

IT'S NOT WHAT YOU SAY IT'S HOW YOU SAY IT. MOTIVATIONAL PATIENT CONSULTING STRATEGIES.

MARLISA BROWN MS, RDN, CDE, CDN

- MARLISASPEAKS@gmail.com
- www.MarlisaSpeaks.com
- www.Twellness.net
- <https://www.linkedin.com/in/marlisa-brown/>
- @MarlisaBrownRD
- [Instagram.com/MarlisaBrown8](https://www.instagram.com/MarlisaBrown8)



DISCLOSURE OF CONFLICTS

I have no conflict of interest or relationship with any company that will influence my presentation.



LEARNING OBJECTIVES



Identify stages of change and list appropriate treatment methods to implement with these patients.



Participants will be able to list strategies to overcome patients fears and barriers to change.



Apply motivational interviewing techniques and make an action plan of working with patients.



OPERATIONAL GOALS

Lower AIC

Prevent
Complications

Incorporate
Health Life Style
Changes

Address
Emotional,
Financial and
Cultural Barriers

Provide Ongoing
Support

Empower
Patients



Getting
Started



YOU HAD ME AT HELLO

**There is no second
chance for first
impressions**

METHODS OF ASSESSMENT

Medical
History

Physical
Assessment

Labs

Patient
Interview



DURING ASSESSMENT

Watch

Watch for patient clues. (look for triggers)

Make

Make sure you introduce yourself and explain what you will be doing.

Use

Use a patient centered approach not just policy or auto pilot.

Become

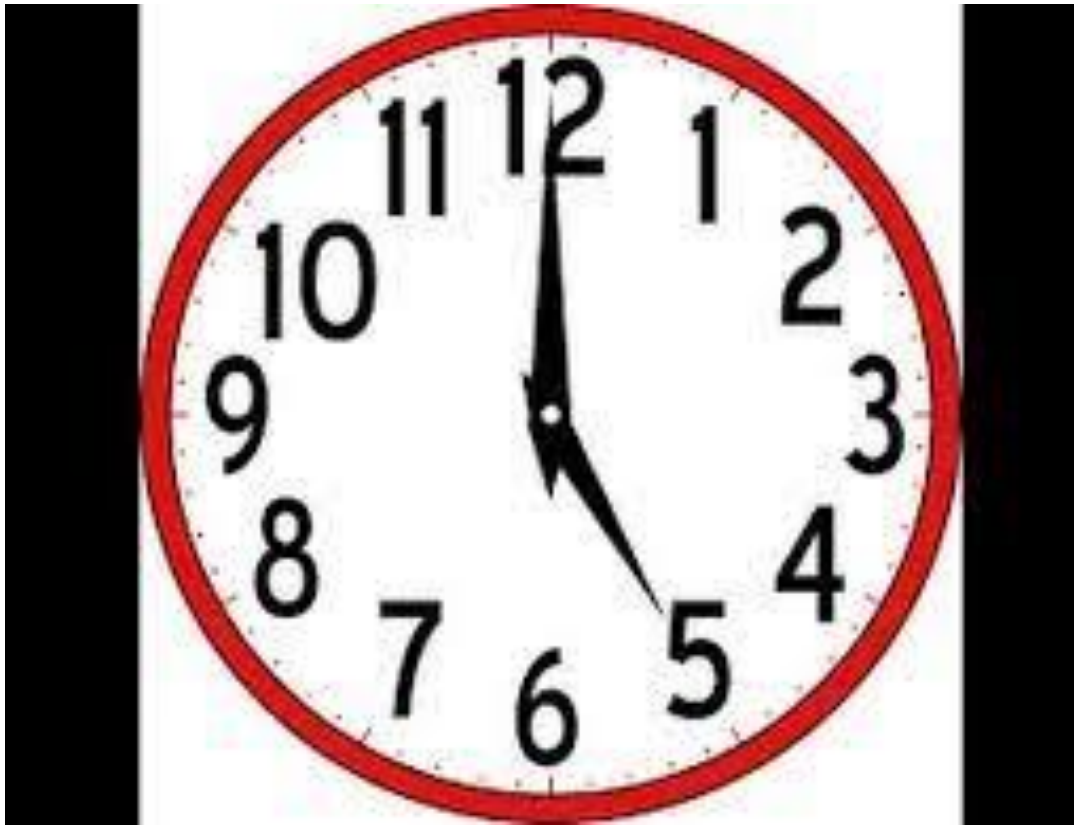
Become a motivator, don't just provide information.

Ask

Always ask permission at each step of the assessment (is it Ok if...)



LIMITS TO PATIENT CARE



MULTIPLE PATIENT ISSUES

- Limited Time
- Must Cover Items First
- Complicated Issues
- Patient is Expressing Difficulty with Changes they Need to Make
- Your Encountering Resistance

POLICY & PROCEDURE (IS IT HURTING OR HELPING PROVIDE QUALITY CARE)

Routine to Auto Pilot

(be self aware)

Listening Skills

(use all your senses)

Patient Participation

(consider where they are coming from)

Never use a one size fits all approach to patient visits.



MEET CAROL

Women with morbid obesity, diabetes and hyperlipidemia. No major changes since previous visits. **Husband with her this visit.**

On arrival she is immediately weighed . Doctor comes in room discusses poor control, focus on weight and possible bypass surgery. Patient angry, non-responsive. What happened?



WHAT WENT WRONG ?

What Do You Think Set Her Off?

Is it that her husband was with her?

Is it that she feels everything is just based around her weight?

Is it that she doesn't feel heard?

Is this a very sore point for her?

WHAT WENT WRONG ?

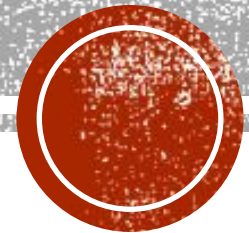
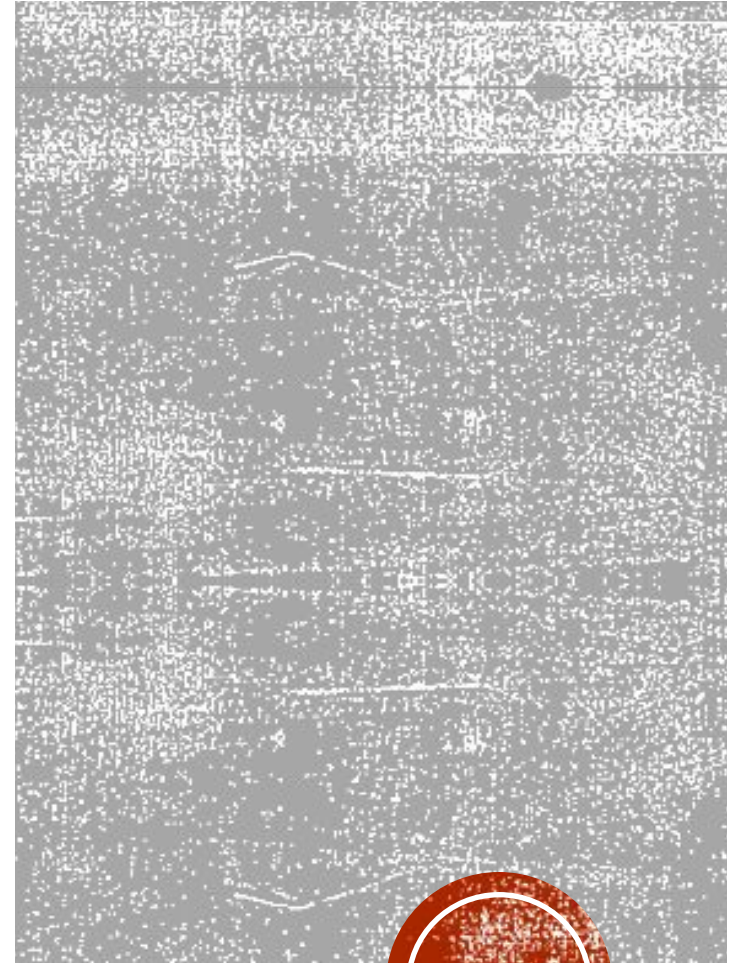
What Do You Think Set Her Off?

- Is it that her husband was with her?
- Is it that she feels everything is just based around her weight?
- Is it that she doesn't feel heard?
- Is this a very sore point for her?

What to do differently?

- Weigh her privately and then bring her husband in?
- Ask permission to weigh her?
- Don't start a conversation around her weight? She already knows she's overweight.
- Let her talk first about what is most important to her.
- Offer her program support for all her health issues over surgical options.

Education





ARE YOUR
PATIENTS
READY TO
CHANGE?

Do they hear you?

Do they want to learn
anything new?

Do they want to be here?

What are they afraid that you
will be talking about today?

GOALS (WHOSE ARE WE PROVIDING FOR?)

MY GOALS:

- Improve A1C
- Self monitoring glucose
- Carbohydrate counting
- Reduce fat intake
- Lose weight
- Reduce stress
- Increase exercise
- Increase water
- Increase fiber

THEIR GOALS:

- Prevent complications
- Less medications or avoid insulin
- Lose weight (but no pressure)
- Get rid of diabetes
- Eat what they want



POSITIVE RESULTS REQUIRES, CREATING AN ACTIONABLE

PLAN

Am I following my agenda or theirs?

- Develop a comfortable conversational exchange
- Review their health/personal history
- Find out what is most important to them and how you can help them achieve that

Create a plan that meets their needs:

- Find educational, financial and social gaps
- Evaluate lifestyle and personal support systems
- Identify goals and pick achievable steps to get there



What can I help you with today? Or what would be the most important things that you would like to work on?

Repeat their need so they understand you heard them and to give them the opportunity to add to it or change it.

Always ask permission to discuss each item further

**START
EACH
SESSION
WITH
PATIENT
CONCERNS**



**BODY
LANGUAGE
ARE YOU
CLOSED OR
OPEN TO
COMMUNICA
TION? (KNOW
YOURSELF)**

Are you too intense?

Are your arms crossed?
(indicating you are
uncomfortable)

Are you slouching?
(Boredom)

What are your facial
expressions and eyes
saying?

How is your eye contact?
(especially now with masks)

What is the tone of your
voice?

Are you invading others
space?

Are you distracted?

WHAT ABOUT TELEHEALTH?

Connection Issues

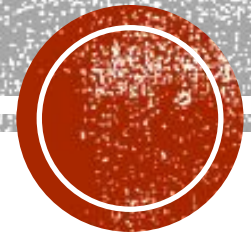
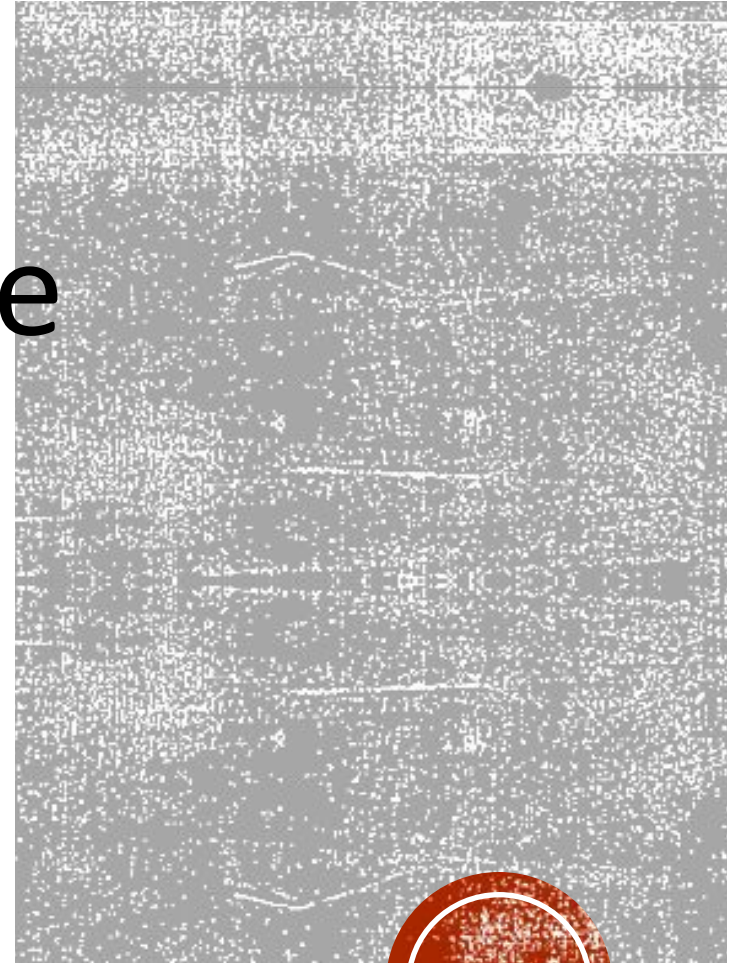
- Can't really evaluate body language
- May be distractions at home
- May not be comfortable talking to you or sharing problems in front of family members

Technical Issues

- Can't really show how to use pumps, glucose monitors, CGMs
- May not have computer
- May not know how to access links
- Internet connections
- Can't check weights/BF or patient's devices



Behavior Change



BEHAVIOR CHANGE STRATEGIES

Set	Set agenda together
Act	Act as collaborator, not expert (work as team)
Tailor	Tailor for person
Ask	Ask permission
Empower/support	Empower/support autonomy
Help	Help person set personal and realistic goals
Provide	Provide and/or help person get support



Always be respectful

Understand communication barriers

Embrace differences between people

Help patients see things from different angles
by providing information and tools they can use

Empower your patients

Assess their readiness to change at each step
of their visit

Patients have the right to say **NO**

**KNOW
YOUR ROLE**



THE MOST IMPORTANT THING TO RESULTS IS THE CONNECTION

- Lighten stress with a quick story, or humor, or by letting them talk.
- Even though time is limited if you give them a little time to talk about themselves it allows them to feel as though you care about who they are.
- Be aware of cultural or language or income differences between you and your patients.
- Don't talk in medical terminology try to talk in terms of something that aligns with what they can easily understand. (ex if a mechanic you can talk in terms of changing the oil in a car, or adding fluids and what can happen if you don't)
- Don't try scare tactics when a patient doesn't agree with you.
- Setting a connection, doing your assessment, addressing concerns, setting goals and then offering referrals to specialists and other programs leads to better compliance and results.

BEHAVIOR CHANGE STRATEGIES

S.M.A.R.T Goals

Specific – who, what, where, when, which, why

Measurable – how much, how many, who will you know when the goal is accomplished

Attainable – you have a chance of accomplishing

Realistic – based on your current situation

Timely – a starting and ending point



SMART GOALS

I want to lose weight.

Instead: I want to lose 10 pounds over the next 4 months.

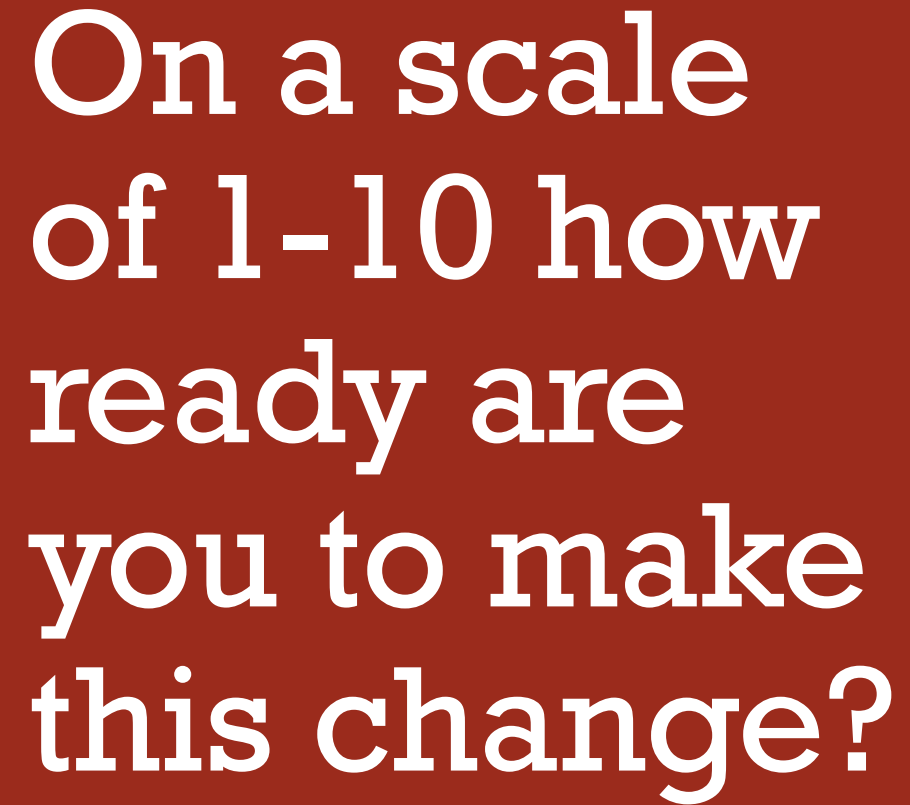
I want to improve my blood sugars.

Instead: I want to have a .5 reduction in my A1C over the next 3 months. I am willing to SMBG, exercise, lose weight and change my diet to achieve this

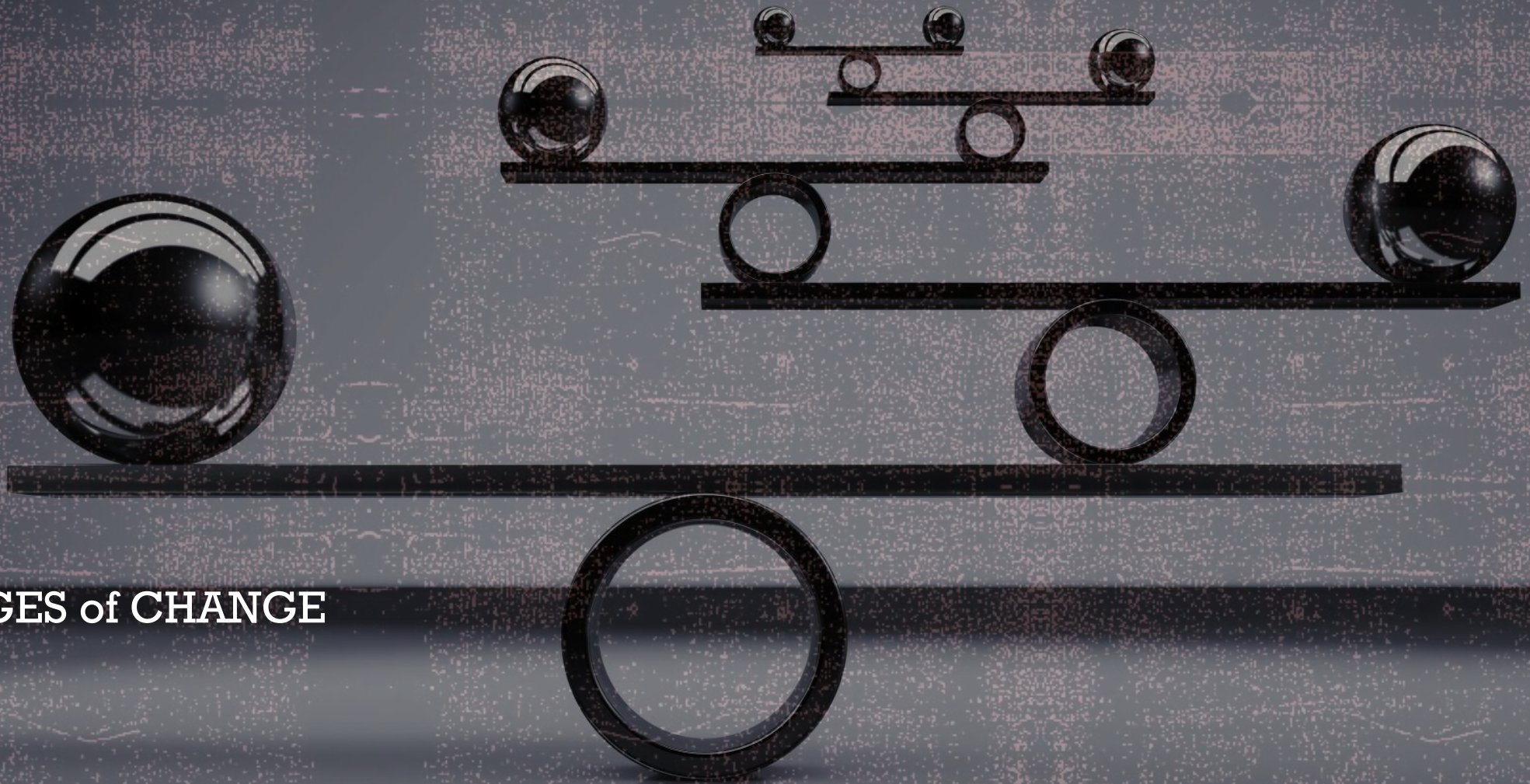




ACCESS
READINESS
TO CHANGE



On a scale
of 1-10 how
ready are
you to make
this change?



STAGES of CHANGE

STAGES OF CHANGE

Precontemplation

- Not intending to change

Contemplation

- Intending to change in the foreseeable future

Preparation

- Intending to change in the immediate future

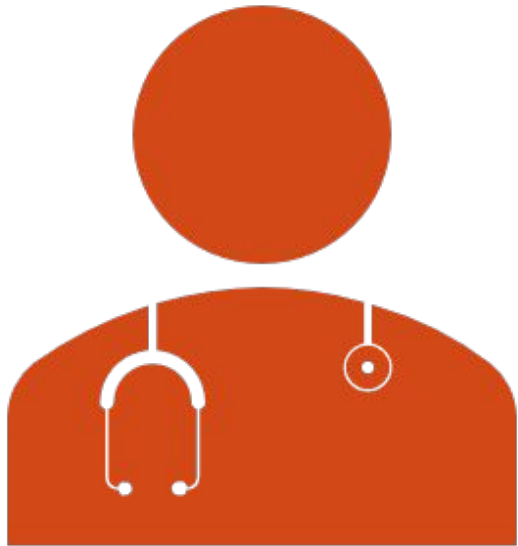
Action

- Recently changed

Maintenance

- Has maintained change for six months or longer





What happens when you have a patient with multiple diagnoses. Are they overwhelmed and unresponsive? How can you center them, establish goals and empower them? Do you have them time to address all their needs?



HELPING PEOPLE TO GET READY TO CHANGE

Use motivational
interviewing

Increase perceived
benefits

Build self-confidence

Utilize Listening
Techniques

See things from their
perspective

Help them to achieve their
goals

WE ALL HAVE TIMES WHEN WE WILL NEED SOMEONE TO HOLD OUR HAND

- Remember that.
Everyone needs a hand
when they learn a new
skill.



MEET FRED

64 YO man with morbid obesity 6' 450 #, AIC 11, past quad bypass, smoker, HTN, Hyperlipidemia, elevated Creatine and H/H recently dropping.

He comes to appointment and states if you are going to tell him he can't eat prime rib and donuts he is out of here. How do you proceed?



WHAT WOULD YOU TELL FRED?

- If you're not going to take this seriously, I can't help you.
- A list of complications that he is most probably going to experience.
- That given his goals you are going to have to give him more medications.
- I'm sorry I'm just part of the cleaning company.
- I'll see what I can do.

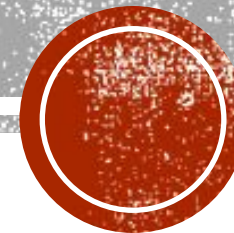
ALWAYS ASK

What brought you in today and what would you like us to work on today?

Never judge anyone.



Motivational Interviewing



MOTIVATIONAL INTERVIEWING

Ask Open-ended Questions

Don't say have you lost any weight, the answer could be NO.

Instead Say:

“Tell me a little about your weight loss history?”

- **NEVER ASK Yes or No questions**



MOTIVATIONAL INTERVIEWING

- Express Empathy

“I can see why difficult these changes can be for you.” or “I understand that you have not had success before with other therapies you have tried, lets work together to find a solution.” (a good place to share a story)



EMPATHY CASE

Patient expresses fear, anger and frustration over the possibility of using insulin. They want more pills even though you have identified and explained their inability to make adequate insulin.

Response: I understand your anger and frustration about adding insulin to your diabetes management plan. What can I do to help?



MOTIVATIONAL INTERVIEWING

- Develop Discrepancy

“I don’t care about my health, the only thing I care about is my grandchildren!”

“Do you realize that by not making these changes you may not be there for your grandchildren.”



MOTIVATIONAL INTERVIEWING

- Roll with Resistance

“What’s the sense of living without any FUN?”

“Let’s come up with a way to make some positive changes but give you room so you still can enjoy your food.”



MOTIVATIONAL INTERVIEWING

Elicit 'Change Talk'

- Ask Permission or questions to stir their curiosity.

“I have a tool that can assist with Weight loss, would you like to hear about it?”



MOTIVATIONAL INTERVIEWING

Elicit 'Change Talk'

- Support Self-efficacy

“Let’s start with small steps, something that you would feel comfortable with first.”



80/20 TALKING RULE

- 80% of the time the patient should talk
- 20% of the time HCP talks

This is for them to open up, unless the session is just about teaching a skill. How do your patient visits go?



Patients may lack a skill that is keeping them from making a change. They may feel they should know this and may be uncomfortable and embarrassed to ask for help. (common with healthcare workers)

Feed them ways to ask questions. EX: A lot of my patients have problems doing... what are some of the areas you find difficulty with?

Is there something about you that intimidates your patients? **KNOW WHO YOU ARE!**

SKILL EVALUATIO N



Utilize Tools to help
Assess your
patients



IMPORTANCE AND CONFIDENCE RULER

MI Importance Ruler

How important would you say it is for you to _____?

MI Confidence Ruler

How confident are you that you could _____?

Johnson n Johnson

ALWAYS REMEMBER

**In General Most People Do
the Same Things Over and
Over**

(Change is Never Easy)





- Be Sensitive and Flexible Imagine If Someone Told You That You Never Could Never do Something Again.....
- Ever!



EMOTIONS CAN GET IN THE WAY OF GOAL SETTING

- **Anger**
- **Boredom**
- **Depression**
- **Embarrassment**
- **Hurt Feelings**
- **Feeling Overwhelmed**
- **Feeling Upset**



Learning Styles

CONSIDER: GENERATIONAL ISSUES

Traditionalists: May want more time. Take things slow. Spell things out and give detailed instructions. No tech.

Baby Boomers: Limited Tech., prefer conversational approach. Fighting off old age. Give them options and work with them on a plan.

Generation X: Give me the facts. Tech. friendly. Not as much conversation wants information they can take and work with on their own.

Millennial and Generation Z, short attention span, instant communication, grew up with Tech.





CHILDREN LEARN DIFFERENTLY FROM ADULTS



LEARNING STYLES

- Children and those with Language differences may do better with pictures.
- Keep educational information at 5th grade level for all.
- Most of what people remember is remembered incorrectly, give them easy to use resources to take home.



COUNSELING SKILLS (FOR ADULTS)

Listen

- What They Want
- What Are Their Difficulties

Ask Open Ended Questions

- Allows Interaction
- Don't Should on Others

Empower Patients

- Builds Confidence
- Long Term Success



**ADULTS LEARN
& RETAIN**

Some of what they
READ
(about 10%)

More of what they
HEAR
(about 20%)

Most of what they
SEE
(about 30%)

Increases when
they **SEE and**
HEAR it
(about 50%)

Really sinks in if
they personally
explain or **SAY** it
(about 70%)

Most of what
they SAY and DO
(about 90%)



IMPORTANT CONSIDERATIONS

- Age
- Generational Differences
- Gender
- Income
- Employment
- Living Conditions
- Financial Issues
- Race/Ethnicity
- Culture/Norms
- Education
- Religion
- Marital Status
- Health
- Be Flexible



CASE

- Older patient needs to get a copy of their blood work and a referral.
- Doctors' office explains all blood work is now available on-line and they need to use portal.
- Patient spends hours trying to figure out how to open the document and then can't print it.
- Patient asks doctor to fax blood work and referral to specialist for them. Office staff explains they don't fax anymore, blood work and referral both available on-line. Multiple problems here.





WHAT WOULD YOU DO?

- Make an exception and print the materials for the patient?
- Stick to office policy?
- Take the time to teach the patient how to do it themselves?
- Apologize for the difficulty and offer help?
- Fax the materials for the patient?
- Hand them instructions on how to use the portal and give a brief description on how it works?

PROMOTE (YES ENVIRONMENT NTS)

- Start by using questions you know you will get Yes responses.
- Emphasize the positive whenever possible
- Make a BIG DEAL out of any positive response or change
- Talk about the good before you hit the bad when reviewing results
- Always re-enforce positive, consider this in training when staff makes follow-up calls



OVERVIEW



- Evaluate patients emotional state and avoid hot buttons
- Use motivational interviewing techniques to help foster better communication
- Be aware of difference between people and between generations



REGISTERED DIETITIANS CAN HELP:

- Encourages a healthful lifestyle
- Lower AIC, cholesterol and blood pressure
- Encourage patients to take medication as prescribed
- Leads to increased exercise
- Helps to improve nutritional intake
- Provides problem solving techniques
- Provides options for rural areas
- Provides options for different cultures
- Helps to resolve emotional obstacles
- Easy referrals
- Works complimentary with patient's physicians
- Minimum paperwork
- Saves healthcare costs
- Demonstrate use of devices
- Can reduce emergency room visits
- Can reduce complications
- Personalized
- Covered by most insurance plans

CASE

There is a patient you have been seeing for months and you have been trying to get them to eat better. Encouraging more fish, veggies, fruit, lower fat dairy no canned foods and no fast food. You have been unsuccessful, even though they say they like these foods. You just don't understand why they are not changing.

What are possible reasons for them not making these changes?

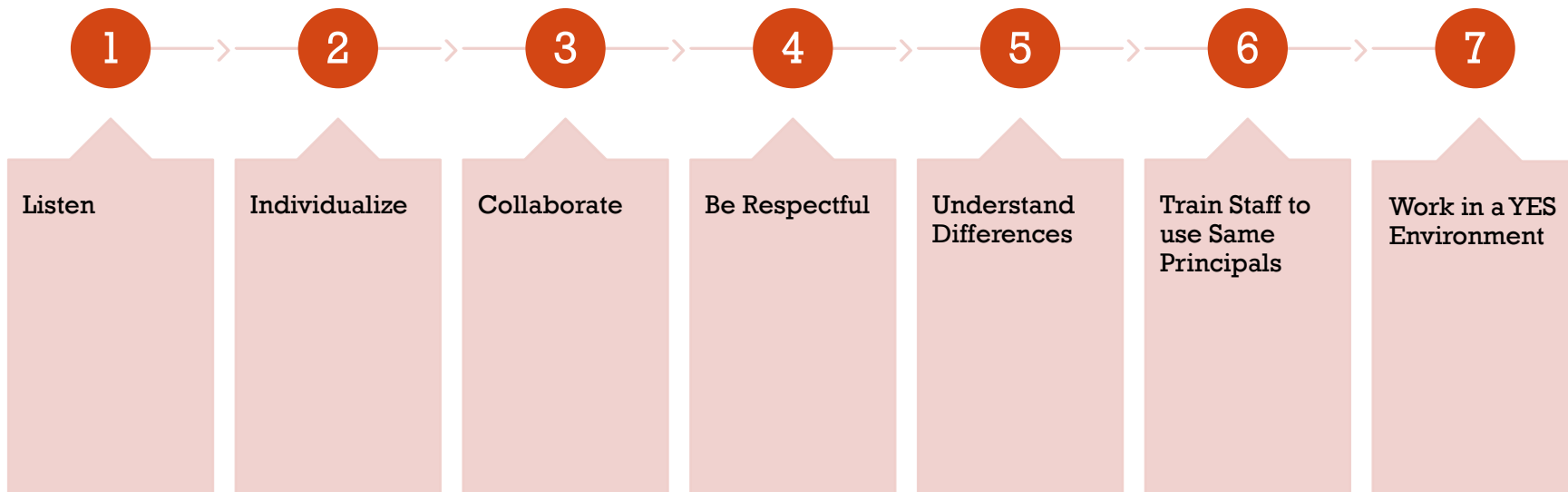


POSSIBLE REASONS

- They get most of their produce from the food pantry and it is always canned.
- They are ashamed to tell you they can't afford these foods
- They don't know how to prepare these foods
- Their family hates veggies and they don't want to prepare 2 meals
- They don't know how to cook fish. Or family hates the smell.
- They have little time with work, kids and sports after school and fast food is easier



WRAP-UP (SET YOUR ACTION PLAN)



- Use Smart Goals
- Use Motivational Counseling
- Practice makes Perfect
- You Can't Tell People What to do
- Access Readiness to Change
- Be Consistent





QUESTIONS



Marlisa Brown MS, RDN, CDE, CDN

Total Wellness, Inc

375 Commack Rd suite # 201

Deer Park, NY 11729

631-666-4297

Fax 631-666-5284

www.MarlisaSpeaks.com

www.TWellness.net

www.GlutenFreeEZ.com

IG MarlisaBrown8

MarlisaSpeaks@gmail.com

@MarlisaBrownRD

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