Central Health

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2014

Tips for Health Care Providers on Self Management Support

How to support someone along the path to making a healthy behavior change

Planning for Healthy Change

This resource was adapted from information associated with ideal Medical Practices at www.idealmedicalpractices.org (written communication by J.H. Wasson, MD April 2008).

The change I want to make is: (be very specific, what, when, how?)

My Goal for the next month is:

How convinced are you that this is the right work for you:

0	1	2	3	4	5	6	7	8	9	10
Totally unconvinced			Unsure		Somewhat convinced			Very convinced		Extremely convinced

The steps I will take to reach my goal:

1.
2.
3.

The things that will make it hard to reach my goal:

1.
2.
3.

The ways I can overcome things that get in the way:

My confidence that I can reach my goal

0	1	2	3	4	5	6	7	8	9	10
No confident at all			Unsure		Somewhat confident			Very confident		Extremely confident

References
Glasgow RE, Davis CL, Fennell MM, Beck A. Implementing practical interventions to support chronic illness self-management. JtComm J Qual Safety. 2003;29(11): 563-574
Rollnick s. mason P. Butler C. health Behavior Change: A guide for Practitioners. Philadelphia, PA: Elsevier Health Sciences; 1999

If confidence level is less than 7, then problem-solve to identify solutions. "That's great that you felt a confidence level of 5. That's a lot higher than a 1. I wonder if there are some ways we could modify the plan so you might get to a confidence level of 7 or more. Perhaps you could choose a less ambitious goal, ask for help from a friend or family member, or think of something else that might help you feel more confident about carrying out the plan?"

3. Arrange follow-up

"Great, then let's make a date for our next appointment, so we can check on how you're doing with your plan."

Notes:

Ultra-Brief Personal Action Planning (UB-PAP)

The *Ultra-Brief Personal Action Plan* has five core elements:

1. The plan must be truly client centered, Focused on what the client himself or herself actually wants to do, not on what the clinician tells him or her to do.
2. The plan must be behaviorally specific – that is, very concrete and specific about what, when, where, how long, etc.
3. The client should restate the complete plan (i.e., make a "commitment statement").
4. The plan should be associated with a level of confidence (on a scale of 1 to 10) of 7 or greater. If the confidence level is less than 7, the clinician and the client should begin problem-solving on strategies to modify the plan.
5. There should be a specific date and mechanism for follow-up (or accountability).

Ultra-Brief Personal Action Planning is structured around three core questions:

1. Elicit Client preferences/desires for behavior change.

"Is there anything you would like to do for your health over the next few days (weeks) before I see you again?"

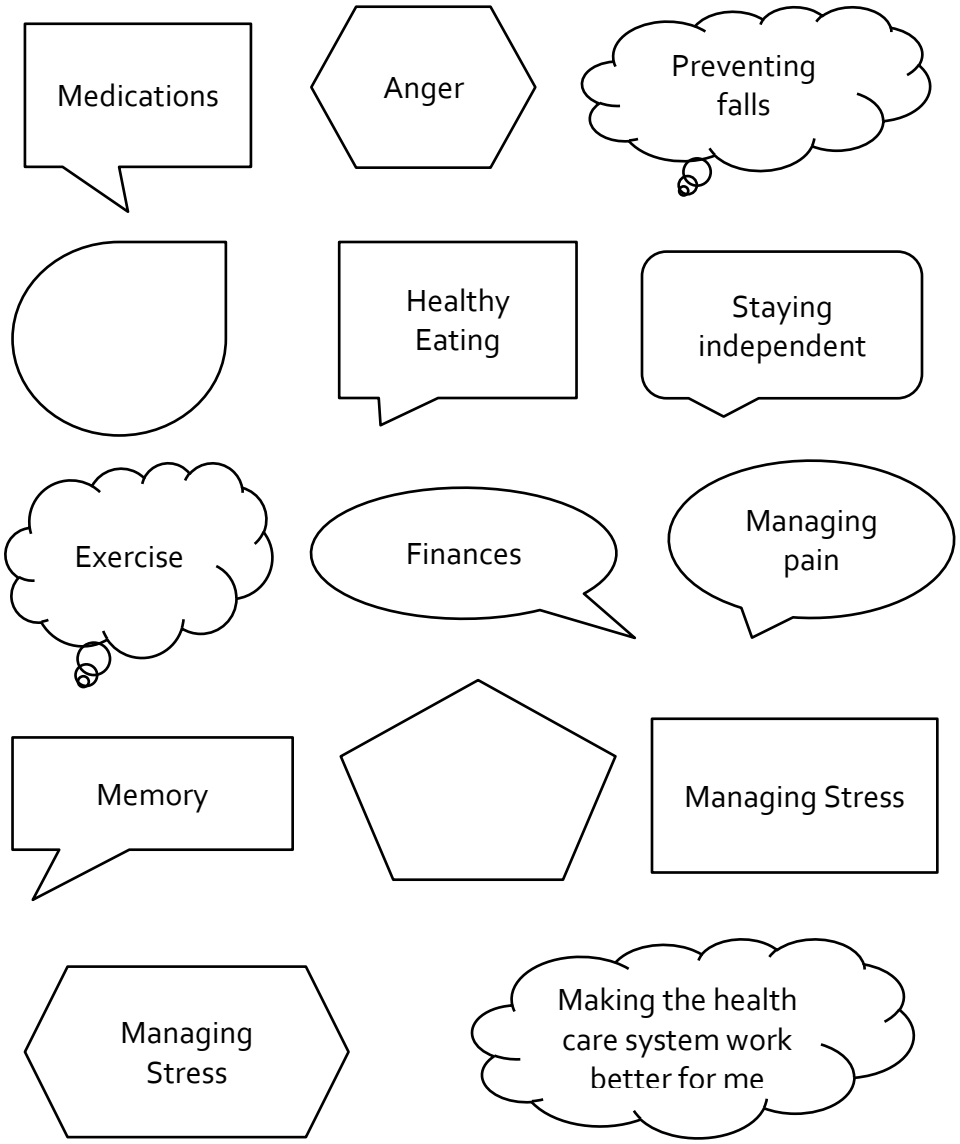
- What?
- Where?
- When?
- How often?
- Elicit commitment statement (e.g., "I will walk for 20 minutes in my neighborhood every Monday, Wednesday, and Friday before dinner").

2. Check Confidence level .

"That sounds like a great plan. But changing behavior and sticking with a plan is actually very hard for most of us. If you consider a confidence scale of 1 to 10, where "10" means you are very confident you will carry out the plan and "1" means you are not at all confident, about how confident are you?"

Health Concerns of Older Adults

Here are some of the things older adults have told us they think about. Maybe some of these things concern you. You may add your concerns in the empty bubbles. Would you like to talk today about the one that matters to you the most? Would you like to make a change in one of them?



Use the 5 A's - Assess, Advise, Agree, Assist, Arrange

(as a framework to guide a conversation about behavior changes)

These techniques can be used for clients with chronic conditions or for prevention. Remember, you **do not** have to touch on every A at every visit; some visits will just use Assess and Advise, and some Assess, Agree and Arrange, etc. Any member of your health care team can learn and use these techniques.

Assess – determine whether your client is adopting healthier behaviors.

- Use a "bubble diagram" (see page 3, *Health concerns of older adults panel*) to elicit your client's concerns.
- Use a pre-visit or waiting room questionnaire to focus the examination. Visit www.howsyourhealth.com to view examples.
- Ask your client questions that focus on health behaviors. Some examples could be:
  - "Most of the clients I work with have trouble (taking medications regularly, living with pain, etc.). What trouble are you having?"
  - "Of all that I have asked you to do, what is the hardest?"
  - "Is there anything you have been thinking about doing to improve your health? Have you tried anything?"
  - "How important on a scale of 1 to 10, is it for you to (quit smoking, control your blood sugar, loose weight, exercise more, etc.)? Why is it a 4 and not a 1?"

Try to get your client to tell you why change is good for him or her.

Advise – provide brief information without medical jargon.

- Find out what your client understands about his or her illness or treatment before you give advice. This will save you from repeating what your client already knows and allow you to clarify his or her misunderstandings.
- Have a key message for each diagnosis or symptom.
- Make the source of the advise (medical literature, your opinion, other clients you work with) clear.
- Ask your client to repeat what you told him or her so you know if you made your advice understandable. ("Closing the loop" is a proven technique to improve healthy literacy).

Agree –collaborate to develop a specific, actionable plan that describes:

- **What** – Identify the specific tasks that your client will perform before your next meeting.
- **When** – Designate a specific time when your client will perform tasks.
- **How Often** – Specify how often your client should do the task, keeping in mind what suits, and what is realistic for his or her lifestyle.
- **Where** – Designate a specific location where your client will carry out tasks.
- **Which problems** – Help your clients identify and problem-solve through barriers to carrying out plans.
- **Check** your client's level of confidence in his or her ability to actually make changes:
  - On a scale of 1 to 10, how confident are you that you can (walk three times this week, do relaxation exercises five evenings a week, skip dessert)?
  - Schedule a check in date by e-mail, phone or another office visit.

Assist –help your clients when they have problems until they learn to help themselves.

- Teach basic problem-solving skills. (Identify the problem, brainstorm solutions, pick one, try it, pick another, try it, find a resource; consider that the problem isn't solvable now.)
- Refer your client to a problem solving website such as www.howsyourhealth.com for further tips.

Arrange –follow up to check on progress or match the client to community resources.

- Use phone or office staff your client is familiar with to follow up on plans.
- Keep a list of helpful resources, such as local community agencies, exercise programs, weight loss programs and caregiver support groups.
- Document referrals and recommendations.