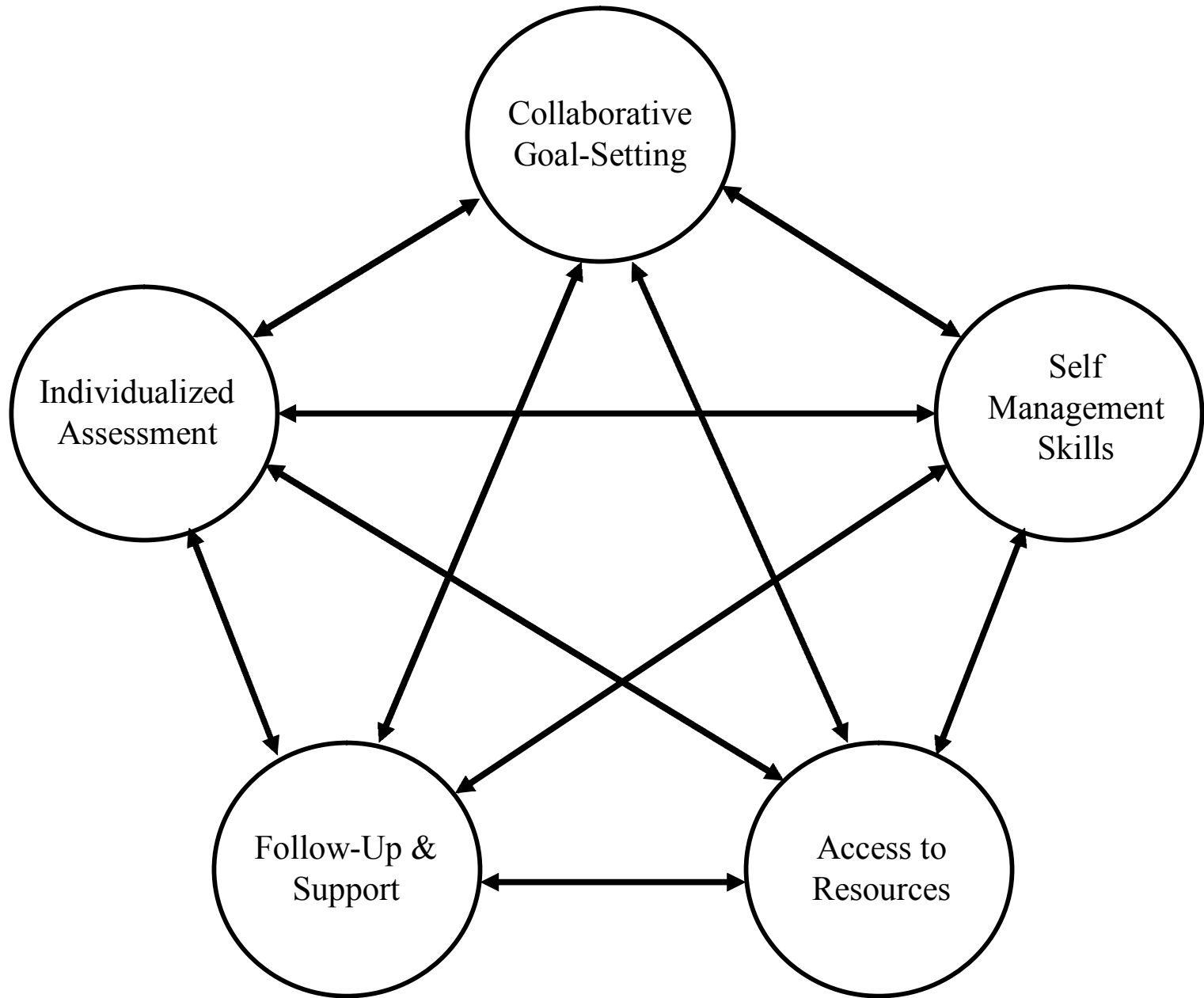
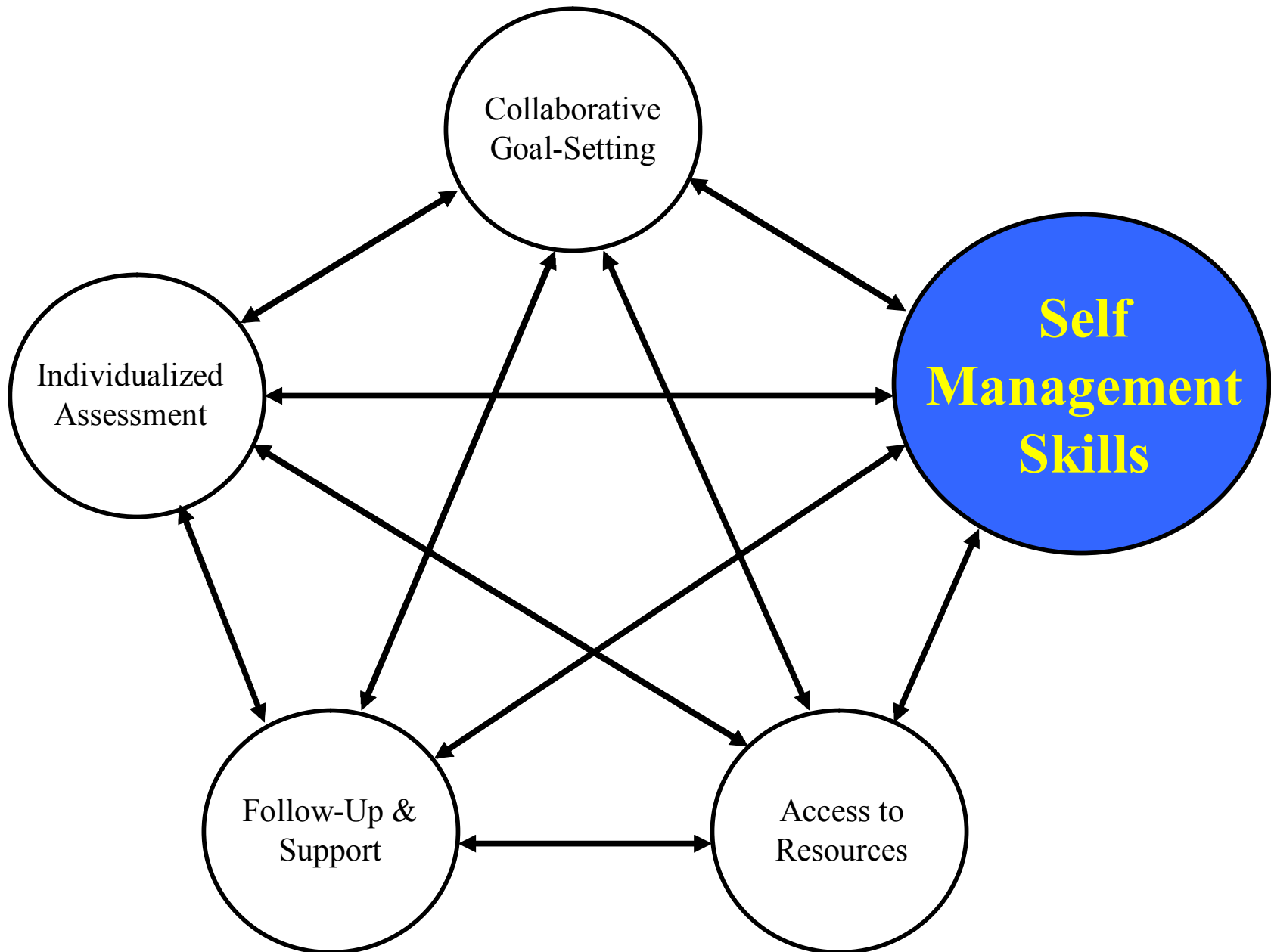
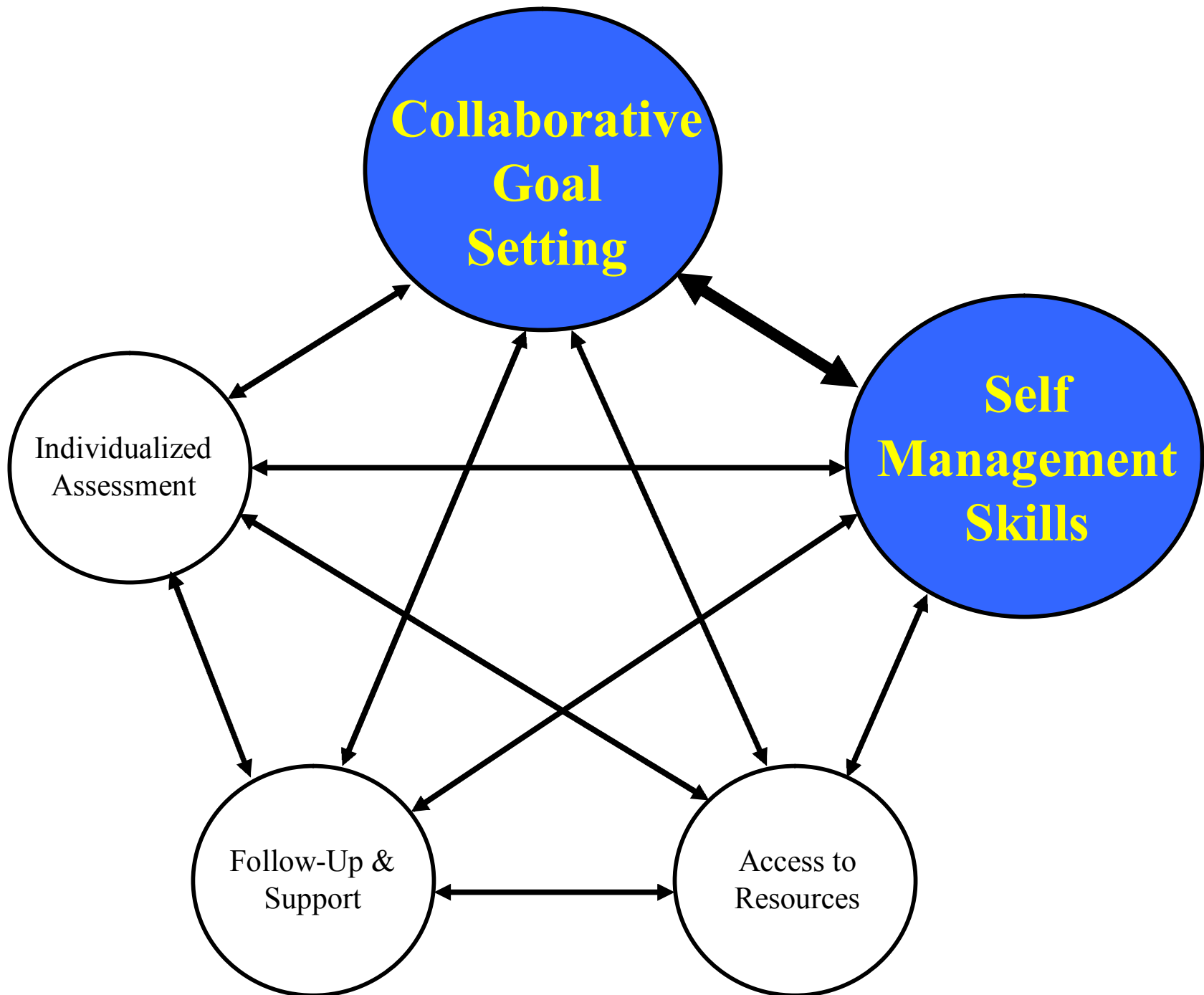


**Key Skills in
Promoting and
Teaching
Self Management**









This Morning

1. Collaborative Goal Setting
2. Self Management
3. Teaching Self-Management Skills

Collaborative Goal-Setting

Your community-based organization, the North Overshoe Wellness Juggernaut (NOWJ), teaches self management skills using a combination of group and individual programs. These have been very well received by a large number of adults in North Overshoe and surrounding communities and have reached folks with diabetes, arthritis, history of heart disease as well as those with other objectives, including smoking cessation, weight management, and tax completion prior to April 15.

With funding from a prestigious, east coast foundation, you have developed a partnership with a major clinical provider in North Overshoe, the North Overshoe Center for Advanced Medicine (NOCAM).

Some problems have arisen. Several of the senior physicians at NOCAM have not embraced collaborative goal setting. In working with their patients, they emphasize the importance of being “good patients” and “complying with prescribed treatment.” They are willing to have brochures describing the NOWJ self management programs displayed in their waiting rooms, but do not refer patients to the programs. On several occasions, participants in the self management programs have reported reluctance to talk to their doctors about participating in the programs.

Collaborative Goal Setting

- What “Collaborative” means
 - The patient chooses the goal
 - The professional acts as *authoritative coach*
- Letting go of
 - Control
 - Responsibility
- Coaching the patient to set reasonable and achievable goal

Collaborative Goal Setting

- Patient-centered, active listening
- Provide information as things to be considered, versus directions, e.g.
 - “Losing 10 pounds would improve your blood sugars and might even allow you to get off insulin”
 - “You really must lose weight to improve your blood sugars and maybe get off insulin”
- Motivational Interviewing
- Stages-of-Change – Transtheoretical Model

Patient-Centered, Active Listening

- Open-ended questions
- Ask patient's thoughts about general issue, e.g., “What have you thought about losing weight in the past?”
- Reflect, clarify understanding, e.g., “So your past efforts leave you pretty discouraged about losing weight?”

Authoritative versus *Authoritarian*

Presentation of Information

- Information as things to be considered, versus directions, e.g.
 - “Losing 10 pounds would improve your blood sugars and might even allow you to get off insulin”
 - “You really must lose weight to improve your blood sugars and maybe get off insulin”

Motivational Interviewing & Stage Based

- Elicit pros and cons regarding issue, e.g., “What do you see as reasons you might try to lose weight? What are the reasons not to try?”
- Encourage consideration of pros & cons, e.g., “How would these be an issue in your daily life?”

Identifying Goals

- Open-ended encouragement of patient identifying goal, e.g.
 - “So, what are your thoughts about how you’d like your life and health to be over the next few years?”
- Goals may be long-term, e.g.
 - “See my new grandchild graduate from college”
- Should be specific and personally meaningful, e.g.
 - “I want to be healthy”
 - versus
 - “I want to be able to enjoy hiking vacations with my husband again.”

Specifying Objectives

- Identifying meaningful steps to long-term goal
- Again, open-ended encouragement of patient identifying objective
 - “So, what are your thoughts about things you can do to get to that goal?”
- Encourage specification of objective in terms of:
 - behaviors
 - time
 - place
 - short-term outcomes
- E.g., to help my weight management, I’ll walk 30 minutes at the mall Mon, Wed & Fri evenings and at least once over weekends

Self Management

Self Management/Problem Solving

- Pinpoint specific objectives and/or problem
- Generate alternatives
- Select alternative
- Check skills to execute alternatives;
Address needs for additional skills
- Try plan; Monitor results
- Revise as necessary

Identifying Barriers or Temptations

- Patients are experts on their lives: “What’s going to get in the way of your doing X?”
- Critical -- Make barriers/temptations specific
 - “cafeteria” is too broad
 - “the desert rack on Thursdays when they have German Chocolate Cake” is good
- Specifying the barrier makes tactic almost easy
 - “Arranging to meet my friend Joe at Subway on Thursdays”

Creative Problem-Solving

“What are some things you could do about that?”

Generate a number of solutions

Keep two phases separate:

- Generating solutions

- Selecting from among solutions

Perhaps demonstrate “crazy” solutions

Warn that “what makes sense for me may sound crazy to you” -- Do what makes sense for you

Try – Monitor/Assess – Revise

- Troubleshoot plan and implementation
- Remember: *All Change is Gradual*
 - Identify & focus on progress
 - “So it went better than you expected on the second day...?”
 - Don’t be discouraged by problems
- Revise and try again -- Go back to previous steps as needed

Initiating Physical Activity

- Pinpoint Objective: *Walk at mall 30 min 4X per week*
- Generate alternatives: *Organize with friends; Go by myself; Take bus; Drive; Go in morning; Go in evening*
- Select alternative: *Take bus each evening on way home from work*
- Check skills to execute alternatives; Address needs for additional skills: *Proper warm-up; Good shoes to guard against strain; Gradual initiation (10 min walk, 10 min rest, 10 min walk)*
- Try plan; Monitor results: *Made 3/4 each of 2 weeks; bored; no injury; no weight loss*
- Revise as necessary: *Go with friends on weekends; Increase to 15 min walk, 10 min rest, 15 min walk; Begin monitoring high-fat food consumption to identify targets for reduction*

“Temptation” Management

- Pinpoint Problem : *Eat rich deserts when eat at cafeteria at work*
- Generate alternatives: *Ask friends to make purchase; Find alternative cafeteria; Brown bag; Only take enough money for healthy meal without desert; Switch to 2nd lunch shift when deserts all gone*
- Select alternative: *Switch to 2nd lunch shift when deserts all gone*
- Check skills to execute alternatives; Address needs for additional skills: *Self-representation skills for asking supervisor to OK switch*
- Try plan; Monitor results: *Reduced deserts by 4/5; Miss friends at lunch*
- Revise as necessary: *Ask friend to move to 2nd lunch shift. NB: Need to rehearse self-representation skills for asking friend*

Mood Management

- Pinpoint Problem : *“Comfort food” when blue at home on weekends*
- Generate alternatives: *Buy only small supplies of comfort food; Break up “scripts” that lead to feeling blue; Plan weekend activities early in week; Get supply of no-cal comforts -- videos, magazines, cable TV; Go for walks when feel blue*
- Select alternative: *Plan activities early; Rent 3 videos on way home from work on Thursdays*
- Check skills to execute alternatives; Address needs for additional skills: *Self-representation skills for asking friends to go to movies, out to dinner; Leave work early enough on Thursdays*
- Try plan; Monitor results: *Friends busy but rented videos helpful 50% of time*
- Revise as necessary: *Ask people from church; Rehearse skills for asking*

Stress Management

- Pinpoint Problem: *Can't follow healthy eating when stressed by feeling marginalized at work*
- Generate alternatives: *Meditate, Relaxation training, Go for walks, Get massages, Seek allies at work, Meet with boss to review work priorities/own place in long-range plan, Get plastered!*
- Select alternative: *Relaxation tape; Meet with boss*
- Check skills to execute alternatives; Address needs for additional skills: *Assistance in identifying relaxation tape; Rehearse presentation to boss*
- Try plan; Monitor results: *Unable to "get into" relaxation; Boss surprisingly helpful in clarifying role in long-range plans*
- Revise as necessary: *Sell tape; Try massage, meditation, and evening walks; Revisit with boss in 2 months to check alignment*

The Secret: Pinpointing

- Pinpoint Objective: *Increase fruits and vegetables*
- Generate alternatives: *Broccoli, peas, string beans, spinach, strawberries, apples, oranges, grapefruit*
- Select alternative: *Eat fruit*
- Check skills to execute alternatives; Address needs for additional skills: *Everybody knows how to eat fruit*
- Try plan; Monitor results: *Didn't like fruit*
- Revise as necessary: *Eat vegetables*

Several of your colleagues have developed and put a great amount of their own energy into a patient education program for diabetes, *Diabetes and You*. The first session is a talk on the nature of diabetes by an experienced family practice physician who is the informal “diabetes specialist” in the practice. The next session focuses on medications and insulin and is taught by a nurse who has worked with diabetes for a number of years. The third session focuses on diet and is taught by one of several dietitians in the community with whom your clinic has good relations. You teach the fourth session on sick day management. An exercise instructor from a local fitness center teaches a session on exercise. The program ends with a review to which spouses are invited. Usually the physician and nurse from the first two sessions lead the review.

The program has been going for a number of years and is well known for the quality of its content and leaders. The local American Diabetes Association gave it its 2001 Award for Excellence in Patient Education.

This September, several of you decided to evaluate the Fall offering of *Diabetes and You*. Ratings of each of the classes were great, averaging 6.5 - 6.8 on 7-point scales (except for the class on diet which several found dull and which got a relatively low mean of 4.9 on the 7-point scale). You gave participants a questionnaire assessing things they do in daily life to manage their diabetes. From the first to last sessions, the scores showed only very small improvement. From your clinic records, average HbA1c values of the participants actually crept up just a bit from August to December, 7.8 to 7.9.

Teaching Self Management Skills

General Teaching Skills

- Do not assume presence of skills
- Ask what parts of plan unsure of
- Use previous knowledge of individual to identify needs for skills
- Pinpoint!!!
- Identify *graduated* sequence of learning objectives
- Model, demonstrate, describe key skills -- as detailed as possible
- Rehearsal, rehearsal, rehearsal!!!
- Feedback – what did well, what could increase

Self Monitoring

- Probably most reliably useful intervention tactic
 - Break up automatic sequences
 - Increase confidence
 - Identify circumstances for focused efforts
- Make very specific:
 - Circumstance
 - Behavior (e.g., fruits & vegetables, not all food)
 - Consequences
 - Alternatives
- Use self-monitoring results to guide changes in plans

Specific Skill Areas

- Self Representation
- Mood Management
- Relaxation
- Social Skills
- Physical Activity
- Healthy Diet

Self Representation Skills

- Not “Assertion Training,” not mild aggression
 - In aggression, goal is harm to other
 - In self-representation, goal is advancing own interest
- General approach: Make your own needs and interests apparent to those around you
- “I language”
- Feeling language, especially concerns, needs
- Own your part of the problem, e.g., “I’m sorry to ask for special favors, but I need to watch my diet and need some help from you. I’d like my salad dressing on the side and, if you don’t mind, don’t bring us the rolls and butter and don’t bring the desert menu.”
- Importance of nuance according to culture

Cognitive Skills for Mood Management

- General model: Moods influenced by how we view events
- Problem: Individuals tend to see their moods as automatic and resist seeing them as influenced by their own thoughts
 - Do not apply to objectively highly distressing events
- How to introduce:
 - Discuss as general tendency of people, not just individual
 - Use figures of speech, e.g., “Mountains out of molehills”
 - Raise possibility that this applies, *at least in part*, to client’s behavior
 - Discuss examples or have client self-monitor
 - Ask client how feelings would be different if could view the event differently
 - Discuss alternatives

Cognitive Skills for Mood Management, cont.

- *Rehearse* alternative ways of looking at events
- Apply alternative ways of looking at events
 - Self monitor
 - Review data and revise
- Can raise awareness of interpreting events as area in which individual tends to make mistakes and, so, needs not to act too readily
- Journaling may be good way to promote beneficial changes in ways of viewing events

Relaxation Skills

- Variety of techniques
 - Progressive muscle relaxation
 - Meditation
 - Yoga
 - Exercise
 - Massage, “Healing Touch,” etc.
- Present as skill to be learned versus relaxation to be received???
- Self Management Model
 - Pinpoint circumstances that elicit stress
 - Practice applying in anticipation of those specific stressors
 - Apply in real life; monitor results
 - Review data, revise plan, etc.

Social Skills

- Self Representation, “I” language, etc.
- Common barrier is taking initiative
 - Invite people to share activities at work, outside of work
 - Invite to own home for meals, desert & coffee, etc.
- Central skill: sensitivity to social nuance
 - This can be pinpointed, practiced, applied

Initiating Physical Activity

- Moderate physical activity – walking generally ideal
- Emphasis on gradual increase, especially for those obese and/or accustomed to very sedentary lifestyles
- Enjoyable, Convenient: Emphasis on long-term maintenance, not short-term perfection
 - 30 min brisk walking, 5 days a week – *continue* for two weeks
 - versus
 - 10 min walks to and from other offices, several times a day, 3 – 5 days a week – *continue* until retire
- Warn of minor injuries, strains, etc.
- Considerations:
 - Correct shoes or other equipment
 - Safety

Increasing Healthy Diet

- Generally, emphasize positive objectives rather than negative: e.g., eating five fruits and vegetables per day rather than eliminating ice cream
- Some poor habits (e.g., large quantities of regular soda) may deserve focus
- Organize change efforts in concrete terms:
 - Breakfast, lunch and dinner
 - not*
 - Carbohydrates, fats and protein
- Specific objectives, e.g., having vegetable with dinner every evening
- Changing 1 daily habit each week for 10 or 12 weeks can have enormous aggregate impact on health of diet
- Can build any food into weekly meal plan