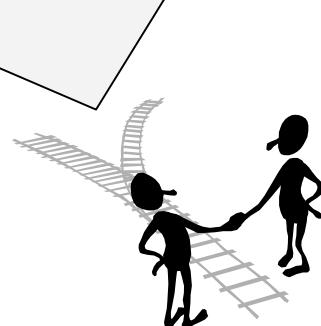


DIABETES SELF-MANAGEMENT PRINCIPLES

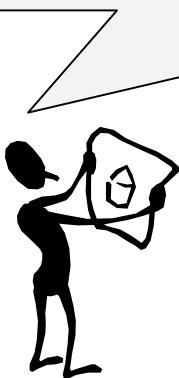
Health Care Provider Influence and Disease Management

Health care providers, in general, are very influential in determining how patients view and manage their illness. Research suggests that such provider influence is a strong predictor of disease management and behavioral change. Yet, most providers would agree that encouraging their patients to follow their medical and self-care regimen is one of the most difficult challenges they face. Several theories have been proposed to help understand an individual's attitudes, feelings, and capacity for disease self-management and behavioral change. Almost all emphasize the importance of patient empowerment and can be easily applied to understanding diabetes self-management. The main principle of patient empowerment is that each patient has ultimate responsibility for his/her diabetes care. The provider is responsible for ensuring that the patient has the necessary information and support to make informed decisions on managing his/her diabetes.



Behavioral Change Model

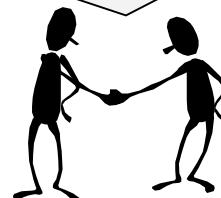
Numerous models of behavioral change have emerged in the research literature over the last few years. Prochaska and DiClemente's "Stages of Change" is one such model. This model is based on the premise that change is a gradual process and patients differ in their readiness to change any particular behavior. Further, their theory states that providers will be most effective facilitating change if they can gauge where their patients are in the process of change and tailor their interventions to that point. Using the Prochaska, et. al model as inspiration, one can envision patients in one of three levels of diabetes self-management: *NOT ENGAGED* with their care, *AMBIVALENT* regarding their care, or *ENGAGED* with their care. Providers can gauge this level by listening to patient concerns and understanding the reasons for incomplete behavioral change. After identifying the level, providers can then use motivation principles to promote awareness and action for the next step in the process of change.



Motivational Interviewing

Motivation is an inherent quality. Patients are already motivated to change; however, they are motivated toward their own goals. A strategy that has been widely used to promote behavioral change is motivational interviewing proposed by Miller and Rollnick. This approach has been successfully applied to the treatment of alcohol addiction, smoking cessation, exercise behavior, and weight management. The main goals of *motivational interviewing* are to identify the factors that motivate patients presently, understand and appreciate what needs they are attempting to meet, and assist patients in deciding whether the tools they are using to meet those needs are effective.

Motivational interviewing strategies can be incorporated into brief medical visits (lasting 5 to 15 minutes) and are easily adaptable for use by providers. One strategy is to avoid the use of terms such as "non-compliant," "unmotivated," or "non-adherent" when describing a patient's commitment to change. These words are punitive and imply a character flaw in the patient rather than taking into account the difficult nature of managing a chronic illness, such as diabetes. Other strategies include expressing empathy, avoiding argumentation, rolling with resistance, supporting self-efficacy and pointing out discrepancies between goals and behaviors. Research indicates behavioral change is associated more with encouragement and praise than discouragement or punishment.



Providers and the Change Process

Providers should remember that setbacks are common in the change process. It is important to help patients understand that something can be learned from the setback and to focus on the successes they have achieved. The following table is a provider guide to motivational interviewing strategies that encourage patients based on their level of engagement in their diabetes management.



DIABETES SELF-MANAGEMENT PROCESS

Patients may cycle repeatedly over years through three stages of the diabetes self-management process before optimum care becomes established. Relapses should be expected! Providers are most effective when they maintain their relationships and influence over the *long-term*.

| NOT ENGAGED | AMBIVALENT | ENGAGED |
|---|--|---|
| <p>Patient does not perceive diabetes management as a problem or is discouraged because of previous failed efforts.</p> <p>GOAL: Patient will begin thinking about change.</p> <p>PROVIDER STRATEGIES:</p> <p>ASK: “<i>Have you tried to make changes in the past? What happened?</i>”</p> <p>AVOID:</p> <ul style="list-style-type: none"> ▪ Lecturing, advice-giving, scare tactics, confrontational behavior. <p>DO:</p> <ul style="list-style-type: none"> ▪ Communicate self-efficacy and hope. <p><i>“You’re here today; that probably means you want to improve your health.”</i></p> <p><i>“I know you can do it. Many of my patients, just like you, have struggled and been successful.”</i></p> <p><i>“I’m here to support you, whatever you decide.”</i></p> | <p>Patient is ambivalent about behavioral change, while acknowledging the problem and weighing the pros and cons.</p> <p>GOAL: Patient will actively examine costs/benefits to change.</p> <p>PROVIDER STRATEGIES:</p> <p>ASK: “<i>What are the barriers today that keep you from changing?</i>”</p> <p>AVOID:</p> <ul style="list-style-type: none"> ▪ Trying to “fix” each barrier that the patient lists. This can lead to “yes buts” if you provide solutions before the patient has fully committed to change. <p>DO:</p> <ul style="list-style-type: none"> ▪ Listen carefully to barriers and try to engage the patient in problem-solving about those barriers. <p><i>“What do you hope to get out of good diabetes management?”</i></p> <p><i>“What has stood in the way of staying on a program?”</i></p> | <p>Patient is committed to active disease self-management and has been successful with small changes.</p> <p>GOAL: Reinforce success and build confidence for further change.</p> <p>PROVIDER STRATEGIES:</p> <p>ASK: “<i>You’ve done a good job with your diabetes management so far. How has that gone for you? Hard, easy?</i>”</p> <p>AVOID:</p> <ul style="list-style-type: none"> ▪ Neglecting to compliment success. ▪ Overwhelming the patient with information or recommendations because you think they are now fully engaged in the process. <p>DO:</p> <ul style="list-style-type: none"> ▪ Engage the patient in developing the next <i>modest</i> step for self-management. ▪ Carefully assess patient skill level for the next step in self-care. |

Miller, W.R., & Rollnick, S. (2002). Motivational Interviewing, Preparing people for change, second edition. New York: The Guilford Press

Prochaska, J.O., & DiClemente, C.C. (1986). Toward a comprehensive model of change. In W.R. Miller & N. Heather (Eds.), Treating addictive behaviors: Processes of change (pp. 3-27). New York: Plenum.

