Therapeutic Patient Education

How to motivate your patient

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The menu

• Therapeutic Patient Education

• Motivational interviewing

• Empowerment

• Resilience
Therapeutic Patient Education

- Empowerment
- Search success
- Use mistakes
- Reinforcement
- Support
- Motivate
- Negotiate
- Evaluate
- Transmit
- Psycho-social Educational models
- Knowledge Skill
- Health believes Resources Needs
- Cognitive-behavioural therapy

Patient centered

Renegotiate
Formative

The objectives
The evaluation
Type of treatment
Behavioural changes

Share the decision

Motivational Interviewing

Take into account

Rewards

Negociate

Behavioural changes

Motivate

Motivational Interviewing

Empowerment

Search success

Use mistakes

Reinforcement

Support

Patient centered
Aims of Therapeutic Patient Education

To help the patient deal as well as possible with his chronic disease

Improve or maintain
- Quality of life
- Autonomy
- Adherence to treatment

Avoid or decrease
- Relapses
- Complications
Goals

✓ Growing up
✓ Accepting
✓ Understanding
✓ Knowing
The 3 tasks of the Health Care Provider

UNDERSTAND

Disease Patient Person
Patient’s double need

Cognitive dimension
- To know
- To understand

Emotional dimension
- To be listened to
- To be known
- To be understood
- To be helped

Bensing 2006
TO LISTEN

IS TO GIVE A HAND

Listening is everybody’s matter
Patient education is a Tango

Listen to the inner music of the patient

Respect the rythme of the patient

Follow and guide the patient
Stages of behavioural change

- Precontemplation: Explore representations
- Contemplation: Discuss the ambivalence
- Preparation: Negotiate objectives
- Action: Search for obstacles
- Maintenance: Reinforce benefits
- Relapse: Use the mistakes

Reference:
Prochaska JO, Di Clemente, Prog Behav Modif 1992 28:183-218
Would you like to change your behaviour?

• What would you like to change now?
• What are you able to change?
The ambivalence of the patient

- What level of importance do you give ... ?
- What is your level of confidence ... ?
- What is your level of conviction ?

0 1 2 3 4 5 6 7 8 9 10
Not confident Extremely confident
Listen to the patient’s conceptions to make them change

Patient’s conceptions

New knowledge and conceptions for patients

New knowledge from Health Care Providers

Giordan 1998
The health belief model

To be convinced that

- I am sick
- consequences of the disease are serious
- the treatment will be beneficial
- the treatment brings more advantages than disadvantages

Rosenstock, 1970
Motivational interviewing
The 4 attitudes of Motivational Interviewing

- Express empathy
- Acceptance facilitates change
- Roll with resistance
- Avoid arguing for change
- Develop discrepancy between present behaviour and important personal values
- Support for self-efficacy
  Person’s belief in his ability to succeed

Miller and Rollnick, second edition, 2002
The 4 tools of Motivational Interviewing

- Ask open questions
- Affirm, support
- Listen reflectively, actively
- Summarize

Guiding strategy for resolving ambivalence

Miller and Rollnick, second edition, 2002
Develop Discrepancy
Ambivalence slalom

Current good things
- to appreciate
  if you don’t change

Less good current things
- to endure
  if you don’t change

The cost of changing
- to do
  if you change

The gain of changing
- to receive
  if you change
Specific: «I’m going to eat vegetables this week»
Measurable: «I’m going to exercise 90 minutes this week»
Achievable: «Am I able to do that?»
Reward: «I feel good!» physical, mental, emotional
Type: «What kind of exercise do I like to do?» «What kind of food do I prefer?» «how to do»
Evoking Change Talks

Preparatory Change Talk

Mobilizing Change Talk

(Pre-)Contemplation

Preparation

Action
Preparatory Change Talk

DARN

• DESIRE to change (want, like, wish ... )
• ABILITY to change (can, could ... )
• REASONS to change (if ... then)
• NEED to change (have to, got to ... )
Mobilizing Change Talk

CATs

• COMMITMENT (intention, decision, promise)
• ACTIVATION (willing, ready, preparing)
• TAKING STEPS
Remember...

- It is difficult to change
- Ambivalence is normal
- A change cannot be prescribed
- HCP attitude has a direct impact on the patient’s capacity to change
Change your attitude!
Powerlessness and empowerment
Powerlessness

Living

« With a low self-image »
Break up of the feeling of identity

« Being differently the same »
Break up of the feeling of continuity

« Having lost the meaning of life »
Break up of the feeling of consistency
Empowerment 1rst level

Feeling of control in the face of the break up

To force yourself
- To respect your commitments
- To maintain the same life

To protect your image
- Hide your illness
- Overdoing

Explain the illness
- Look for compensations
- Look for a meaning of the illness
Empowerment 2\textsuperscript{nd} level

- Live a new life, in a new setting, with new resources
- Being able to acknowledge and accept that there are things that are beyond control
Action
Maintenance
Avoid relapse
Search for success
The resources of the patient
A good resilience is to have good resources
The patient rebuilds himself according to his « casita »
The Casita

Skills
Self esteem
Sense of humour, pleasure

Sense

Link

S. Vanistaendel
A fundamental change of attitude

Resilience allows us to rebuild, which is different from trying to repair damages

We can only build with what is positive even if it is not perfect
Care providers can be guides ...
A « 80/20 » lifestyle

To avoid the « all or nothing » attitude

• 80 % of control
  (amount and type of food in real life)

• 20 % of less control on special occasions
  (weekends, holidays, etc.)
Avoid a relapse

Look for a warning system which informs of the loss of control:

- No more than 3 red flags
- 3 times in a row
- 3 days in a row
- 3 days of holiday
No Forbidden food

- Rare
- Occasional
- Every Day

Forbidden food
Look for external support

Unsupportive

Mostly supportive

Always Supportive

Careful with sabotaging environment!
Summary

• Patient centered approach
• Understand the patient, the human being
• HCP attitude has a direct impact on the patient’s capacity to change
• Change is difficult and cannot be prescribed
• Develop ambivalence, roll with resistance
• Work with evoking change talks
• Propose a 80/20% lifestyle
Thanks to all my collaborators

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http://hug-ge.ch/education-therapeutique