Incorporating Self-management into SACS

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Session Aims:

- How does self-management relate to SACS?
- Some principles and techniques to encourage effective patient self-management.
- Rationale for using these techniques.
- Practical demonstration of Health Coaching interview style.

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Self-management

- Self-management involves [the person with the chronic health condition] engaging in activities that protect and promote health, monitoring and managing symptoms and signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships and adhering to treatment regimes.

- Gruman & Von Korff (1996), *Indexed bibliography on self-management for people with chronic disease*. Centre for Advancement in Health, Washington DC.

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From your experience:

- How does self-management relate to your SACS work?
- What are the health behaviour changes that your clients are encouraged to make?
- What are the issues that your clients face in trying to make health behaviour changes?

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An Example From Your Personal Experience

- What are the recommended activity levels for adults?
- Does your own activity level meet the guidelines?
- If Yes: How do you manage to achieve this?
- If No: What stops you from achieving this?

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Your Client's Experience:

- What are your aims in speaking with a client?
- What are the client's aims?
- What are the signs that a client is ready to take on a self-management role?
- What are the signs that a client is not ready to take on a self-management role?

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Barriers to Health Behaviour Change Fundamental Issues

- Not being ready or motivated to do it (denial, resistance, doing it for someone else, should syndrome).
- Not having the confidence to do it (expected failure).
- Not placing importance on the changes: Values/Priorities – "Lack of Time", "Other commitments (family, work), Belief that "I don't deserve priority"

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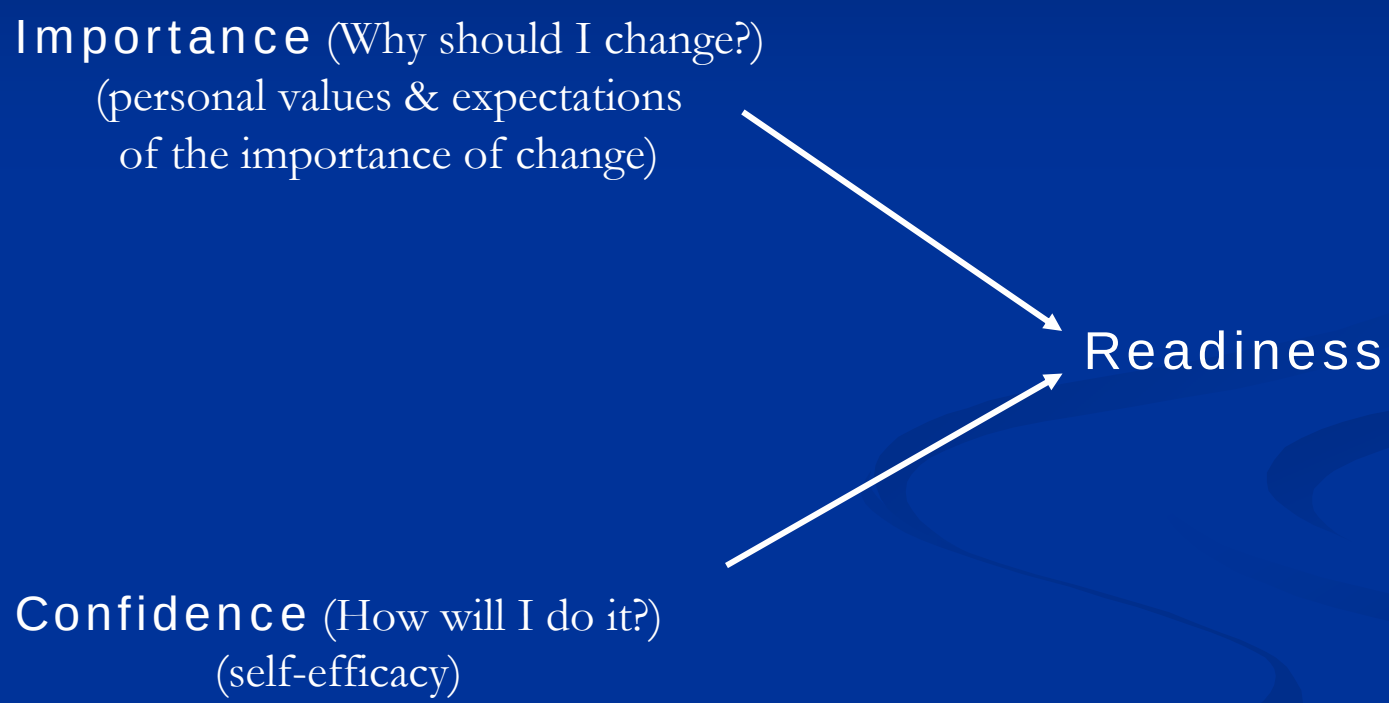
The Ingredients of Readiness to Change



From: Rollnick, Mason & Butler (1999)

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Determine Importance:

"On a scale from 0 to 10 where 0 = Not at all important and 10 = Extremely Important: How important is it to you ***Personally*** to make this behaviour change?"

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Determine Confidence:

"On a scale from 0 to 10 where 0 = Not at all Confident and 10 = Absolutely Confident: How confident are you that you can initiate and sustain these behaviour changes?"

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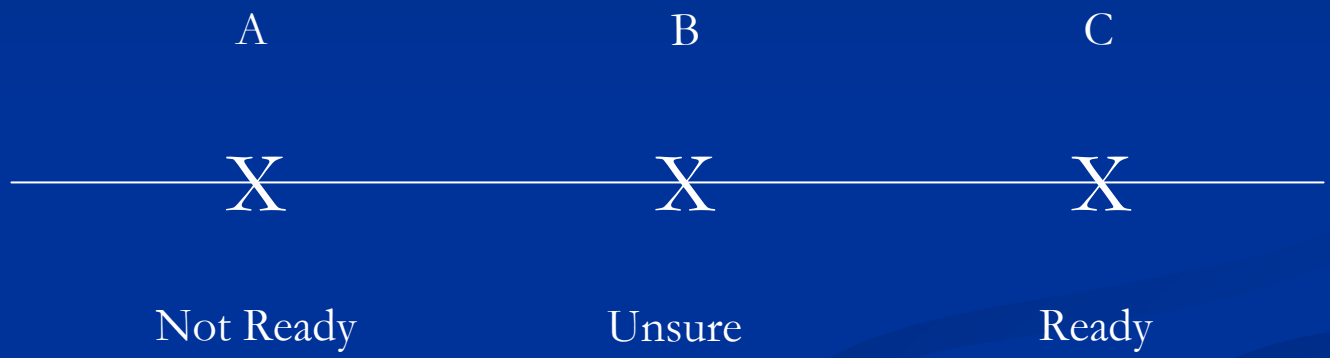
Readiness to Change Continuum



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Take Home Points about Readiness to Change

- Clients will be in various states of readiness to change for individual behaviours. (eg, rehabilitation activities, medication, monitoring symptoms, attending appointments, etc.)
- They will be receptive to some ideas and not to others.
- It is the clients' responsibility to decide what they are prepared to do (or they won't do it).
- Relapse is a normal part of the process of change

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Types of Questions to Ask

- Do you feel that you need to do these things that the doctor has told you to do?
- Do you feel that you are ready to start doing these things, or do you need more time to think about it?
- I know that everyone has been telling you to start this program, but how important do you feel is it to you personally to start at this point in time?
- How confident do you feel about starting and maintaining the program that has been recommended to you?

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Low Readiness Strategies

- Increase awareness of positives of health behaviour change
- Raise personal perception of health risk & consequences of negative behaviours
- Explore negative perceptions and identify possible barriers to behaviour change (eg, "I don't have time ")
- Address barriers to change where possible (eg, can they team up with an exercise buddy for support and motivation?)

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Moderate to High Readiness Strategies

- Provide support and encourage social support
- Provide technical guidance & information as required
- Assist Pt/Ct to understand the behaviour change process
- Assist with setting goals
- Assist with action planning
- Anticipate and identify barriers to change
- Assist to identify strategies to overcome barriers to change
- Brainstorm options and strategies if required

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Moderate to High Readiness Strategies Cont'd

- Monitor & reinforce progress / play down failures
- Reinforce self-management attempts
- Re-evaluate goals as necessary
- Formulate & reiterate relapse strategies
- Manage lapses (to prevent full relapse)
- Encourage return to action if relapsed
- Normalise relapse phenomenon

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Health Coaching vs Prescriptive Counselling

- Focus on what to do vs what not to do
- Be collaborative, not directive
- Let responsibility & choice lie with the client
- Be results-oriented - use measurable goals & written step-by-step action plans (when pt/ct is ready)
- Empower clients – let them devise or select goals & strategies specific to him/her & keep them accountable
- Focus on success (no matter how small), not failure
- Allow no failure in the model (view behaviour change as a trial & error process), encourage this in pt/ct

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The Relationship is Paramount!

- The relationship is relevant regardless of length or number of sessions.
- Clients need:
  - Non-judgemental assistance
  - To feel respected and listened to
  - To trust their helper
  - A collaborative, curious approach
  - Recognition of their uniqueness/own life expertise
  - Recognition of the difficulty of making changes
- Sound familiar?

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A Simple Demonstration of Health Coaching Conversation Style

A Volunteer?

Your Turn

Person 1

- Choose a simple behaviour that you are ready to do more of (eg, exercise, hydration, fruit & veg).
- Avoid story telling! (you have 10 mins only)
- Aim to create an action plan – write it down.

Person 2

- Ask questions only – NO suggestions or advice
- Guide person 1 toward an action plan
- Use prompt questions (next slide)

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Prompt Questions for Person 2

- What behaviour would you like to work on?
- Are you ready to take action?
- What specific goals might you set to achieve this?
- What do you need to do to make this happen?
- What might the steps in your action plan be?
- When will you take the first step?
- How will you remain motivated?
- Would it help to make yourself accountable to someone?
- What has stopped you from achieving this previously?
- What has helped you to do this previously?
- What support mechanisms would help you now?
- Do you have your diary with you now?

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How did you go?

Did you find it difficult to refrain from jumping in with your own solution?

Barriers to Health Behaviour Change
Negative Thinking

- Undermining beliefs - "I can't do it, so what's the point in trying?", "I am too old to exercise"
- Competing beliefs - "Someone else told me something different"
- Unpleasantness of new things – "It hurts", "It's hard" "It will always hurt"
- Willpower – "It's a test of my willpower to do this"
- Energy levels – "It's all too difficult", "I am too tired"
- Fear/concerns about injury – "This is dangerous", "I will hurt myself", "My arthritis is too bad".

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Barriers to Health Behaviour Change
Practical Issues

- Not Understanding fully what to do
- Not Remembering what to do
- Not Remembering to do it
- Not Planning what to do when
- Not having support from partner/friends/family
- Competing strength of old habits vs creating new ones
- Addictions

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Barriers to Change

- Do not accept clients reasons for not engaging in a behaviour at face value without investigating further.
- Be alert to the "Yes, but…" syndrome.
- Barriers are usually cognitive or emotional in nature (underneath the stated reasons).
- Examples:
  - "Exercise is boring" ⇨ cognitive avoidance/guilt/disgust
  - "I don't have time at work" ⇨ "I don't want colleagues to see me"

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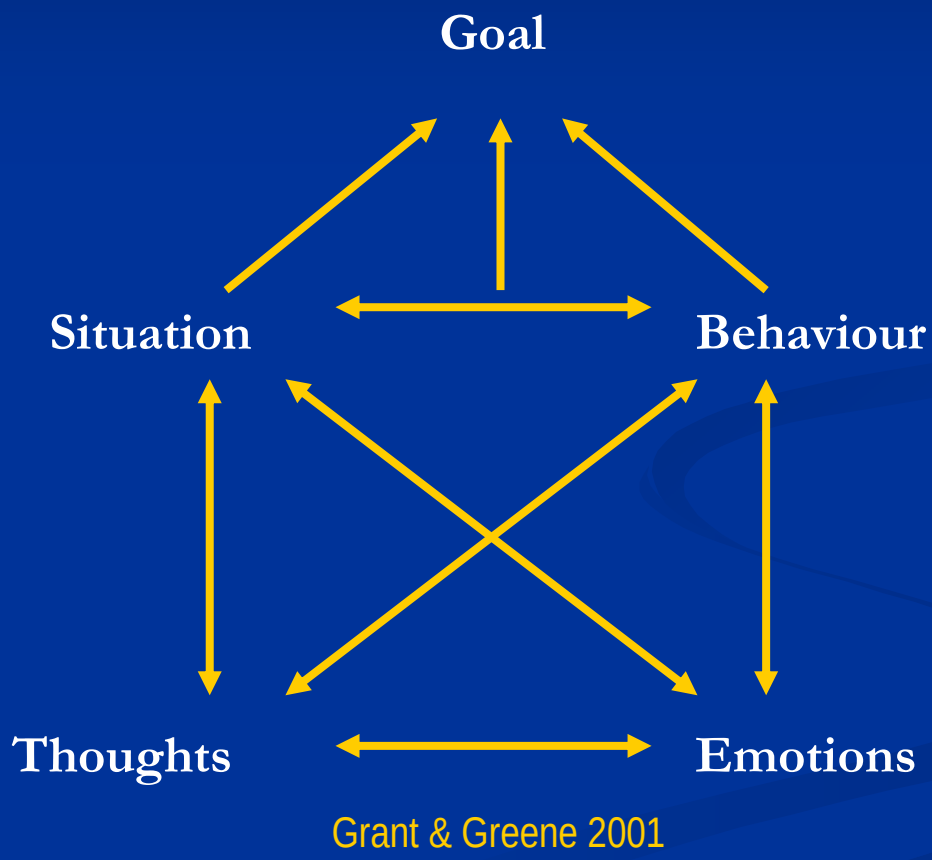
The House of Change
Where to look for barriers and strategies



Grant & Greene 2001

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Question style to elicit barriers to health behaviour change & develop workable strategies for clients

- Changing daily habits is not easy. How will you integrate [health behaviour] into your daily routine?
- What might help you to do this?
- What might stop you from doing this?
- How do you think it would impact on your quality of life if you were able to do this?

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Relapse Prevention

- Reassure ct relapse is a normal part of the change process.
- Help ct to anticipate lapses – identify triggers.
- Help ct to identify strategies to help avoid lapses & lessen the likelihood of relapse.
- Identify and help ct to change negative thinking patterns - "I have busted, now I am back where I started from , this is all too hard, I can't do it, what's the use" etc.
- Help ct to construct a coping statement & a plan to practice this statement BEFORE they lapse – this increases likelihood of using a coping strategy when a lapse occurs.

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Intrinsic (autonomous) Motivation is Powerful

- E.g., Predicts weight-loss effectiveness & maintenance among other health outcomes (Williams et al 1996)
- Goals consistent with clients' values & interests: (Self-determination Theory, Deci & Ryan 1985)
  - Create more sustained effort toward goal achievement
  - Are associated with greater happiness & feelings of well-being
- Trying to achieve health goals for someone else's reasons is a poor motivator

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Examples of Questions to ask:

- What do you think that you need to do in order to improve your health?
- If you were to do one thing, what would it be?
- Is that something that you are prepared to do or to work towards?
- What could you do to make a small change in that direction?
- How would you feel about yourself if you were to do this?
- How might your quality of life change?
- How different would your life be if that were to happen?

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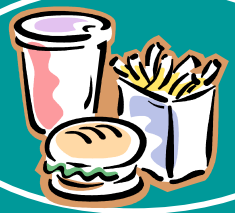
Agenda Setting



Based on Rollnick, Mason & Butler, (1999)

Goal Setting & Readiness to Change

- Set goals that are appropriate to client's state of readiness:
  - Low readiness: read information, talk to someone they know who has been through something similar, increase knowledge & understanding.
  - Ready to try: active planning, information search, forming a positive picture of the future.
  - Ready for action: start slowly & move goals progressively closer to the ideal situation, add extra goals when earlier ones achieved.

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SMART Health Goals

Specific

Measurable

Attractive

Realistic

Time-framed

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Healthy Goals Action Plan

This Week's Healthy Goals: (Specific, Measurable, Attractive, Realistic, Time-framed)

Healthy Goal 1: Swim 3 x week, 200m, in evenings after work and track progress, starting Monday

Action Steps required to achieve this goal: Tick when Completed

- Pack swimmers and towel the night before ❒
- Go to pool straight from work ❒
- Hang goggles on steering wheel to remind me to drive to pool, not home ❒
- Arrange to meet friend at the pool ❒
- Pack a snack to take to work and eat on route to pool ❒
- Record swimming days and distances in work diary ❒

Healthy Goal 2: Drink 1.5 litres of water per day

Action Steps required to achieve this goal: Tick when Completed

- Buy 2 x 750 ml water bottles ❒
- Keep bottles on desk at work where I can see them as a reminder ❒
- Track the days I achieve this goal by ticking a check list ❒

Monitor Positive Not Negative Behaviours

- Monitor chocolate/alcohol free days not number of days chocolate is eaten
- Monitor days that medical treatments are adhered to and aim to increase frequency
- Monitor number of minutes of exercise per week and aim to increase this number
- Encourage use of a Behaviour change diary to monitor

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Behaviour Change Diary - example

Week Starting (date)		Mon	Tue	Wed	Thur	Fri	Sat	Sun	Choc free days total	Ex hours total
28/4	Chocolate	0	3 squares	0	0	12 squares	0	2 squares	4!	
	Exercise	30 mins	0	20 mins	0	0	40 mins	0		90 mins!
5/5	Chocolate									
	Exercise									
12/5	Chocolate									
	Exercise									
19/5	Chocolate									
	Exercise									

What to Avoid when health coaching:

- Telling clients what to do without them asking for your advice
- Scaring people into action without offering hope
- Setting goals that are not specific, realistic, measurable, attractive or time-framed
- Letting clients leave the interview without a (written) step-by-step action plan and a follow-up session booked (if possible).

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Summary

1. Self-Management requires patients to change their health behaviours in order to manage their health.
2. Changing health behaviours often requires patients to make fundamental cognitive changes first.
3. People frequently need assistance to do this.
4. Educating patients is usually not enough to elicit lasting change.
5. By using health coaching principles and techniques you can help your clients to find strategies that will work for them & increase their chances of success.

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A Client's Perspective of the Health Coaching Process…

Meet John

Health Coaching Components
In Addition to Professional Advice

1. Patient-centred counselling techniques - to engage patients in health behaviour change
2. Barriers to Change - knowledge, understanding and interventions to break through the barriers
3. Emotion management and cognitive change techniques
4. Evidence-based coaching techniques - to assist patients to acquire self-regulation skills

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Presentation slides, references & other Health Coaching resources are freely available at:

www.healthcoachingaustralia.com

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