

MOTIVATING SELF-CARE OF DIABETES
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Handouts also downloadable for

1. Tobacco cessation
2. Excessive alcohol use

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TASK 1 – SCRIPT TO CLARIFY ISSUES ABOUT CHANGE

Ask about Readiness to Change	
<i>“Where are you in terms of dealing with your ADA diet (and/or losing weight)?” [Select one of these three questions, or ask another depending on the patient’s response.] “Are you not really thinking about changing?” “Are you thinking about it?” “Are you willing to make a change?”</i>	
Provide a Stage-specific Rationale for Using the Decision Balance	
<i>Precontemplation: “You just told me that you are not thinking about changing your diet or losing weight. We could do a decision balance together because it could help both of us understand better why you want to continue as you are. Is that okay?”</i>	
<i>Contemplation: “You told me how much you struggle with trying to keep to your diet and lose weight. We could do a decision balance together because it could help you think more seriously about change?”</i>	
<i>Preparation: “You’re seriously thinking about keeping to your diet better and losing weight. We could do a decision balance together because it could help motivate you to set a date to change.”</i>	
Show the Decision Balance to the Patient	
<i>“Let me show you what a decision balance looks like. As we use it, it can help you better understand why you carry on eating as you do and why you may want to think about sticking to your diabetic diet. But first (pointing to the top left-hand column), what do you like about eating what you prefer? I would just like to make a few notes as we go along. Is that okay? You can keep the decision balance when we have completed it.”</i>	

Use the Decision Balance to Ask Questions	
1. Benefits of eating anything: <i>“What do you like about eating what you prefer?”</i>	2. Concerns about eating anything: <i>“What concerns do you have about not sticking to your diet?”</i>
3. Concerns about sticking to the diabetic diet: <i>“What concerns do you have about sticking strictly to the diet?”</i>	4. Benefits of sticking to the diabetic diet: <i>“In what ways will your health be better if you stick to your diet and achieve good diabetic control?”</i>

Explain and Obtain “Think” and “Feeling” Scores for Resistance and Motivation	
<i>“The left column represents your reasons to eat as you prefer (resistance). The right column represents your reasons to diet and lose weight (motivation). On a scale of 0 to 10, 0 meaning none and 10 meaning very high, what score would you give for your reasons to stay the same? [pointing to the left column] And what score would you give for your reasons to change? Are your resistance and motivation scores based on what you think or feel about change? Now how would you score your resistance and motivation based on what you feel (or think)?</i>	

**TASK 2 – SCRIPT TO LOWER PATIENT RESISTANCE
USING NONDIRECT INTERVENTIONS**

Explain to Patient What You Are Trying to Do
<i>“I’d like to understand better why you do not want (are reluctant, or are finding it difficult) to change. This may help you to change your resistance and motivation scores.”</i>
Select Two Nondirect Interventions to Practice with Your Patient
Probe priorities to change: <i>“So, what is the most important reason for you to stay the same? And what is the most important reason for you to change?”</i>
Use double-sided reflection to explore ambivalence: <i>“On the one hand, if you achieve normal glucose levels you will reduce your risk of complications; but, on the other hand, you are more likely to have hypoglycemic attacks.”</i>
Explore the future: <i>“If you think about how you have taken care of your diabetes over the years, what do you think it will be like in five to ten years time if you carry on as you are?”</i>
Acknowledge ambivalence: <i>“People often have mixed feelings about not keeping strictly to their diet.” Or, “People often have mixed feelings about not following the recommendations.”</i>
Emphasize personal responsibility and choice (useful when patients are being resistant): <i>“Whether you decide to try and keep your hemoglobin A1c within the normal range is up to you, but I’m willing to help you prevent diabetic complications.”</i>
Use simple reflection to elicit resistance, ambivalence, or indifference: <i>“So, you find it difficult to keep to the diabetic diet.”</i> <i>“So, you feel well even when your blood glucose is in the 200 range.”</i> <i>“So, it is difficult for you to follow the diabetic recommendations when you feel so well”</i> <i>“So, trying to lose weight and checking your blood glucose regularly is difficult”</i>
Ask Patient Whether His/her Resistance and Motivation Scores Have Now Changed

**TASK 3 – SCRIPT TO ENHANCE PATIENT MOTIVATION
USING DIRECT INTERVENTIONS**

Explain to Patient What You Are Trying to Do
<i>“I would like to see if I can help you increase your motivation score. I’ll ask you later whether both your resistance and motivation scores have changed.”</i>
Select Two Direct Interventions to Practice with Your Patient
Use back-to-the-future questioning: <i>“If you developed a diabetic complication now, would you try to keep your diabetes in better control in the future?”</i> [Provided that the patient shows some interest in prevention, continue with...] <i>“Do you want to wait and see if you develop a complication before deciding to change?”</i> [If the patient remains interested in prevention, ask] <i>“What would it take for you to decide to take better control of your diabetes?”</i> [If the patient is ambivalent or not interested in prevention, ask] <i>“Would you mind sharing with me what is difficult about changing?”</i>
Use benefit substitution: <i>“Are there ways for you to enjoy your food but, at the same time, stick more closely to a diabetic diet?”</i>
Clarify values: <i>“What is more important in your life than trying to prevent the complications of diabetes?”</i> Questions that contrast values: <i>“Is being a parent and spouse more important to you than trying to avoid the long-term complications of diabetes?”</i>
Identify discrepancies: <i>“If you say that you want to take care of your diabetes, you’re saying one thing and doing another. What would convince you to do what you say?”</i> Use discrepancies: <i>“You say that you want to stay well, but your increased level of Hb A1c is putting you at risk of diabetic complications.”</i>
Reframe events and issues Change a reason not to adhere diabetic recommendation into a reason to adhere: <i>“You are lucky that you can have such high blood glucose levels without feeling ill or having any symptoms. But, in fact, those high levels put you at an increased risk for developing complications.”</i> Enhance a reason to adhere: <i>“Your spouse nags you about not sticking to your diet, but could this show how much he/she is really concerned about your health?”</i> Diminish a reason not to adhere: <i>“You say that you enjoy eating out with your friends, but can you enjoy your friends and also stick to your diet?”</i>
Use differences in motivational reasons: <i>“You put so much effort into taking great care of your family (or providing for your family), but what would it take for you to put as much effort into taking care of your diabetes?”</i>
Ask Patient Whether His/her Resistance and Motivation Scores Have Now Changed