The menu

• Therapeutic Patient Education
• Empowerment
• Resilience
• Motivational interviewing
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
Attitudes for a good relationship

- Congruence (Feeling-Expression)
- Open-mindedness
- Acceptance (unconditioned)
- Empathy
- Readiness to let grow

Carl Rogers 1958
Patient education is a Tango

Listen to the inner music of the patient

Respect the rythme of the patient

Follow and guide the patient
Powerlessness and empowerment

« Being differently the same »
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 2nd level

Live a new life, in a new setting, with new ressources

Being able to acknowledge and accept that there are things that are beyond control
Because of the unavoidable changes induced by the illness

Vital necessity to have a feeling of consistency and continuity

To have a reconciled identity

Bensaïd
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 ...
Therapeutic patient Education

Enables the patient to grow up

Being differently the same
Would you like to change your behaviour?

• What would you like to change now?
• What don’t you want to change?
• What are you able to change?
• What are you unable to change?
Stages of behavioural change

Precontemplation
- Explore representations

Contemplation
- Discuss the ambivalence
- Search for obstacles
- Use the mistakes

Preparation
- Negotiate objectives

Action
- Search for obstacles
- Reinforce benefits

Maintenance
- Reinforce benefits

Relapse
- Use the mistakes

Prochaska JO, Di Clemente, Prog Behav Modif 1992 28:183-218
Listen to the patient’s conceptions to make them change

Patient’s conceptions

New knowledge from Health Care Providers

Interaction

Build

Change

Modify

Rebuild

New knowledge and conceptions for patients

Giordan 1998
Having an illness or being ill

Doctor

Using the verb « To be » enables to tell the truth later, to minimise the diagnostic

Patient

« To have » an illness spares the « being » and allows to be different
Avoids to be stigmatised
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
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
The ambivalence of the patient

- What level of importance do you give ... ?

- What is your level of confidence ... ?

- What is your level of conviction at the beginning? Quel degré de certitude avez-vous pour commencer?
Objective SMART

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 »
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
Evoking Change Talk

Preparatory Change Talk

(Pre-)Contemplation

Mobilizing Change Talk

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
Action
Maintenance
Avoid relapse
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
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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