

Self Management Support

Helping Clients Set Goals
to
Improve Their Health

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Impact of Homelessness on Health

The **Institute of Medicine** has determined that individuals without a regular place to stay are far more likely than are those with stable housing to suffer from **chronic medical conditions** such as diabetes, cardiovascular disease, and asthma.

Homelessness and Poor Health

Health problems cause homelessness

Homelessness causes health problems

Homelessness **complicates** efforts to
treat health problems

In other words...

Homelessness

is a

marker

for

sickness



Medical Implications of Homelessness

- Increased mortality
- Severity of illness
- Exposure
- Violence
- Competing priorities
- Medication difficulties
- Health care provider reactions

Many Others...

- Addiction
- Hopelessness
- Lack of trust
- Long waits at clinics and pharmacy
- Lack of transportation
- Diet



Self Management Support

Helping people to understand
their health issues and to develop
strategies to live as fully and
productively as possible

Self Management Goals

To take care of health issues

To carry out normal activities

To manage emotional changes

What is Self Management Support

Helping people to:

- Understand
- Decide and choose
- Adopt, change and maintain changes
- Develop skills and use tools and their resources
- Cope
- Overcome barriers

What You Need to Know About Goal Setting in the Chronic Disease Setting

- Why should we use goal setting ?
- Who can be effective helping patients set goals?
- What is a Self Management Goal?
- How do you set goals with patients?
- Examples of what not to do.

Why do SMG setting with patients?

Medical professionals are responsible for many parts of a patient's care. However most of the “work” and decision making in chronic disease is up to the patient.

Clinicians can prescribe medications correctly but research shows **fewer than 40%** of patients take their medications as directed.



"I was able to get in one last lecture about diet and exercise."

Education is Not Enough

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

Bodenheimer, 2002; Funnell and Anderson, 2003; Norris et al, 2002; Piette, 2001;
Wolf et al, Cochrane Review; Valk et al, Cochran Review

Who can be successful setting goals with patients?

Anyone including MAs, MDs, RNs, Health Promoters, Social Workers, can set goals successfully with patients but to be successful certain factors must be in place.

- Training in motivational interviewing. Doing SMG setting without Motivational Interviewing skills may not be effective.
- A trusting relationship with the patient.
- Patience and the ability to respect a patient's decisions.

What is a Self-management Goal?

A patient generated goal to improve health or general well being

Goals should be:

- Specific
- What is the patient going to do
- When is she going to do it
- Realistic
- Something the person feels confident they can accomplish.

What Not to Do

- Don't ask staff who have not had training to do goal setting.
- Don't save goal setting for the end of the visit.
- Don't push patients to set goals
- Never tell a patient what her goal should be.

5 As of Self-Management Support

- Assess (knowledge, behavior, readiness)
- Advise and inform
- Agree (on goals and methods)
- Assist (overcome barriers)
- Arrange follow-up

Using the 5 As: Helping People to see find their strengths

- **Assess before Advise:** Open ended inquiry; assess conviction and confidence
- **Build Trust:** Reflective Listening, empathy
- **Tailor:** Agree on goals and assist person to match goals with their conviction and confidence
- **Arrange follow up**

Communication and Connection

OARS

The Basic Tools of Motivational Interviewing

- Open Questions
- Affirmations
- Reflective Listening
- Summaries

Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.

Open Questions

- Requests a story - not an answer
- Search is for meaning - not facts
- What and How questions are effective
- Why questions are not – they provoke defenses

Open Questions

- What have you noticed about your _____?
- What concerns you most?
- When would you be most likely to _____?
- How would you like things to be different?
- What will you lose if you give up _____?
- What have you tried before?
- What do you want to do next?

Open Questions Exercise

- Pair up with someone. Decide who will speak and who will listen.
- **Speakers**, be a bit shy. Don't be overly talkative. Begin talking about "how I came to do the kind of work I am doing." Allow pauses after every few sentences.
- **Listeners**, use these pauses to ask an open question. the intent is to draw the person out; hear more of the story

Only ask open questions.

Affirmations

- Statements of recognition of client strengths
- Build confidence in ability to change
- Must be congruent and genuine

Reflective Listening

“Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen.”



Reflective Listening

The words the speaker says



The words the listener hears



What the listener *Thinks* the speaker means



What the speaker means

Reflective Listening

Every reflection opens a possibility

The speaker may correct, verify, add or refine

Exercise: Forming Reflections

- Form triads.
- Participants in each triad take turns completing the self-statement, “One thing I like about myself is that I...”
- When a speaker has offered a self-statement, the other two serve as listeners and take turns responding with a reflective listening statement. Continue until six reflections have been offered, three per listener.
- The speaker responds to each statement with elaboration that probably includes but is not limited to “Yes” or “No.” The next reflective listening statement then takes this new information into account.

Summarizing

*“Let me see if I understand
thus far...”*

- Special form of reflective listening
- Ensures clear communication
- Use at transitions in conversation
- Be concise
- Reflect ambivalence
- Accentuate “change talk”

Commitment to Change comes from Two Interacting Elements

- **Conviction:** the person has beliefs about the importance of change
- **Confidence:** the person has beliefs and expectations about their skill and capacity to promote and maintain change

Conviction

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

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

Confidence

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

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

Assessing Conviction

“How convinced are you that it is important to _____?”

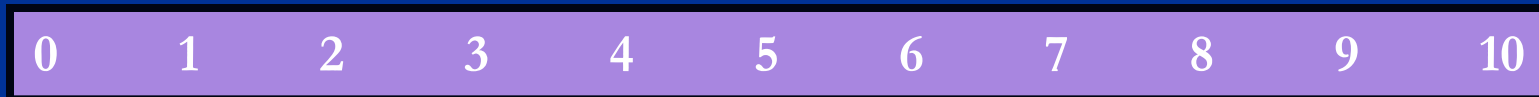


Not convinced at all

Totally convinced

Enhancing Conviction

“How convinced are you that it is important to _____?”



Not convinced at all

Totally convinced

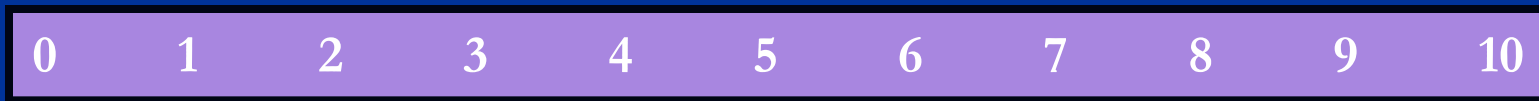
What makes you say 3?

Why 3 and not 0?

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

Assessing Confidence

“How confident are you that you can _____?”



Not confident at all

Totally confident

Enhancing Confidence

“How confident are you that you can _____?”

0 1 2 3 4 5 6 7 8 9 10

Not confident at all

Totally confident

What makes you say 5?

What has helped you to be confident in the past?

What might help you get to a 6 or 7?

What can I do to help you feel more confident?

Ambivalence

“I want to, but I don’t want to”

- Natural phase in process of change
- Problems persist when people “get stuck” in ambivalence
- Normal aspect of human nature, not pathological
- Ambivalence is key issue to resolve for change to occur

Ambivalence



“People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”

Exploring Ambivalence: Benefits and Costs

Status Quo

Changing

Benefits of
Costs of

1.	4.
2.	3.

Example

Drinking as before

Abstaining

Benefits

Helps me relax
Enjoy drinking with friends
Eases boredom

Feel better physically
Have more \$
Less conflict with family, work

Costs

Hard on my health
Spending too much \$
Might lose my job

I'd miss getting high
What to do about friends
How to deal with stress

Responding to Ambivalence

- Use simple reflections and summaries
- Use double sided reflections –
“So on one hand....while on the other hand...”
- Acknowledge and respond to any positive change talk

Build Trust

Expressing Empathy

“So you are frustrated about trying to _____.”

“Sounds like you are unsure about whether _____ is worth the effort.”

“You mentioned some worries about _____.”

“Many people have difficulty _____.”

Tailor

Agree on Goals and Assist

Low Conviction-Motivation-Readiness for change

- Explore and respond to ambivalence
- Advise- ask permission to give information
- Collaborate on goals
- Support choice among options

Low Confidence-Motivation-Readiness for change

- Review past experience
- Identify strengths and small achievable steps
- Problem solve to address barriers
- Teach skills to accomplish goals

Collaboratively Set Goals

- Provide person with guidance
- Prioritize among changes that they identify they want to accomplish
- Collaborate on goals
- Support autonomy and choice

Building Confidence

- Review past successes
- Define small steps that can lead to success
- Problem solve to address barriers
- Provide tools- strategies, resources, teach skills
- Attend to the progress and use slips as occasions to further problem solve rather than failure

Building Confidence

Identify Barriers and Problem Solve

- What will get in the way?
- Anything else?
- What could help you to overcome that barrier?
- What has helped in the past?
- Here are some things that others have done..
- OK, what is your specific plan?

Building an Action Plan

- Goal: Something you **WANT** to do
- Describe: How, What, When, Where and How Often
- Identify Barriers
- Plan to overcome barriers
- Conviction and Confidence rating (0 -10)
- Follow up: Identify a plan

Remember

**when working with someone who is homeless
the basic need for food and shelter
may take priority over their health issues**



Photo © Sharon Morrison