Guided Care
Strategies for Developing and Maintaining Health Behaviors

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Objectives

- Recognize the important role of persons and their families in managing the chronic illnesses associated with aging.
- Provide an overview of the key behavior change elements of Guided Care:
  - Self-management (SM) training
  - Motivational Interviewing (MI)

Self-Management (SM)

- Empowers individuals to assume greater responsibility for their health
- Promotes being an informed health care consumer
- Involves problem solving, utilizing resources, communication skills, monitoring one's condition, and applying other skills and knowledge

Principles of SM

- Four essential components in SM
  - Knowledge
  - Problem solving
  - Skill acquisition
  - Self-monitoring

SM programs tailor these principles to the problems encountered by persons with chronic conditions.

SM Targets

- Cognitions
- Emotions
- Health-related behaviors
- Skills
- Self-efficacy

Data on SM

- SM interventions have gained widespread application with illnesses and conditions in which pain and disability are common (RA, OA, fibromyalgia, diabetes mellitus, headaches, back pain).
- SM incorporates the principles of cognitive-behavioral (CB) interventions - active, structured techniques to alter cognitive, emotional, and behavioral responses and focus on skill acquisition.
- Research has shown retention of improvements in self-efficacy, health-related behaviors, and reductions in the use of medical services.
- SM interventions appear to achieve long-term reductions in pain and disability primarily through increases in self-efficacy rather than via specific changes in behavior.

How are SM Groups Conducted?

8-12 patients in a group

Run by a lay leader team

Meet once a week for 6 weeks

Focus on:

- goal setting
- problem solving
- skill acquisition
- building self-efficacy

Where does usual care fit in?

- Self-management intervention is <u>not</u> meant to be a replacement for usual medical care.
- Self-management <u>encourages</u> appropriate use of usual medical care through education and problem-solving skills.
- GC looks to integrate self-management into primary health care.

SM in Guided Care

- Guided Care provides several opportunities to learn self-management skills:
  - Chronic Disease Self-Management (CDSM) course for patients in the Fall 2006 – by a trained lay leader
  - Self-management course for caregivers in the Spring 2007 – by a GCN
  - Support and reinforcement of SM as a part of ongoing care after the courses – by GCN monitoring and coaching

Motivational Interviewing (MI)

- An approach to health behavior change that is based on
  - a respectful, collaborative relationship with the person
  - Utilizing a structured approach in combination with active listening

- Is supported by empirical literature for behavior change in smoking, drinking behavior, medication adherence and lifestyle change

Theoretical and Empirical Basis of MI

- Accurate empathy promotes change.
- Therefore, try to understand, accept, and validate the client's point of view.
- Awareness of a discrepancy between behavior and personal values creates change.
- Therefore, try to *elicit* the person's values or preferences and clarify how their behavior fits (or does not fit) with these important ideas.

Adapted from Bombardier, 2004

Theoretical and Empirical Basis of MI

- Self Perception Theory: As I hear myself talk, I learn what I believe.
- Cognitive Dissonance Theory: If I say it and no one has forced me to say, I must believe it.
- Therefore, *elicit* from the person "change talk" i.e. reasons to change, intent to change, commitment to change……AND
- Avoid the reverse….eliciting resistive statements.

Adapted from Bombardier, 2004

Theoretical and Empirical Basis of MI

- Choice enhances adherence. Threats to freedom elicit resistance.

- Therefore, always give the patient choices, emphasize their autonomy and right to choose or even refuse.

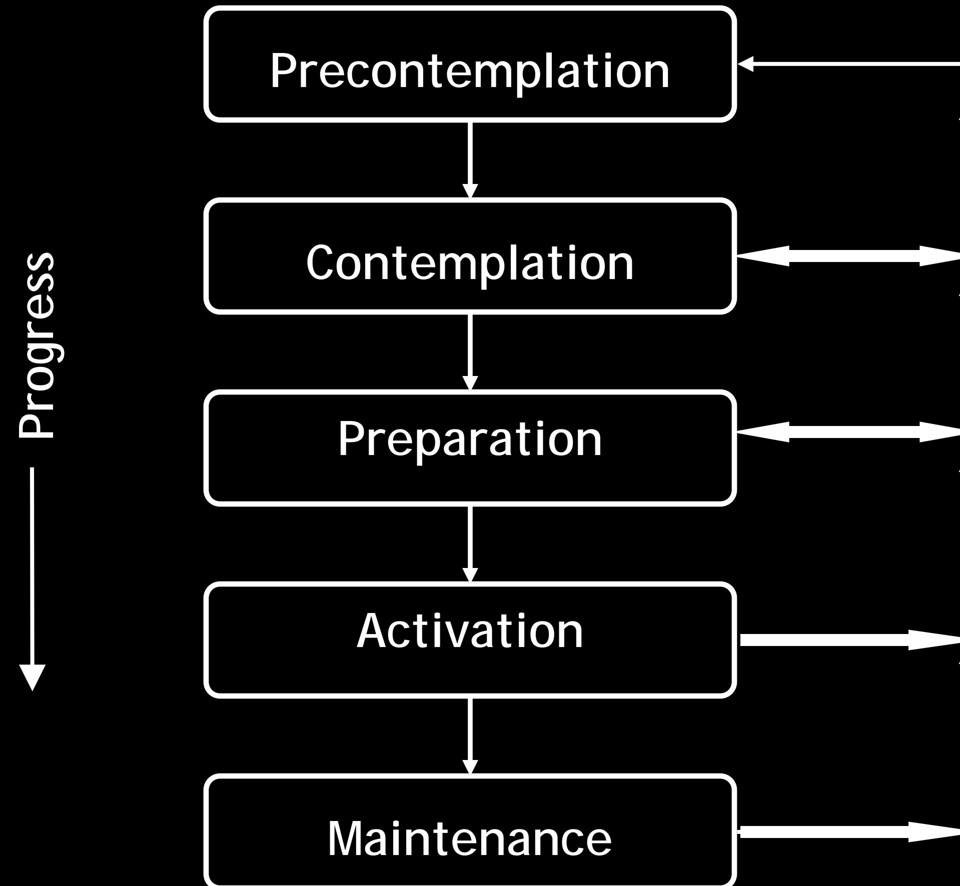
Adapted from Bombardier, 2004

Theoretical and Empirical Basis of MI

- Self-efficacy Theory: Optimism and hope facilitate change.
- Therefore, reinforce steps toward change, always affirm the person, point out successes, even small ones. Leave room for hope when providing prognosis information. Reframe "failures" as intermediate successes whenever possible.

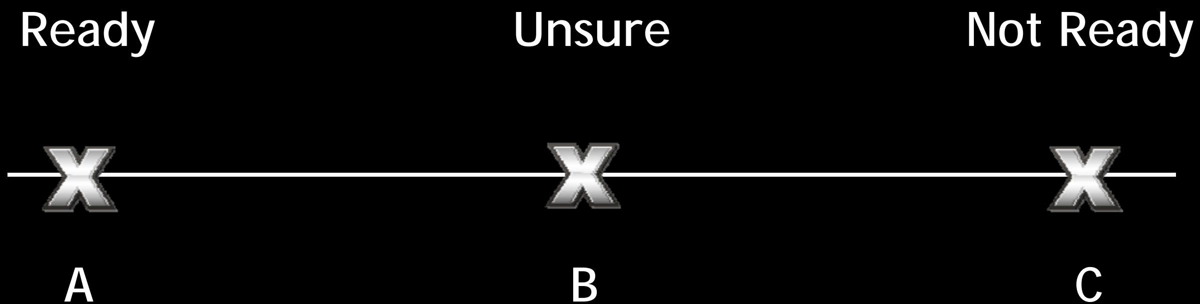
Adapted from Bombardier, 2004

Theoretical Basis of MI



The Stages of Change Model

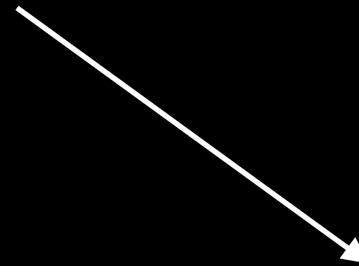
Readiness to Change



A readiness to change continuum

Importance (*Why* should I change?)

(personal values and expectations of the importance of change)



Readiness

Confidence (*How* will I do it?)

(self-efficacy)

The Ingredients of Readiness to Change

Motivational Interviewing

MI Spirit

Collaboration	Evocation	Autonomy

MI Principles

Express Empathy	Develop Discrepancy	Roll with Resistance	Support Self-efficacy

MI Strategies

Open-ended Questions	Reflective Listening	Affirm	Summarize	Elicit Change Talk

Behaving

Being

MI and Guided Care

- Guided Care values patient preferences and assists in the development of healthy behaviors.
- MI is used to identify patient preferences.
- MI skills are useful in assisting patients to develop and maintain health behaviors.
- Use MI skills in meeting with patients and caregivers to discuss their PCG.
- Use MI skills to encourage patients and caregivers to participate in CDSM classes.

MI and Guided Care

- Used in conjunction with monthly monitoring calls
- Provides framework for the GCN to:
  - Express empathy
  - Reinforce adherence to Action Plan
  - Clarify discrepancies between behavior and health goals
  - Avoids arguing
  - Supports self-determination and self-efficacy