APPENDIX L: SELF-MANAGEMENT SUPPORT TOOLS

Sample dialogue to assess importance and confidence

Caregiver: I just got back your last HbA1c; it rose to 8.5

Patient: It's supposed to be 7 or lower

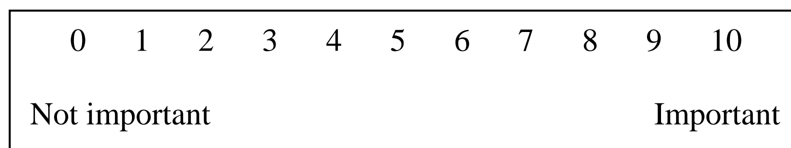
Caregiver: That's right. What would you like to do?

Patient: I'm already on a diet, and I'm so busy, I have no time for exercise. I don't know what to do.

Caregiver: Could we talk a bit about the exercise?

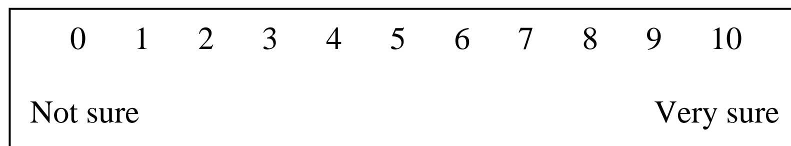
Patient: Umm, yeah, OK

Caregiver: How important is it to you to increase your exercise? Let's do this on a scale of "0" to "10." A "0" means it isn't important, and "10" means it's just about as important as it can get.



Patient: It's an "8." I know I really need to do it.

Caregiver: Now, using the same "0-10" scale, how confident are you that you can get more exercise? A "0" means you aren't sure at all, "10" means you're 100% sure.



Patient: It's a "4." Like I said - I have no time.

Caregiver: Why did you say “4” and not “1”?

Patient: I can exercise on the weekends, so it’s not something that completely impossible.

Caregiver: What would it take to raise the confidence level of a “4” to an “8”?

Patient: Maybe if I could exercise with a friend, I’d enjoy it more, be more motivated. I have a friend at work that has diabetes too.

Caregiver: Do you want to set a short-term goal about your exercise? We could agree on an action plan.

Lessons from the dialogue

The caregiver allows the patient to approve the agenda: “could we talk a bit about the exercise?”

If level of importance is high, 7 or above, the caregiver moves on to confidence level. If level of importance is low, it may help to provide more information about the risks of not changing the behavior. In that case, the caregiver might propose an action plan, for example, “Would you like to read this pamphlet about diabetes and talk about it next time I see you?”

If the level of confidence is medium-low (e.g. 4), the caregiver asks why it is 4 and not 1. That puts the patient in a position to speak positively about why there is *some* level of confidence.

Asking what it would take to change the 4 to an 8 makes the patient think creatively about how to make a behavior change. In this case it leads to an action plan. The action plan might be to talk to the friend at work tomorrow and ask about doing

exercise together -- an achievable action plan that could lead to a further action plan (e.g. to walk with the friend for 20 minutes at lunch on Mondays, Wednesdays and Fridays).

If there is a sufficient level of importance and confidence to make a behavior change, the caregiver suggests discussing an action plan. Some practitioners of Motivational Interviewing feel that action plans are only appropriate if readiness to change (importance and confidence) is high; others believe that action plans can be discussed at any level of importance and confidence, but that the action plans must be tailored to the importance and confidence levels.

If patients or caregivers have difficulty working with 0 to 10 scales, other ways of demonstrating importance and confidence can be used, such as thumbs-up or thumbs-down pictographic scales.

Agenda-setting dialogue

Caregiver: Your hemoglobin A1c has gone up from 7.5 to 8.5.

Patient: That's not good; it's supposed to be under 7.

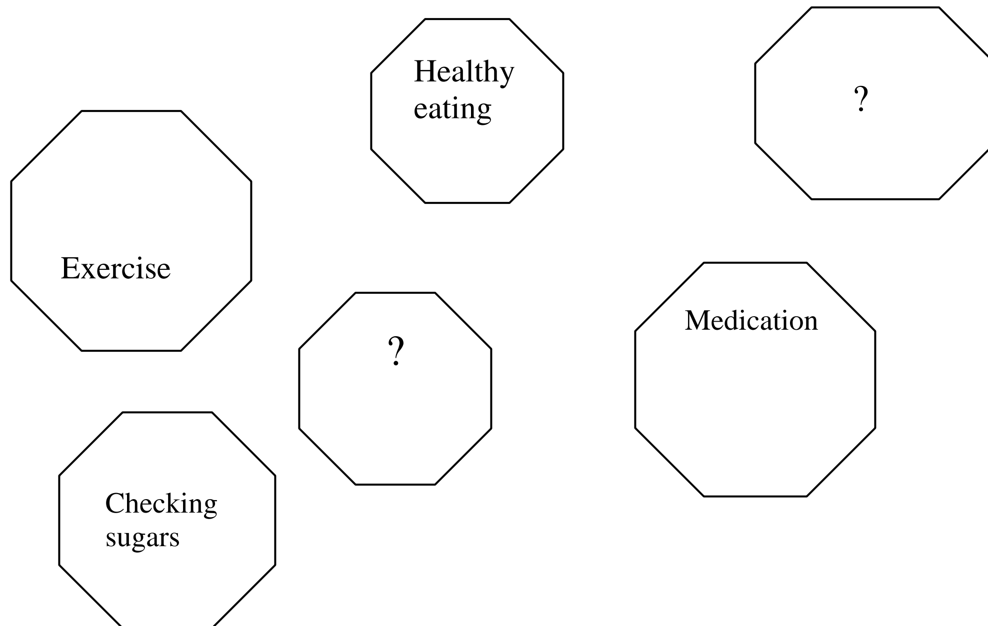
Caregiver: Would you like to spend a few minutes discussing what we might do?

Patient: OK.

Caregiver: Let me ask you this, do you have any idea about how you might bring your HbA1c back down?

Patient: Well, probably the way I eat, doing exercise, and taking my pills has a lot to do with it.

Caregiver: That's right. We have a tool called a bubble chart that has some choices for improving your HbA1c. Is there anything on this chart you might like to focus on?



Patient: I think I'd like to talk about exercise.

Ask-Tell-Ask dialogue

Caregiver: I just checked your blood sugar and I have to tell you something very important. You have diabetes.

Patient: Diabetes? Oh my god.

Caregiver: Do you know what diabetes is? [ASK]

Patient: I know someone who had it, her blood sugar went way up and she went into a coma and died.

Caregiver: A coma is actually very rare in your kind of diabetes.

Patient: Another person I know had to get his toe cut off. He also had major trouble with his eyes.

Caregiver: Those things can happen in diabetes, but they also can be prevented. Tell me this; what would you like to know about diabetes [ASK]?

Patient: I need to know how to keep my feet attached to my body.

Caregiver: Why don't we spend the next half hour talking about how to prevent the serious complications of diabetes. Is that OK?

Patient: Let's get started.

[A 30 minute informational session: TELL]

Caregiver: Next visit I'm going to ask you what you remember from our discussion. Is there anything else you would like to do next visit [ASK]?

"Closing-the-Loop" and shared decision-making dialogue

Caregiver: You have been trying very hard to improve your diet and exercise, but your HbA1c has only come down from 10 to 8.5. I would recommend that we try to bring it down below 7. What do you think?

Patient: If it will keep my feet attached to my body, let's go for 7.

Caregiver: Your choices are to make your diet even stricter, do even more exercise, or start to take a medication called Metformin. [Shared decision-making requires offering choices]

Patient: I think we need to go for the medicine.

Caregiver: OK. [Explains about metformin: what it does, possible side effects] I would suggest we start with one pill twice a day. If you start to have problems with your stomach or bowels, cut back down to once a day for a week and then go back to twice a day.

Patient: OK.

Caregiver: Let's just make sure I was clear in what I said. Can you tell me how you will be taking your metformin?

Patient: Twice a day no matter what.

Caregiver: What if you have problems with your stomach or bowels?

Patient: Oh, yes. Twice a day but go down to once a day for a week if I feel problems.

Caregiver: Great. The medical assistant will be calling you in a week to see how you are doing.

Goal-setting dialogue

Caregiver: Your last lab test shows your HbA1c has gone up to 9.2. What do you think about that?

Patient: I don't know. I'm taking my pills, I thought if I took them I didn't have to worry about eating candy and sweets every day; the pills are supposed to protect me.

Caregiver: What is it you like about eating candy?

Patient: I love chocolate; it's kind of comforting, I have all these things that stress me out, but I know that chocolate is one thing in my day I will definitely enjoy.

Caregiver: That makes sense. Is there anything you don't like about eating chocolate?

Patient: Well, it messes up that sugar. But I don't want to give it up, like I said- it makes me happy.

Caregiver: Is there anything else you enjoy doing that reduces your stress but doesn't get your HbA1c so high?

Patient: Maybe walking around the block a couple of times.

Caregiver: Do you want to give that a try?

Patient: Sure, but I'm not promising to give up chocolate.

Caregiver: I understand. Let's do a reality check? How sure are you that you can walk around the block a couple of times when you feel stress? Let's use a "0 to 10" scale: "0" means you aren't sure you can succeed and "10" means you are very sure you can succeed.

Patient: I can do it; I'm 100% sure.

Caregiver:	Let’s try to make this as specific as possible. Rather than walking every time you feel stress, how about walking two times around the block every day after lunch?
Patient:	Well, if I feel stress, that might be OK.
Caregiver:	Why don't we call it your action plan -- you will walk around the block two times when you feel the stress coming on. When do you want to start?
Patient:	We’ll see.
Caregiver:	Do you want to start this week?
Patient:	That might work
Caregiver:	OK. Why don't we agree that you will walk around the block two times when you feel stress? Could I call you next week to see how it’s going?
Patient:	OK.

Lessons

When the patient mentions an unhealthy behavior (chocolate), the caregiver doesn’t challenge it, but uses a Motivational Interviewing technique: what do you like and what don’t you like about the unhealthy behavior. This encourages the patient, not the caregiver, to talk about change (what he/she *doesn’t* like). This may uncover a topic for an action plan – in this case, relieving stress.

The caregiver does not judge the patient’s behavior. When the patient says: “I’m not promising to give up chocolate,” the caregiver doesn’t make a judgment, but says: “I understand,” and moves on.

The action plan should be simple and specific. The 0 to 10 scale estimates the patient’s confidence that he/she can succeed at the action plan. The purpose of the action

plan is to *increase self-efficacy* (self-confidence that the patient can change something). The goal is success. It doesn't matter how small the behavior change is; the important thing is that the patient succeeds, thereby increasing self-efficacy. To maximize the chance of success, the patient should have high confidence, at least 7 out of 10, that he/she can succeed. If, for example, a sedentary patient proposes an action plan to walk 5 miles a day, with a low level confidence (2 out of 10) that he/she can succeed, the caregiver should suggest a more achievable action plan.

At the end of the dialogue, the caregiver tries to make the action plan more specific ("When do you want to start?"), but the patient resists ("we'll see" and "that might work"). Rather than challenging the patient, the caregiver "rolls with the resistance" and goes with what the patient is willing to do. Sometimes the patient will not want to make an action plan at all.

Problem solving

1. Identify the problem (the most difficult and important step).
2. List ideas to solve the problem
3. Pick one, try it for two weeks
4. Assess the results
5. If it doesn't work, try another idea
6. Utilize other resources (family, friends, professionals)
7. If nothing seems to work, accept that the problem may not be solvable now.

From Lorig, Holman, et al: *Living a Healthy Life with Chronic Conditions.* Boulder, Colorado, Bull Publishing, 2006.