

# **Workshops for General Practice Teams**

**(Module 5)**

## **Lifestyle Medicine and Self Management**

**Session 5**

**Approaches to Self Management**

**2: Being motivation focused**

# Being Motivation Focused

## Basic Principles

- Using motivational interviewing (of a kind)
- Focusing on intrinsic motivation ('determinancy')
- Understanding being ready, willing & able
- Identifying barriers
- Accentuating benefits
- Creating ambivalence

# Being Motivation Focused

## Basic Principles

The goal is to move a patient from needing *extrinsic*, to being *intrinsically* motivated.

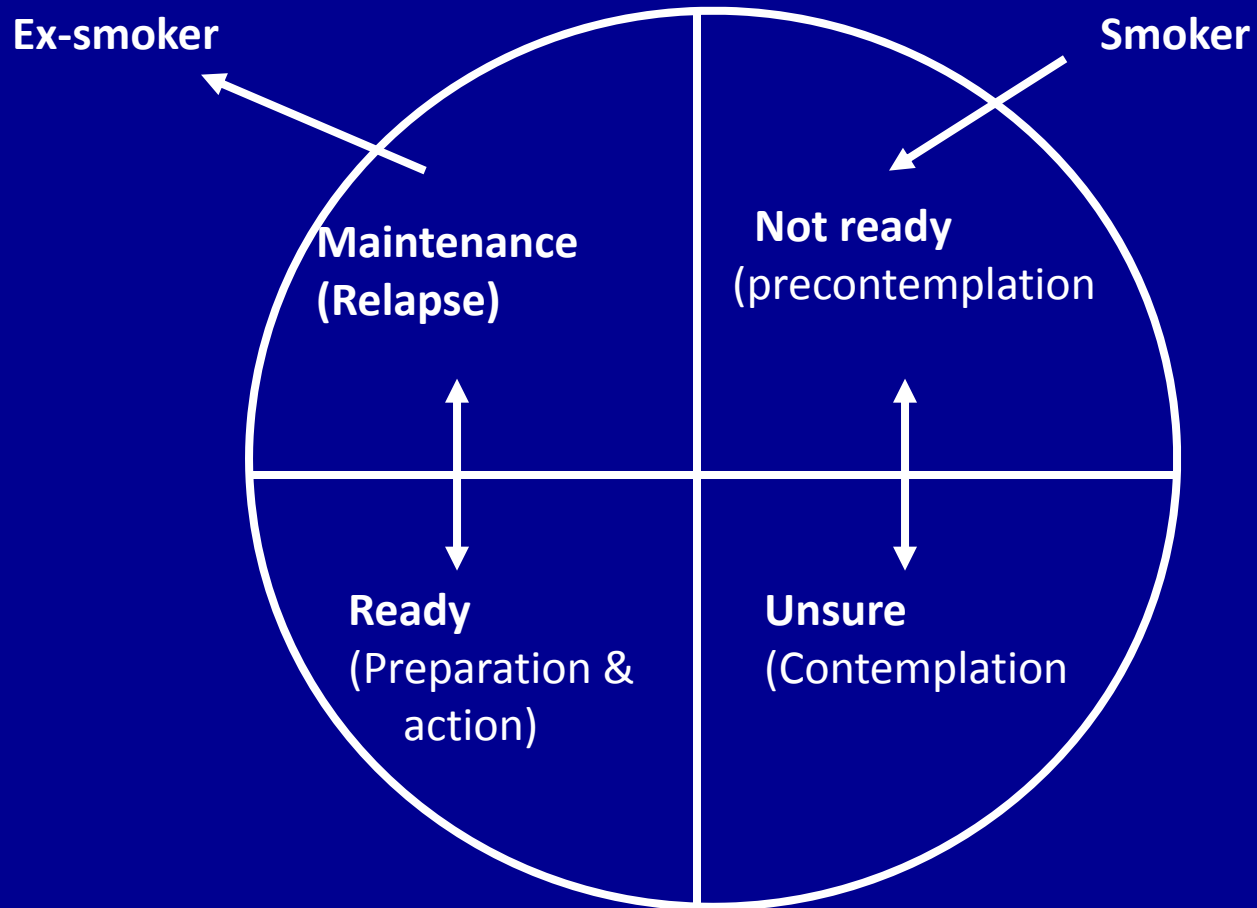
This is done by determining:

1. What is the severity of the problem?
2. How *ready*, *willing* and *able* the patient is to change (*when?*, *why?*, *how?*)
3. What the barriers to taking action?
4. What are the benefits of taking action?
5. How severe are the consequences of not taking action?

# Four Principles of Motivational Interviewing

1. Express empathy
2. Develop discrepancy (ambivalence)
3. Roll with resistance (avoid argumentation)
4. Support self-efficacy

# Readiness to Change (When?)



# Strategies for change



## PRECONTEMPLATION



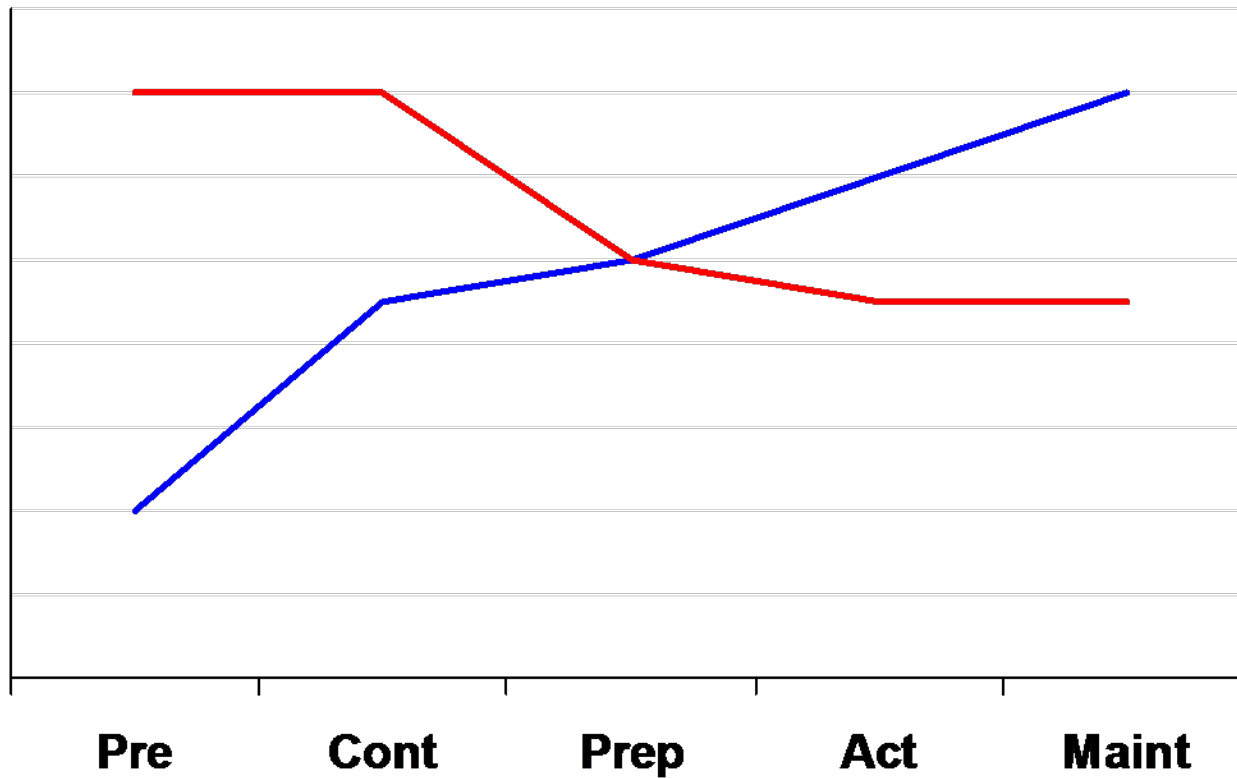
**Focus on the Pros**

**Decrease Defenses**

**Become informed**

# Precontemplation

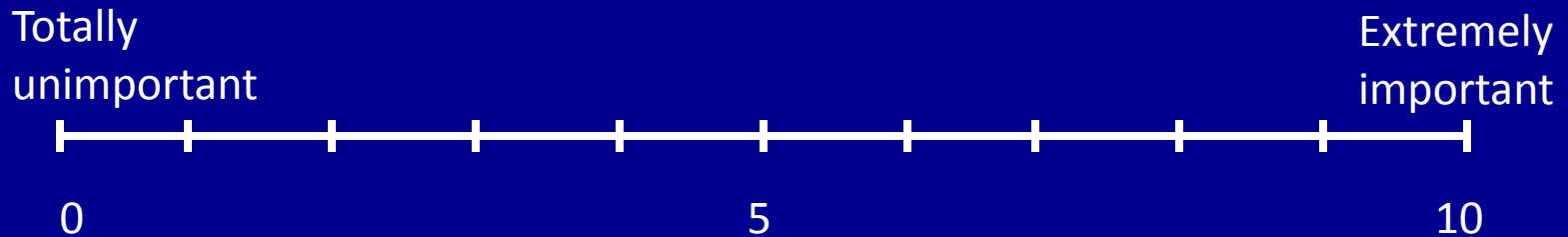
Decisional balance (Pro's vs Cons) is one of the best predictor of change



For effective and long term change the Pros need to outweigh the Cons

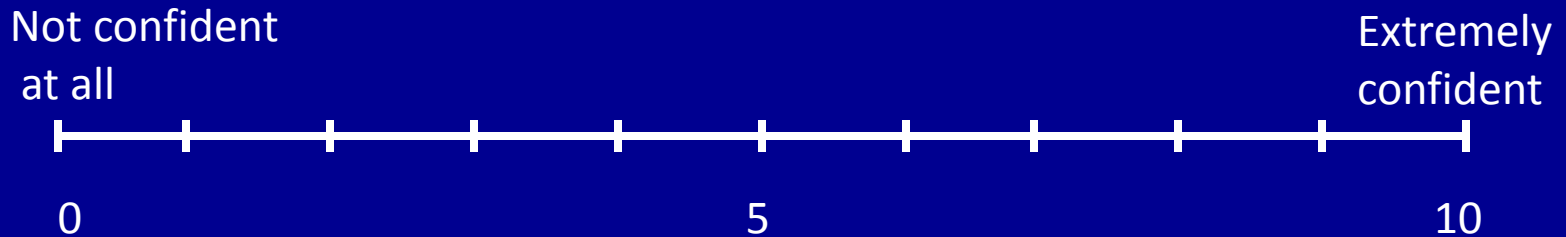
# Willingness to Change (Why?)

On a scale of 0-10, how important is it for you to .....?



# Ability to Change (How?)

On a scale of 0 to 10, how confident are you that you can .....?



## **Enhancing 'Importance'**

*"Why did you score a 1 and not a 10 on this scale?"*

*"What would encourage you to move eg.. from your score to an 8 or 9 on this scale?"*

*"How would your behaviour change if you did rate a 10 on this?"*

*"What are the main barriers stopping you from getting a higher score?"*

*"Can you see a way to remove or reduce these barriers?"*

*"What are the pros and cons of doing and not making the desired changes?"*

*Pick what seems to be important to the individual (eg. impotence in men, efficiency in women etc.) and concentrate on this.*

## **Enhancing 'Confidence'**

*"Why did you score a (eg.) 1 and not a (eg) 8 or 10 on this scale?"*

*"What do you think could help you score higher on this scale?"*

*"What have you done in the past that has been successful?"*

*"Why do you think you have failed in the past?"*

*Re-frame previous failures as 'slips' or short-term inconveniences*

*Stress that while the patient may have tried and failed at this before, this time it's a different approach because.....*

*Discuss the stage approach (below) and how this involves some failures as well as successes before moving to the next stage*

## Two Case Studies

	Ready	Willing	Able	Barriers	Benefits
1. A 40 year old overweight, heavy drinking, 'junk food' eating truck driver who presents for a medical certificate to maintain his license, but needs to reduce drinking.	Pre-cont	1-2	8-10		
2. A 35 year-old overweight woman, with PCOS who desperately wants to lose weight to have a child, but has tried everything to no avail.	Ready	10	1		

# Inspiring stories

## Confidence : **CREATE A NEW SELF IMAGE**



Prof Fiona Stanley, 58  
Aust of the Year 2003  
Prof Epidemiology, UWA; CEO, Australian Research Alliance for Children and Youth; diagnosed breast cancer, 1999; regular exerciser



Bill Clinton, 58  
Former President of United States; *regular exerciser*



Helen Clark, 54  
Prime Minister of New Zealand; *regular exerciser*



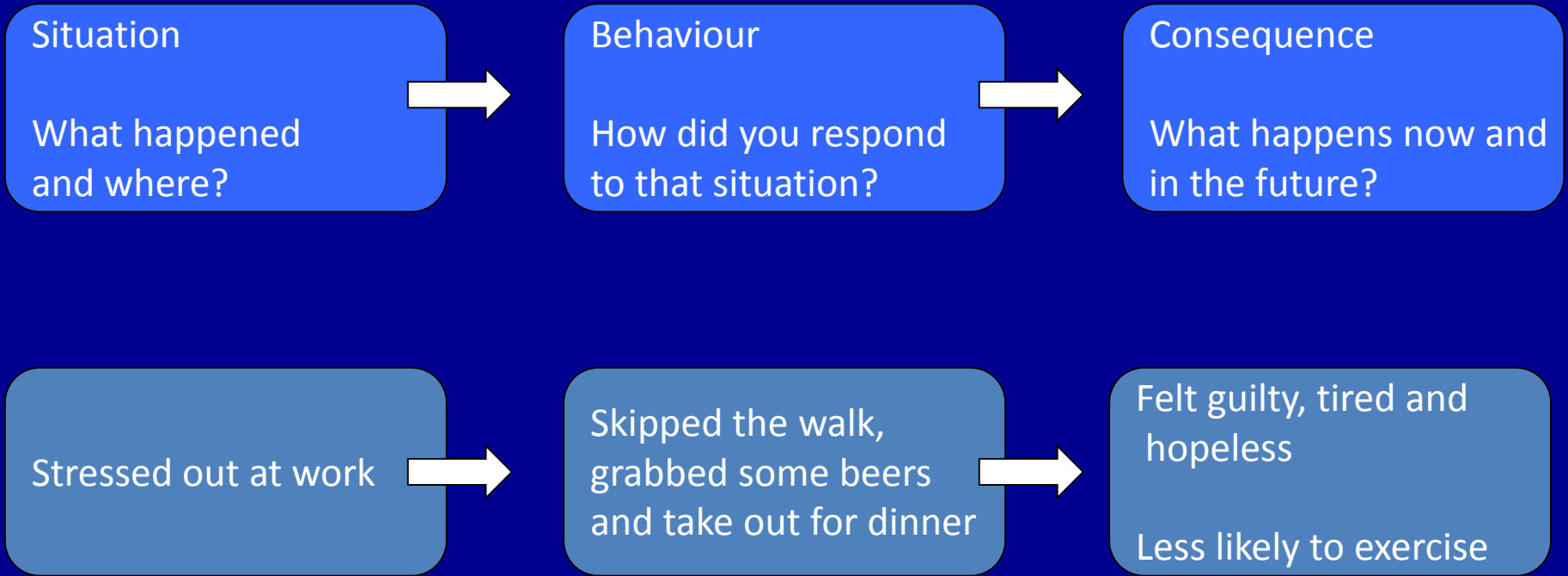
George W Bush, 58,  
President of United States; *regular exerciser*



John Winston Howard, 64  
Prime Minister of Australia; *regular exerciser*

# Identify your behaviours and responses

## CONTEMPLATION: ID YOUR BEHAVIOURS



*Understanding behaviours and what triggers them during contemplation can help in changing behaviours later on*

# Exercise 5 – Real Play

In groups of 4 – 1 patient, 1 clinician, 1 observer

1. Patient talks about one thing s/he would like to change
2. Clinician uses the OARS approach to evoke change
3. Observer A monitors the patient's change, or sustain talk
4. Observer B monitors the clinician's OARS

## Summing up

- How ready, willing and able is the patient to change?
- What are the barriers to change?
- What are the triggers to change?
- What are the likely forms of resistance and how could these be overcome?

# Some useful patient contacts/web-sites

- Whitehorse Division Guide to Navigating Self Management  
[http://som.flinders.edu.au/FUSA/CCTU/pdf/Navigating self management%20March%202008.pdf](http://som.flinders.edu.au/FUSA/CCTU/pdf/Navigating%20self%20management%20March%202008.pdf)
- AGPN <http://www.agpn.com.au/programs/chronic-disease-prevention-and-management/self-management>
- GP NSW [http://www.gpnsw.com.au/programs/chronic-disease-self-management-CDSM Guide to Implementation 2007](http://www.gpnsw.com.au/programs/chronic-disease-self-management-CDSM%20Guide%20to%20Implementation%202007)
- Canning Division [http://www.canningdivision.com.au/cdgp\\_docs/cdm/Chronic%20Disease%20manual.pdf](http://www.canningdivision.com.au/cdgp_docs/cdm/Chronic%20Disease%20manual.pdf)
- Eyre Peninsula <http://www.epdgp.org.au/documents/GPGuide.pdf>
- GP NSW, Get Healthy Information and Coaching Service (1300 806 258). (Info on physical activity; healthy eating; How to reach and maintain a healthy weight)  
<http://www.gpnsw.com.au/programs/australian-better-health-initiative-primary-care-integration-programs/nsw-health-intiatives-updates#gethealthy>