

# Promoting Self-Management: Collaborative Goal Setting and Problem-Solving

CSMS Learning Session #1  
October 18-20, 2003, Chicago, IL

## Objectives

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By the end of the session participants will be able to:

- Describe the 5As of Self-Management Support
- Utilize three key patient-centered counseling techniques: open-ended inquiry, reflective listening, and empathy
- Assess a patient's conviction and confidence



# Objectives

By the end of the session participants will be able to:

- Tailor goal-setting and problem-solving to address patient conviction and confidence
- Apply counseling strategies to video case examples



## A Model for Improving Chronic Illness Care\*



\*E. Wagner, MD, W.A. MacColl Institute, Group Health Cooperative of Puget Sound



## What is self-management support?

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- helping people to understand their health behaviors and to develop strategies to live as fully and productively as they can



## Self-Management Tasks

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



## What is self-management support?

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### Helping people to:

- understand
- decide and choose
- adopt, change and maintain behavior
- develop skills and use tools, resources
- cope
- overcome barriers



## Education alone is not enough

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- Traditional knowledge-based education is essential but not sufficient for sustained behavior change
- Interventions that address emotional and behavioral issues are more effective than those that focus solely on knowledge & technical skills

(Bodenheimer, 2002; Funnell & Anderson, 2003; Norris et al, 2002; Piette, 2001; Wolf et al, Cochrane Review; Valk et al, Cochrane Review)



# Critical Aspects of SMS

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- **Patient-Centered Focus:**
  - empowerment, activation, autonomy
- **Patient-Clinician Relationship:**
  - empathy, respect, support, trust
- **Assessment and Tailoring**
- **Collaborative Goal-Setting**
- **Problem-Solving**

(Bodenheimer et al, JAMA, 2002; Glasgow et al, Ann Beh Med, 2002; Funnell, 2003; Gibson et al, Cochrane Review; Glasgow et al, JCIQS, in press; Hill-Briggs, 2003; Norris et al, 2002; Roter & Kinmonth, 2002)



# Empowerment

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*“Empowerment is helping people discover and use their own innate ability to gain mastery over their diabetes.”*

Martha Funnell, MS, RN, CDE



## 5 - Step Empowerment Model

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- Identify the problem
- Explore feelings
- Set goals
- Make a plan
- Evaluate the results

(Funnell & Anderson)



## 5As of Self-Management Support

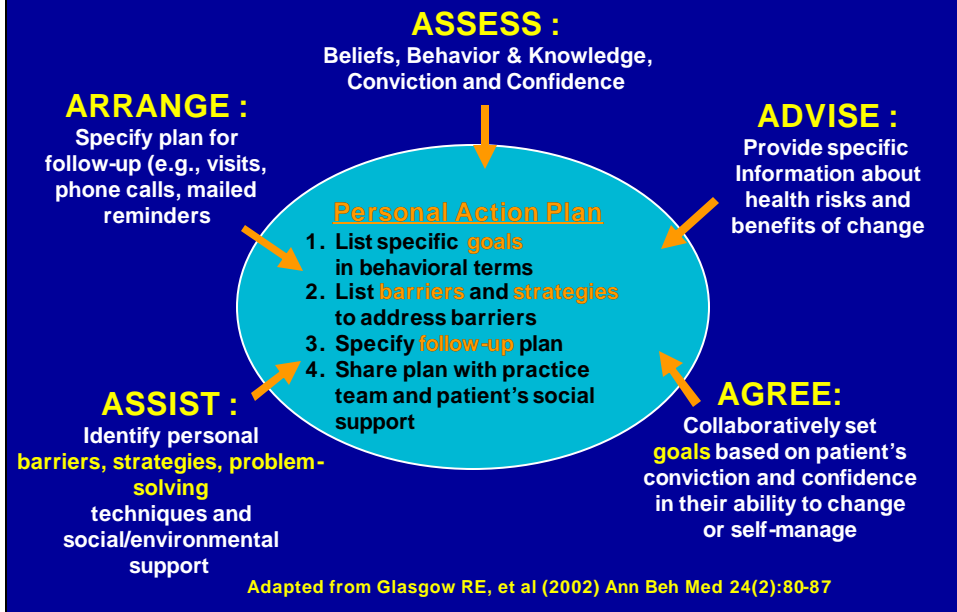
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- **A**ssess (knowledge, behavior, readiness)
- **A**dvice and inform
- **A**gree (on goals and methods)
- **A**ssist (overcome barriers)
- **A**rrange follow-up

Whitlock et al, 2002 Am J Prev Med 22:267-84



## 5 As of Self-Management Support



## Self-Management Support is an ongoing interactive process

- Relationship-based
- Repeated assessment is key
- Respond and Tailor → Goals
- Activate and Empower
- Team Approach
- Multiple opportunities
- Follow-up on progress



# Using the 5As: A Patient-Centered Empowering Process

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## Key elements

- **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



## Commitment to Change stems from 2 interacting elements

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**Conviction:** an individual has beliefs about the importance of change

**Confidence:** an individual has beliefs and expectations about his or her skills and capacities to promote and maintain change

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)



## **Commitment to adopt or change (motivation) comes from strong conviction**

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*“I am convinced that making this change is important.”*

*“I am convinced that it is more important than other things.”*



## **Commitment to adopt or change (motivation) comes from strong confidence**

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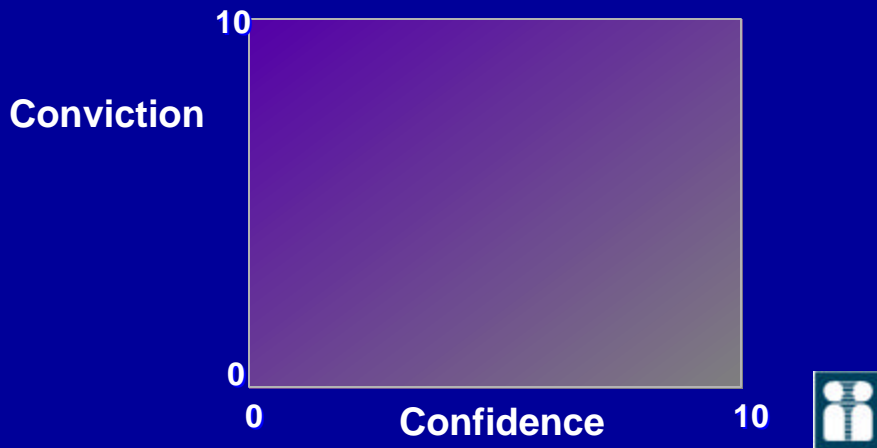
*“I am confident that I can make this change.”*

*“I am confident that I can make this change in spite of obstacles and setbacks.”*



## Conviction and confidence interact and can be measured

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## Assessing Conviction

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*“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 Totally convinced

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)



## Assessing Confidence

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*“How **confident** are you that you can follow the dietary guidelines I outlined?”*

Not at all confident    0 1 2 3 4 5 6 7 8 9 10    Totally confident

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)



### EXERCISE

## Understanding motivation

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**Interviewer:** Practice using open-ended inquiry, reflective listening and empathy skills to assess conviction and confidence

**Clinician:** Explore your own motivation and your response to interviewer's use of skills



## TECHNIQUES

### Skill: open ended inquiry

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- Requests a story, not an answer
- Search is for meaning not facts
- “What” and “How” questions are effective
- “Why” questions aren’t: provoke defenses
- If a person can answer in one word (yes, no, a number) the question was not open-ended



## TECHNIQUES

### Skill: reflective listening

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#### Goal

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

#### Tasks

- To be a mirror **reflecting** the speaker:
  - repeat what you have heard
  - short summaries
- **Non-verbal**: attentive, open, non-judgmental



## TECHNIQUES

### Skill: reflective listening

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- Every reflection opens a possibility: speaker may correct, verify, add, refine
- As mirrors, we all have flaws -- we learn about our distortions or misinterpretations as we attempt to accurately reflect



## TECHNIQUES

### Skill: empathy

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#### Goals

- Strive to understand the “other” at a deeper level: emotions, thoughts, values
- The person experiences being seen, heard and understood



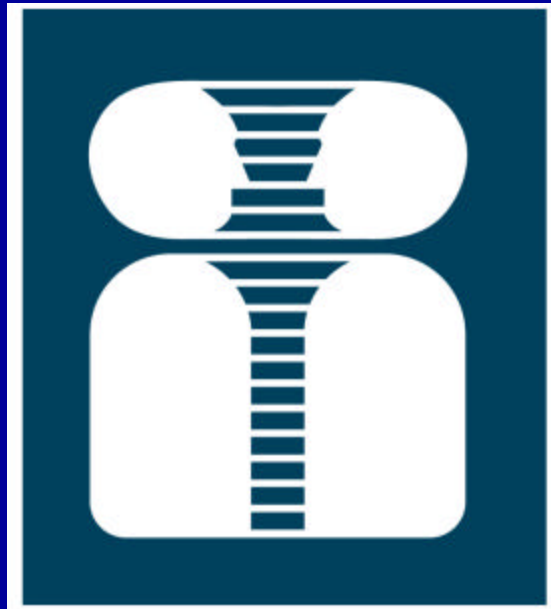
## TECHNIQUES

# Skill: empathy (continued)

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### 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



# Using the 5As: A Patient-Centered Empowering Process

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## Build rapport - Express Empathy

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*“So, you are feeling pretty frustrated about trying to lose weight.”*

*“Sounds like you are unsure about your whether monitoring is worth the effort.”*

*“You mentioned some worries about the side effects of the medications you are taking.”*

*“Many patients have difficulty fitting exercise into their busy lives.”*



## Tailor: Agree on Goals and Assist

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- **Low Conviction/Motivation/Readiness**
  - Explore and respond to ambivalence
  - Advise: Give Information (with permission)
  - Support choice among options
- **Low Confidence/Many Barriers**
  - Review past experience
  - Identify small achievable steps
  - Problem-solving to address barriers
  - Teach skills



## Enhancing Conviction

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*“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** Totally convinced

*“What makes you say 3?”*

*“Why 3 and not zero?”*

*“What would influence you to rate this as a 4 or 5?”*

(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)



## Exploring Ambivalence

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- *“What’s the down side of taking action?”*
- *“What are some of the reasons for continuing your current way of doing things?”*
- *“What are the good things about changing?”*
- *“What’s the down side of staying the same?”*



## Responding to Ambivalence

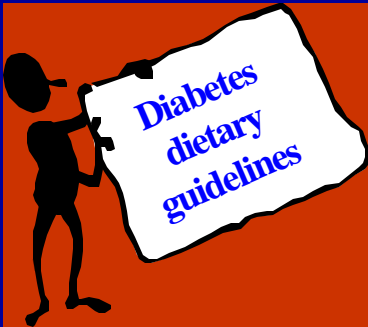
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- Reflection
  - simple reflection and summaries
  - double sided reflection:  
*“So on the one hand....., while on the other hand.....”*
  - acknowledge/respond to any positive change talk



## Enhancing Conviction: Advise - Give information

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**Ask** Permission

**Ask** Understanding

**Give** (Personalize)

**Ask** Understanding



## Enhancing Conviction: Advise - Give information

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- Personalize
- Contextualize
- Link to patient's:
  - symptoms
  - goals
  - values, preferences
  - test results
  - clinical outcomes



# Enhancing Conviction: Collaboratively set goals

- Prioritize among targets - provide a menu of options
- Support patient autonomy and choice



If you have **DIABETES**, here are some things you can talk about with your health care provider

→ Choose to talk about changing any of these and add other concerns in the blank circles.

Blood glucose monitoring

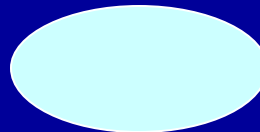


Taking medications to help control blood sugar



Skin care

Taking insulin



Diet



Losing weight



Depression



Daily foot care



Smoking



## Tailor: Agree on Goals and Assist

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## Enhancing Confidence

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*“How **confident** are you that you can follow the dietary guidelines I outlined?”*

Not at all  
confident

0 1 2 3 4 5 6 7 8 9 10

Totally  
confident

*“What makes you say 6?”*

*“What has helped you to be confident in the past?”*

*“What might help you to get to a 7 or 8?”*

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



(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)

## Assist: Enhancing Confidence

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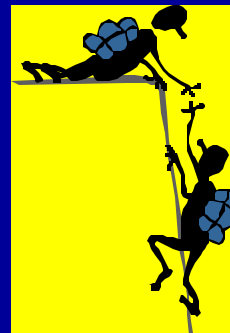
- Review past experience - especially successes
- Define small steps that are likely to lead to success



## Assist: Enhancing Confidence

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



## Assist: Enhancing Confidence

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### Identify Barriers & Problem-Solve

- *What will get in the way?*
- *Anything else?*
- *What might help you overcome that barrier?*
- *Anything help in the past?*
- *Here is what others have done.....*
- *Ok, what is your specific plan?*



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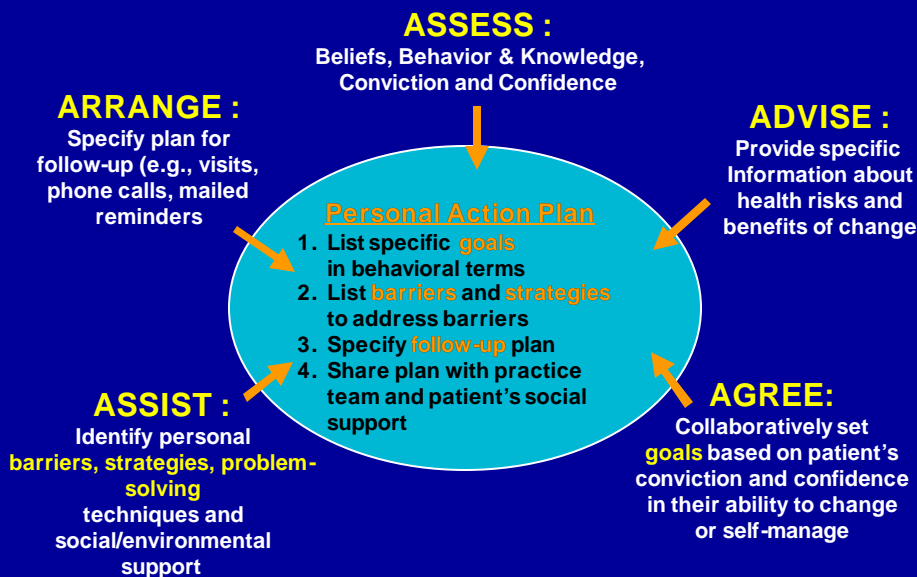


## Tailor: Agree on Goals and Assist

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## 5 As of Self-Management Support



Adapted from Glasgow RE, et al (2002) Ann Beh Med 24(2):80-87

# Action Plan

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1. Goals: Something you WANT to do
2. Describe
  - How
  - Where
  - What
  - Frequency
  - When
3. Barriers
4. Plans to overcome barriers
5. Conviction and Confidence ratings (1-10)
6. Follow-Up:



# Supporting Self-management: Video Cases

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## How would you:

- Assess this patient's conviction and confidence?
- Build rapport?
- Tailor intervention?
  - Agree on goals
  - Assist



