

Inspiring and Supporting Behavior Change

A Food, Nutrition, and Health
Professional's Counseling Guide

Second Edition



Cecilia Sauter, MS, RD, CDE, FADE

Ann Constance, MA, RD, CDE, FADE

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Foreword

Congratulations on choosing this book! I am so pleased to introduce you to the second edition of this wonderful resource, and I know that you will find it helpful in your practice and for your patients.

Chronic illnesses such as diabetes require considerable effort for patients, their families, and health care professionals. Patients and their families are often asked to adjust eating habits and choice of foods, lose weight, become more physically active, monitor health indicators such as blood pressure and blood glucose levels, take multiple medications, and perform other self-care activities throughout the day. In addition to lifestyle changes, patients need to cope with the emotional impact and distress of a chronic illness that can result in multiple complications and premature death. Self-management involves incorporating the many day-to-day decisions this entails while still managing all of the other priorities in their already complex and stressful lives. While technology, new medications, and other treatment methodologies offer hope for a healthier future, they often increase the demands on patients in terms of time, problem-solving, thought, and effort.

One of the realities of all chronic illnesses is that the patient is ultimately responsible for implementing the treatment plan. This responsibility is based on three characteristics: choices, control, and consequences. The

lifestyle and therapeutic choices patients make each day directly affect their outcomes. In addition, patients are in charge and control of their self-management choices and behaviors. We can provide information and create an effective plan, but it is completely up to the patient to decide if they will implement some or all of these recommendations or ignore or reject our advice. While frustrating for health professionals, self-management of chronic illnesses belongs to patients and their families because the positive and negative consequences of the daily decisions accrue first and foremost to them.

Self-management education and ongoing support is essential for behavior change. This education needs to include not only “what to do” but also “why it needs to occur,” such as the potential short- and long-term consequences. However, because of the number and complexity of lifestyle changes, most adults need additional information and ongoing support to make and sustain the behaviors required for a lifetime of self-management. We need to not only educate patients about the “what and why” of behavior change but also teach *how* to make those changes, how to maintain them for a lifetime of chronic illness, and, most importantly, how to effectively cope with the emotional demands and distress of their illness.

As in the first edition of this book, Ann and Cecilia have created a comprehensive resource and guide. It provides current, evidence-based information about how to help patients who are working to make lifestyle changes and how various approaches and strategies can be used in different situations. Major changes in this edition include additional information about effective strategies

such as empowerment-based education and goal setting and motivational interviewing. The findings of the groundbreaking international DAWN2 about the psychosocial impact and burden of diabetes and diabetes-related distress on patients and families are included, as are additional strategies for ongoing support, the best use of technology, and peer supporters. In addition, a new chapter includes meditation and other strategies for coping with the competing demands and stress of daily life.

In short, this book gives you the tools you need to be an effective registered dietitian as you work with patients who have diabetes or another chronic condition. With your help through the strategies delineated in this book, they make informed choices, take control, and achieve improved outcomes as a consequence of their efforts.

Martha M. Funnell, MS, RN, CDE, FADE
Associate Research Scientist
Department of Learning Health Sciences
University of Michigan Medical School
Ann Arbor, MI



Chapter 5: Moving Your Patients Toward Change: Motivational Interviewing

In Chapter 4, we reviewed the stages of change model and offered some suggestions for identifying how ready a person is to make a specific behavior change. This chapter focuses on another common technique used by practitioners: motivational interviewing (MI). This approach is based on a patient experiencing ambivalence and the health care provider helping the patient overcome this ambivalence and move toward change. Please note that to effectively use MI, training with ongoing coaching is recommended.¹

The Origins of Motivational Interviewing

The clinical psychologist William R. Miller first described MI in 1983, and at that time the technique was mainly used to treat people who had a problem with alcohol.² He described motivation as being an interpersonal process that focuses on individual responsibility and internal desire to change. Later, Miller and Rollnick provided three different definitions for motivational interviewing: the definition used for the layperson, the definition used by the practitioner, and a technical definition. All three definitions include that MI is a person-centered, collaborative counseling style for strengthening the person's motivation

and commitment to change by addressing the common problem of ambivalence to change.^{3,4} MI strategies focus on guiding patients toward change but not on telling them what to do or attempting to “motivate” them. The practitioner is supportive of the choices the patients make, instead of telling them what is wrong with their choices, and practitioners also appeal to the internal motivation that all of us naturally have.⁵

Efficacy of Motivational Interviewing

The Academy of Nutrition and Dietetics Evidence Analysis Library examined four nutrition intervention studies that used RDNs trained in motivational interviewing. In all four studies, patients in the groups where MI was used achieved significantly better outcomes than the patients in groups where this strategy was not used. The improved outcomes included weight loss, better blood glucose control in people with diabetes, less consumption of fat, and adoption of low-fat methods to cook vegetables.⁶⁻⁹ A literature review by Cummings and colleagues showed that MI is particularly useful with older adults.¹⁰ According to the review, MI had a number of benefits for older adults with a variety of health issues, including becoming more physically active, improving their diets, lowering cholesterol and blood pressure, and improving blood glucose control. Based on these studies, the bottom line is that when MI is used with the appropriate patients by well-trained professionals who are skilled in MI, it works!

MI can help people overcome barriers to and build a personal case for change. Although motivational interviewing was initially used for treating addiction, it also can be used in the management of diseases that are directly or indirectly affected by the behavior of the person.

Basic Principles of Motivational Interviewing

Overview

MI involves several steps, along with the development of specific skills. It is a patient-centered method, in which the RDN or other counselor functions more as a guide than as a teacher. The purpose is to focus on one behavior, which is selected from a menu of choices generated by the patient, at a time.¹¹ When you use this technique, you ask strategic questions and then listen carefully to the patient's responses. This helps you determine whether the patient is willing to and interested in making a particular lifestyle change. One of the important premises of MI is this: *“If the change is important to the patient and the patient has the confidence to achieve the change, the patient will feel more ready to try to change and may be more successful at changing that particular behavior.”*³ If a person is not yet ready to make changes, “pushing” for a change can be counterproductive. Trying to make a patient institute a change before he or she is ready is like trying to get a 2-year-old to swallow a medication that tastes bad—the harder you try, the more the child resists. Most of us have some of that willful child in us; someone telling us what we should do can make us dig in our heels and do just the opposite. See Box 5.1 (page 74).

In the past, MI training focused mostly on the technique, in the *how* to do it, but was missing what the health care provider needs to be aware of when working with a patient. Miller and Rollnick defined these guiding principles as the *spirit of MI*. It is the mind-set and the heart-set that the health care provider needs to have in place for MI really to work.³

Box 5.1: The guiding principles of motivational interviewing

Guiding principle	Definition
Partnership	Building a partnership with the patient
Acceptance	Acceptance of where the patient is right now and what he or she is working on
Compassion	Compassion for who the patient is and what he or she is going through
Evocation	Bringing out the internal drive that is in the patient to change

As you work with MI, you first want to make sure that your patient is engaged in the conversation; otherwise, you are not going to get very far. The conversation needs to have a clear focus of what the patient wants to change. Once that is identified, you are able to evoke or elicit the patient’s motivation to change. The patient first must decide whether he or she wants to change before he or she can decide how to change. These are the four key processes for MI to actually work:

- engaging—establishing a working relationship,
- focusing—developing and maintaining a specific direction of the conversation,
- evoking—eliciting the patient’s motivations for change, and
- planning—developing both a commitment to change and a concrete plan.³

As we shall explore in the pages to follow, motivational interviewing helps patients identify ambivalence, which is a necessary first step toward moving them into action and changing behavior. Ambivalence can be defined as having mixed or contradictory ideas about something. Empathy is a key part of this collaborative approach; you will want to exhibit a willingness to understand the thoughts and feelings of your patients in order to help guide them through what is holding them back from or getting in the way of a self-selected change.

To most effectively help patients identify ambivalence, you will need to be comfortable with the four core communication skills used throughout MI, which are known as OARS: asking open-ended questions, affirming, reflecting, and summarizing. These communication techniques provide patients with a safe and accepting environment that helps them express their personal thoughts, feelings, and experiences. It’s important to always remember that the patient determines the pace and the direction of the counseling session. Throughout the process, patients decide whether they want to make a change and what they want to change, and then they set their own goals. You are an adviser, asking questions to help the person identify an area of concern and develop a plan that he or she wants to accomplish and is confident about. You may

also offer suggestions, after first asking the patient if he or she is open to hearing your ideas. The most important things to remember are to listen more, advise less, and ask open-ended questions.^{2,3,11}

Ambivalence

Addressing ambivalence is the cornerstone of motivational interviewing. Most people who are interested in making a change have some feelings of ambivalence about making the change happen. Typically, if patients are experiencing feelings of ambivalence, they are a step closer to changing. They are actually thinking about making a change, but they are not sure if the energy that they have to invest is worth it. They are on the right track toward making a change, but on the other hand, patients who are ambivalent may never change because they cannot find enough reasons to change—they can get stuck.

Ambivalence is simultaneously wanting and not wanting something.³ A person who experiences ambivalence will often perceive advantages and disadvantages in both maintaining a current behavior and changing to a new behavior. When you are working on ambivalence with a patient, you may want to use the technique we discussed in the “Contemplation” section of Jane’s story in Chapter 4—ask the patient to consider the negative and positive consequences of *not* changing as well as the negative and positive consequences of making the change. This way, the patient has a chance of seeing the pros and cons of making or not making a change. With the patient, you can also spend some time looking at perceived barriers to

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