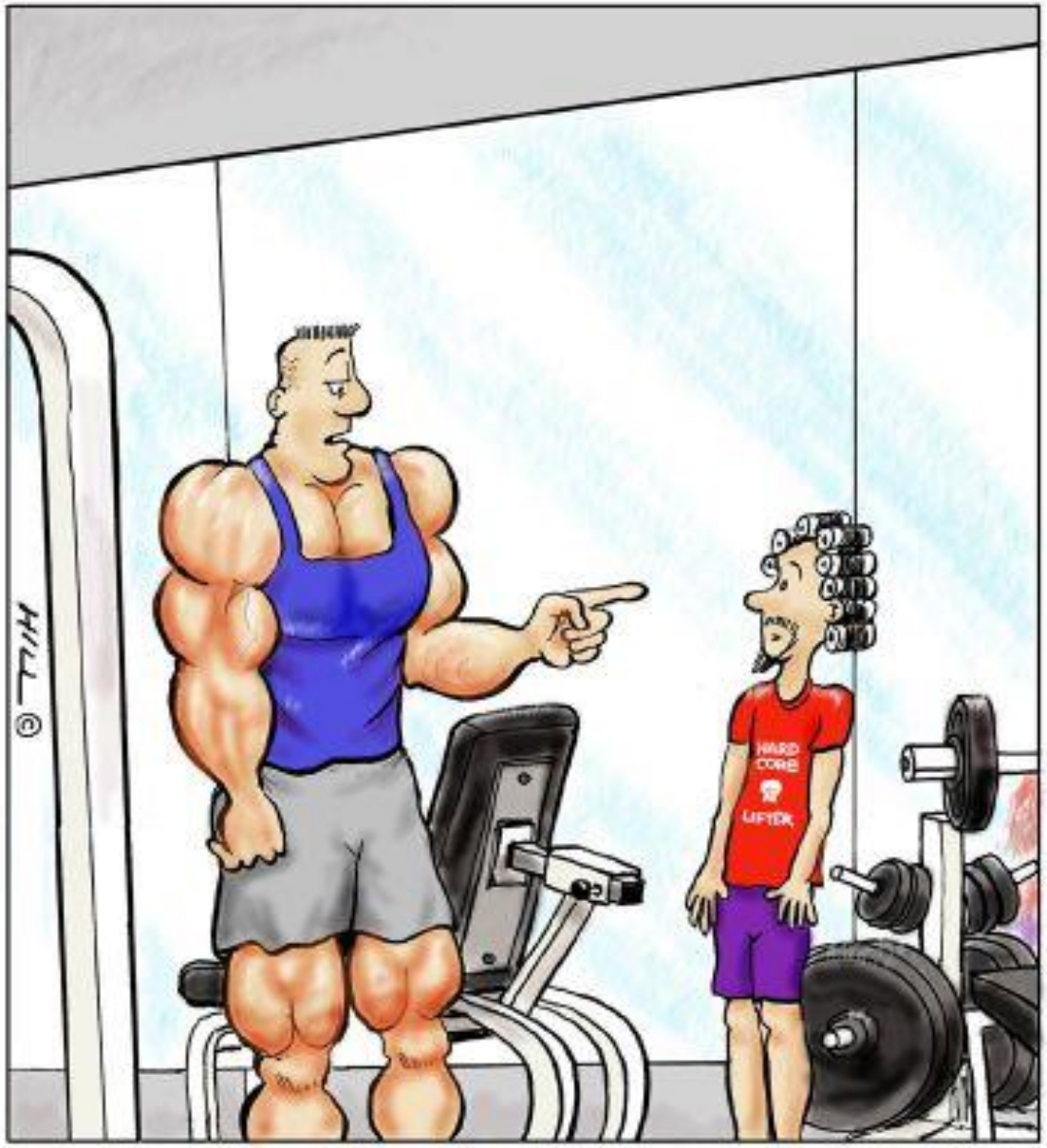
Keep It Simple and Short

Which is the Best "S.M.A.R.T." Goal?

1) Reduce cans of coke you are drinking

2) Reduce coke from 5 to 3 cans each day

3) Reduce coke from 5 to 3 cans each day during next 2 weeks (before our next visit)



HEY DUDE, WHEN I SAID *"CURLS MAY HELP"*, THAT'S <u>NOT</u> WHAT I MEANT!

E = Express empathy and listen reflectively

- Create free, friendly space to explore difficult issues
- Reflect back pt's words……**but with empathy!**
  - *"I understand how difficult it is for you to exercise 15 minutes every day with your work schedule."*
  - *"I also struggled with eating lower fat foods when my doctor told me my cholesterol was too high."*
  - *"How do you feel about us trying to figure out a game plan that could work better for you?"*

- Builds **STRONGER** relationship with pt
- Helps pt feel understood
  - Both proven to ↑ likelihood of behavior change

E = Establish "dissonance" or discrepancy or "gap" between patient's:

- Goals/beliefs/values

  and

- Problem: medical and/or behavioral

The BIGGER the gap, the MORE likelihood of behavior change!

Mark's goal

Play golf on weekends

vs.

Mark's problem

Getting SOB all the time on golf course

BIGGER the gap….MORE likelihood of change

THEN, help Mark connect the dots in-between the "gap":

what medical or behavior action steps can close the gap?

- Getting SOB = **problem**

↓

- Morbid obesity = **contributing to problem**

↓

- Behavior change: **baby steps to start losing weight**

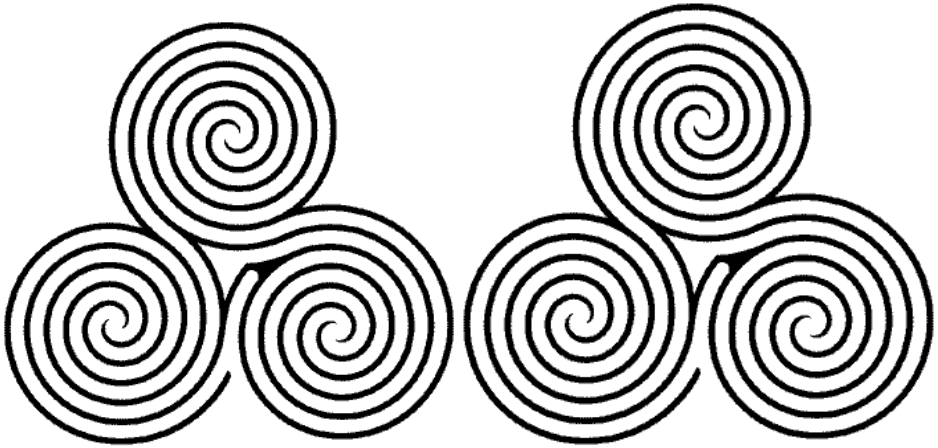
↓

- Outcomes: **as weight drops, SOB decreases**

↓

- **Future goal: able to play golf w/o SOB**

E = Explore, together with patient, patient's behavior goal barriers



- **Incorrect and irrational beliefs…can be BIGGEST**
- Low importance of why, low confidence in how to △
- Demographic and health barriers
- Cultural, language and religious barriers
- Health care system barriers
- **Psycho-social issues and variables:**
  - Related to family/friends/coworkers
  - Triggers that prompt unhealthy behaviors
    - Trigger foods, moods and situations

Tackle Barriers to Behavior Change: T.A.S.S.S.S.K.S.

T = Talk about how barriers effect behavior change

A = Ask pt **what** his/her barriers are

S = 'Size' to prioritize: S, M, L or XL barrier?

S = Select L and XL barrier to tackle *first*

S = Search for ways to modify, reduce or eliminate

S = Summarize the plan

K = Keep log to help stay on track and assess results

S = Scrutinize if barrier(s) may **not** be solvable **now**

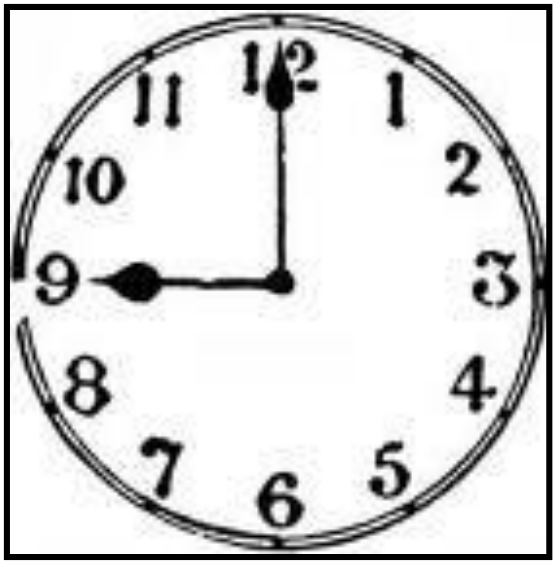
S = Steer clear…100% of time…of criticizing, disagreeing, arguing with pt!

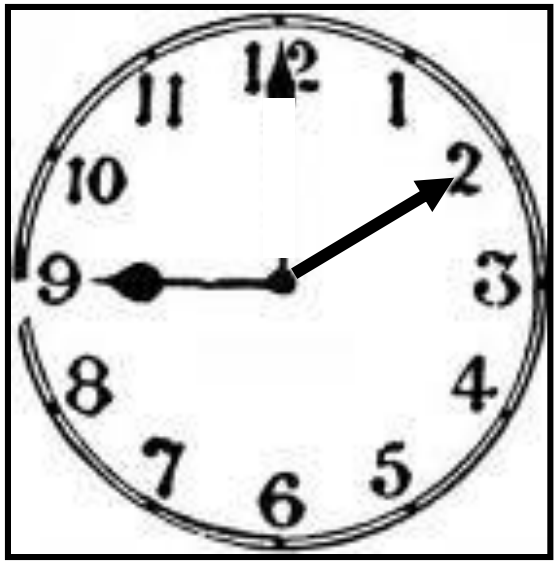
Trying to persuade pt to change with argumentation never works!

Pt must persuade **SELF** to change.

We can help this “change talk” with OEQs!

S = Summarize every 10 to 15 minutes





S = Solicit patient to Summarize back to YOU the important education you delivered!

S = Search for achievements to praise

BUT, if patient has **NOT** made any progress, how will you do this?

I'M SORRY YOU'RE HAVING A ROUGH TIME. I THINK YOU'RE PRETTY GREAT.

S = See to it that patients feel great about themselves after all visits to build their confidence!

If Patients Said What They Really Feel…

My smallest successes,

please do recognize,

And my faults and failures,

do not criticize.

No matter what my issues,

can you empathize?

And often, it's

important to summarize.

THE END!

I just want to curl up and go to sleep after THAT talk!

OK, already! You convinced me to use motivational interviewing and adult learning tools!

Can you see FRIDAY yet?

QUESTIONS?

This information is intended for educational and reference purposes only. It does not constitute legal, financial, medical or other professional advice. The information does not necessarily reflect opinions, policies and/or official positions of the Center for Medicare and Medicaid Services, private healthcare insurance companies, or other professional associations. Information contained herein is subject to change by these and other organizations at any moment, and is subject to interpretation by its legal representatives, end users and recipients. Readers/users should seek professional counsel for legal, ethical and business concerns. The information is not a replacement for the Academy of Nutrition and Dietetics' Nutrition Practice Guidelines, the American Diabetes Association's Standards of Medical Care in Diabetes, guidelines published by the American Association of Diabetes Educators nor any other related guidelines. As always, the reader's/user's clinical judgment and expertise must be applied to any and all information in this document.

References

1. Ellen R. Glovsky, PhD, RD, LD, Gary Rose, PhD, Motivational Interviewing — A Unique Approach to Behavior Change Counseling, *Today's Dietitian* Vol. 9 No. 5 P. 50, May 2007
2. Motivational Interviewing, A Taste of Motivational Interviewing Ellen R. Glovsky, PhD, RD, LDN, 11-6-13, http://www.slideshare.net/ellenglovsky/a-taste-of-motivational-interv
3. Miller WR, Rollnick SR. Motivational Interviewing: Helping People Change, 2nd edition. New York: Guilford Press; 2002
4. Miller WR, Rollnick SR. Motivational Interviewing, Third Edition: Helping People Change (Applications of Motivational Interviewing), , 3rd edition. New York: Guilford Press; 2013
5. Rose GS, Rollnick SR, Lane C. What's Your Style? A model for helping practitioners to learn about communication and motivational interviewing. MINUET. 2004;11:2-4
6. Hersen M, Eisler RM, Miller PM (ed). Progress in Behavior Modification. Belmont, Calif.: Wadsworth; 1994
7. Marc Steinberg, MD, FAAP, Clinical Perspectives on Motivational Interviewing in Diabetes Care, Diabetes Spectrum, August 2011, vol. 24 no. 3, 179-181
8. Rollnick SR, Mason P, Butler C. Health Behavior Change: A Guide for Practitioners. London: Churchill Livingstone; 1999
9. Nutrition Practice Guideline for Diabetes Mellitus Type 1/Type 2 and Hypertension, and Disorders of Lipid Metabolism Toolkit, www.andevidencelibrary.com, Academy of Nutrition and Dietetics; accessed 2-2-15
10. Suzanne E. Mitchell, MD, MS, Motivational Interviewing in the Management of Type 2 Diabetes: An Expert Interview With Faculty and Disclosures, CME Released: 02/07/2012, Medscape Education Diabetes & Endocrinology
11. American Diabetes Association. Standards of Medical Care Diabetes Care Volume 38, Supplement 1, January 2015, Position Statement 2015

Resources by Mary Ann Hodorowicz

Turn Key Materials for AADE DSME Program Accreditation

- DSME Program Policy & Procedure Manual Consistent with NSDSME (72 pages)
- Medicare, Medicaid and Private Payer Reimbursement
- Electronic and Copy-Ready/Modifiable Forms & Handouts
- Fun 3D Teaching Aids for AADE7 Self-Care Topics
- Complete Business Plan

3-D DSME/T and Diabetes MNT Teaching Aids 'How-To-Make' Kit

- Kit of 24 monographs describing how to make Mary Ann's separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references

Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©, 5th. Edition, 2014

Establishing a Successful MNT Clinic in Any Practice Setting©

EZ Forms for the Busy RD©: 107 total, on CD-r; Modifiable; MS Word

- Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms
- Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms
- Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms