Check-in: (5 min):
Ask questions like: “What’s happening in your lives?”, “What do we have to do to clear the air so we can begin the session?”, “Do you have any major stressors?”

Self-assessment:
Ask residents to mark pre-session conviction and confidence scales. (handout)

Session Goal Setting:
Inform your group members of the following goals:
- List and describe components of the 5 A’s model for helping patients change behavior; including behavior related to adherence to diagnostic and treatment recommendations.
- List and describe the 5 “Stages of Change”.
- Assess patients’ readiness to change and their conviction and confidence about change.
- Demonstrate ability to explore and appreciate patients’ attitudes, values and feelings about behaviors and changes.
- Respond constructively when patients voice resistance to changing a behavior.
- Tailor your advice and assistance about adherence and other behavior changes according to patients’ readiness, conviction and confidence.

Personalized Goal Setting:
Ask what specific skills from the Behavior Checklist each resident wants to improve for him/herself. (Write these on the board or easel.)

Engaging Learner Interest/Discussion: (10-15 min)
- Inquire about residents’ prior experience: Ask residents to mark pre-session conviction and confidence scales. Residents’ experience: Ask residents about experiences with patients surrounding adherence with recommendations and motivation for behavior change: “What were some of the difficulties?”; “What successes have they had?” (Bring in their answers to the online Module16 Discussion Q’s.)
- Module review: Ask what they found most useful in the module, either about the conceptual framework or the specific communication skills presented.
- Personal experience: If there is time and you have a vivid example from your clinical experience, share that story: what skills you employed (or failed to use) in an encounter with someone where you addressed adherence and behavior change and what you learned from your experience.

Personal Reflection: (A useful exercise, if you have time)
A useful exercise, if you have time: Ask residents to jot down answers to these questions. If you have a large group, they can discuss their answers in groups of 2-3 for 15 minutes and then share their contributions and insights with the larger group. Otherwise, you can conduct a group discussion. Nearly everyone has attempted a change in personal behavior and those personal experiences can inform the doctor-patient encounter:
- What behaviors of my own have I attempted to change?
○ What was easy about making the change?
○ What was difficult about making the change?
○ What helped me be successful?
○ If I relapsed, how did I feel about it?
Skills Development: (25 min)
Show M 24, Precontemplation Video. Cue up at “respect choice” and watch to 4:30, after “ask permission”. While watching the video and using the BCL, each learner should identify at least five skills demonstrated by the clinician in the video.
  o Debrief Video Exercise: Ask the learners: “What skills were demonstrated that would be easy for learners to adopt?”; “Which skills would be more difficult?”
  o Role Play: Ask residents to pair up (or do role play in front of the group). One resident will play a patient and the other the doctor. The resident playing the patient role may choose to play themselves attempting a personal behavior change or pick another scenario such as adhering to medication, weight loss or exercise.
  o Debrief (5 min): Allow 5 minutes at the end of this segment to have a general discussion about what worked, what were the barriers, etc. Another approach to role play is to play the patient yourself and ask a resident to be the doctor in the scenario above. The resident can ask for time outs, if necessary, and ask colleagues for help. You might interrupt the role play at the two minute mark to tell the resident how you are feeling as the patient and to suggest fruitful next steps.
  o Alternatively, use one or more of the role play scenarios (attached).

Conclusion/Next Steps: (5 min)
Ask residents to complete the handout items, provide assignment for next session and collect handouts. The handout items are:
  o Conviction and confidence post-session scales
  o A skill they plan to practice in the coming week in their clinical work
  o What else they learned in the session today
  o What you might do to improve a future session (feedback)

Next Session Assignment:
Complete the MCQs and respond
BEHAVIOR CHECKLIST

Prepare:
- Guide dialog to behavior change issue (lifestyle factor, treatment adherence).
- Summarize relevant prior discussion (or available facts).
- Review or state association between behavior issue and health risks.
- (Tell) Specify intention and interest in discussing behavior change that would benefit patient.
- (Ask) Assess patient’s willingness to discuss this behavior.
- Negotiate agreement to discuss behavior.

Assess:
- (Ask) Seek to understand patient’s feelings, knowledge, beliefs and readiness regarding changing behavior.
- (Ask) Show curiosity and interest about patient and his/her context.
- (Tell) Reflect understanding of patient’s perspective.
- (Tell) State respect for patient’s autonomy/choice.
- (Readiness) (Ask) quantify (1-10 scale) patient’s conviction (interest) in changing behavior.
- (Readiness) (Ask) quantify (1-10 scale) patient’s confidence about changing behavior.

Advise:
- (Ask) Ask permission to provide advice or information.
- (Tell) Give specific advice (or endorse specific patient’s intention) to change.
- Give advice (or endorsement) in personalized, contextualized fashion.
- Respond with reflection and empathy when patient shows anger, frustration, irritation, defensiveness, ambivalence or embarrassment.
- Respond with praise or appreciation when patient shows enthusiasm, interest or determination.

Agree:
- (Ask) Elicit and clarify patient’s goals.
- (Tell) Share clinical goals.
- Demonstrate a collaborative stance by using partnership skills.
- Offer options that are appropriate to readiness, conviction and confidence.
- Negotiate and compromise until you can agree on simple and realistic goals for change.
**Assist:**
Modify and calibrate use of skills and strategies for different situations (Stages of Change), as follows:

- **(Pre-contemplation)** For the patient who shows no interest in change:
  - Raise awareness through empathy.
  - *(Ask)* Use the conviction ruler to explore and elicit interest in change.
  - *(Tell)* Recommend informative handouts.
  - *(Tell)* Suggest role models, suggest support group or habit diary.

- **(Contemplation)** For the patient who shows ambivalence about change:
  - Underscore patient’s motivation through empathy.
  - When patient expresses resistance, reflect content back to him/her.
  - Affirm patient’s autonomy and choice.
  - *(Ask)* Use the conviction ruler to explore and elicit interest in change.
  - *(Ask)* Review patient’s understandings of the pros and cons of changing the behavior.
  - *(Tell)* Add or clarify information, as needed.
  - **(Determination)** For the patient who is ready for action:
    - *(Ask)* Elicit patient’s options/ideas/strategies to enhance success.
    - *(Tell)* Suggest additional options.
    - Problem-solve to address and reduce barriers.

- **(Maintenance)** For the patient who is already making significant change:
  - Invigorate the action plan by celebrating success and affirming desired behaviors.
  - *(Ask)* Get details about lapses.
  - Problem-solve methods to resist temptation.

- **(Relapse)** For the patient who has resumed unhealthy behavior:
  - Re-invigorate the plans by showing empathy for the relapse/guilt.
  - Identify and celebrate successes prior to lapse or relapse.
  - Look for lessons in details of relapse situation.
  - Problem-solve methods to resist temptation.
  - Make statements affirming patient’s autonomy and choice.
  - Encourage trying again.

**Arrange:**

- Seek patient’s verbal agreement on details of action plan
- Arrange follow-up visit and arrange for referrals.
ROLE PLAY SCENARIO - HTN

Patient: You are 55 years old and healthy with hypertension for many years. For years, doctors have prescribed BP meds but rarely have you taken them regularly. They always make you feel bad, plus they’re expensive. Besides, you need to feel in control; not controlled by medications. Instead, you work on your stress management and successfully maintain a daily regimen of aerobic exercise. But your BP remains high. You know that meds will lower your BP but you continue searching for non-medication treatments; recently exploring acupuncture and chiropractic; particularly since you feel great and that’s really why you usually resist suggestions to take medications.

You know that long-term high BP risks heart and kidney problems and you sure want to avoid that. If evidence of a problem ever developed, you would be really worried, perhaps causing you to rethink your priorities. That’s why you keep searching for something that works.

Clinician: You have been working with this 55 year old hypertensive patient for years. Although he has focused on nonpharmacologic treatment, including daily exercise, his BP remains well above target. He’s been prescribed medications, which he can afford, but he has never been compliant with them. A recent ECG reveals left ventricular hypertrophy, a new finding documenting end-organ (heart) damage from longstanding uncontrolled hypertension. Unless the BP becomes controlled soon, you fear the development of additional heart (MI/CHF), kidney (failure) or CNS (TIA/stroke) damage.

You plan to discuss medication compliance. Try using the 5 A’s:

- **Assess**: determine “Stage of Change”; apply confidence/conviction scale.
- **Advise**: help him focus on medications as the most reliable therapy to prevent future health damage.
- **Agree**: on goals.
- **Assist**: adapt your interventions to pts stage of change and level of conviction/confidence.
- **Arrange**: seek commitment to an action plan.

Remember to try “rolling with resistance” when it occurs.
ROLE PLAY SCENARIO - EXERCISE

**Patient:** You are 36 years old, healthy, 5’4” and weigh about 230#, noticing weight gain of about 10# each year for many years. Over the past year or two, you have noticed diminishing energy and easy fatigability. You are pretty sedentary and have a desk job. You come from a family of heavy people, and all seem healthy. You have never tried exercise and can't imagine finding the time or having the energy. Physical exertion just doesn't seem to fit your self-image. Anyway, overweight is normal, at least in your family, and it’s not on your list of possibilities for causing your current problems.

Your doctor has just completed a complete exam and extensive lab tests. You are expecting a medical explanation for your problems and hopefully an easy fix with a medication. You will be very surprised if the doctor recommends something other than a medicine, since you think that medicine is the only likely treatment to help.

**Clinician:** Your patient is 36 years old, healthy, 5’4” and weighs about 230#. The patient has gained 10# each year for many years. The patient is sedentary with a family history of obesity. The main problem is diminished exercise tolerance and easy fatigability.

Other than obesity, the patient’s comprehensive exam is normal and lab including: thyroid, blood counts and function of heart and lungs are normal. You have concluded, with certainty, that the patient’s problems are due to de-conditioning and obesity, which you have just explained to the patient. The best therapy is beginning daily exercise, such as walking, biking, swimming, aerobic dancing—many options.

- **Assess:** determine “Stage of Change”; apply confidence/conviction scale.
- **Advise:** help patient focus on exercise as the most reliable therapy to improve exercise tolerance and raise energy as well as promote weight loss and overall health (i.e., prevent HTN, DM).
- **Agree:** on goals.
- **Assist:** adapt your interventions to patient’s “Stage of Change” and level of conviction/confidence
- **Arrange:** seek commitment to an action plan.
- Remember to try “rolling with resistance” when it occurs.

**Next Session Assignment:**
Read DocCom Module 13: Responding to Strong Emotions.
Complete the MCQs and respond to one of the questions in Discussion Question 2.
Rationale:
Patient education and counseling is a core function of all medical encounters and an essential component of quality medical care. Moreover, clinician use of effective communication and counseling skills promotes patients' adherence to treatment and facilitates changes in patients' risky health behaviors, including smoking, problematic substance use or unsafe sexual practices. Clinician health behavior counseling rates fall well below the targets recommended in Healthy People 2010, the US Health and Human Services’ blueprint for preventive and behavioral health objectives for the nation. Barriers to the adoption and implementation of effective interventions include: time pressure, lack of training, limited patient' and provider’ resources and inadequate organizational elements to ‘support and sustain clinician’ efforts. Many clinicians are skeptical about spending valuable time on patient’ education and counseling, while others feel frustrated, inadequately prepared or lack confidence in counseling skills.

Despite these barriers, good evidence from multiple studies indicates that clinicians who participate in specific training interventions do a better job of patient-centered health behavior counseling. Moreover, interventions that combine clinician’ training with supportive prompts or other reinforcement through organizational interventions produce significant changes in patients’ health risk behaviors.

Learning Goals:
At the completion of this session you will be able to:
- List and describe components of the 5 A’s model for helping patients change behavior, including behavior related to adherence to diagnostic and treatment recommendations.
- List and describe the 5 “Stages of Change”.
- Assess patients’ readiness to change and their conviction and confidence about change.
- Demonstrate ability to explore and appreciate patients’ attitudes, values and feelings about behaviors and changes.
- Respond constructively when patients voice resistance to changing a behavior.
- Tailor your advice and assistance about adherence and other behavior changes according to patients’ readiness, conviction and confidence.

Key Principles:
- You will encounter many patients who are not willing or are unable to adhere to treatment recommendations or change an important health behavior. You can help by using skills and systems of proven effectiveness, such as the 5 A’s (Assess, Advise, Agree, Assist, Arrange).
- Important skills not emphasized in “Essential Elements Modules” include the following:
  - Ability to assess “Stage of Change” and conviction and confidence about changing.
  - Expression of respect for patients’ autonomy in making choice.
  - Eliciting the pros and cons of behavior change from patients.
  - Listening respectfully to patients’ statements of resistance (or commitment) to change and reflecting them back to patients.
  - Collaborating and reaching agreement on goals that match patients’ “Stage of
Change”, conviction and confidence.

- Steadfastly avoiding attempting to persuade patients with low conviction and avoiding trying to direct or prescribe action plans if conviction or confidence is low.

- You will be most efficient and effective at helping patients change and adhere to treatment recommendations if you adjust your use of skills named in the 5 A’s model to match patients’ readiness for change and their conviction and confidence about change.
Pre-session: Conviction and Confidence:

How **convinced** are you that promoting adherence and behavior change is an essential clinician competency?
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can competently promote adherence and behavior change with patients?
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10
Post-session: Conviction and Confidence:

How **convinced** are you that promoting adherence and behavior change is an essential clinician competency?  
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can competently promote adherence and behavior change with patients?  
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

What are two or three main points that you learned in the session today?

What skill do you plan to practice in your clinical work in the coming week?