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3 Minute Empowerment

Improve Efficiency
Support Behavioural Change
The Conviction/Confidence Model and the strategy for tailoring counseling based on 4 quadrants (i.e., Frustrated, Cynical, Skeptical, Moving) was originally developed by the Institute for Healthcare Communication for the *Choices and Changes: Clinician Influence and Patient Action* workshop.

More information about the IHC and the Choices and Changes workshop may be found at www.healthcarecomm.org.
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</thead>
<tbody>
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When you meet a patient...

- Central obesity
- Hypertension
- Sedentary
- Non adherent to pharmacological treatment

How do you feel?
Wasting my time...

Chasing my tail...

Frustrated...

Cynical...
Would you like to...

Feel empowered to support change in your practice?

Improve your efficiency and effectiveness in this area of practice?
1. Introducing a **practical clinical tool** facilitating the mentorship of patients in modifying behaviours

2. Structuring the clinical tool in an intervention platform that would be **universally applicable** to **any** behaviour change and may be used by **any** healthcare professional who is part of the healthcare team

3. Formatting the clinical tool to fit in a (realistic) short **3-minute intervention**
Assessment

Stages of Change

(Prochaska)
What do you think about... 
...quitting smoking?
...increasing your level of physical activity?
What do you think about increasing your level of physical activity?

“I need to find a way to exercise, even on cold days! Do you think a stationary bike or a treadmill would be better?”

At what stage is this patient?
What do you think about quitting smoking?

“I am always alone; all my children live far away. Smoking is all I have left!”

At what stage is this patient?
"I’ve lost 3 pounds in 2 months! On bad weather days, I go walking at the shopping mall."

At what stage is this patient?
“I should quit smoking, but if I quit, I gain weight. I’m replacing 1 problem with another!”

At what stage is this patient?
Assessment
Intervention Target

- Measure the Stage
  - Set the **goal** of the intervention

- Determine Conviction & Confidence
  - Set the **target** for intervention


**Intervention Target**

**Conviction:**
Patient’s recognition of the benefits of changing a behaviour

**Confidence:**
Sense of the patient’s ability to modify a behaviour

Conviction

HIGH: Personal advantages with high emotional content
- “If I lost weight, I could do more with my grandchildren!”

LOW: No advantages or advantages without affective content
- “Maybe my health would be better”
- “Maybe my sugar levels would be lower”

“If you decided to… how would that benefit you?”

"If you really decided to... do you think you could?"

**LOW: Powerless feeling**
“If I stop smoking, I gain weight. So, I start smoking again!”

**HIGH: Unwavering confidence**
“No problem, I will find time to exercise”

Intervention Target
Conviction – Confidence Model

Integration of Both Models

PREPARATION \hspace{1cm} ACTION \hspace{1cm} MAINTENANCE

CONVICTION

CONTEMPLATION

PRE-CONTEMPLATION

CONFIDENCE

Intervention Target
Conviction – Confidence Model

49-year-old female who has been a patient of yours for many years
Diagnosed with osteoarthritis in the knee a few years ago
She knows she is overweight and has tried dieting; she does not exercise at all
Medical diagnostic history:

- Osteoarthritis was well controlled with acetaminophen and occasionally over-the-counter ibuprofen, but the pain recently worsened and she went to see the doctor
- Presents with a prescription adding a non-steroidal anti-inflammatory drug to her treatment
Medical diagnostic history (continued):

- She feels overwhelmed with this new medication and asks if this is ever going to be under control.
- She asks if there are any pills to help her lose weight.
- When you ask her if she has discussed this issue with her doctor, she says she has tried losing weight with a diet and that her doctor mentioned she should exercise a little bit more.
Medication:
- Levothyroxine 0.1 mg QD
- Acetaminophen 1000 mg QID PRN

Lifestyle information:
- Obese, BMI 30
- Non smoker
- Doesn’t exercise at all
- Drinks 2 cups of coffee in the morning and alcohol on occasion
What **question** could you ask to determine **stage**?

- “Ms. Tudor, what do you think about increasing your level of physical activity?”

Ms. Tudor’s response:

- “Well, I don’t know. I understand exercising would be a good thing to do, but I’m not sure it would really change things for me.”

**Stage**: Contemplation
What **question** could you ask to determine **conviction**?

- “If you decided to be more physically active, how do you think it would benefit you?”

**Ms. Tudor’s response:**

- “I would feel better and lose a few pounds.”

**Conviction:** **Moderate**
What question could you ask to determine confidence?

- “If you decided to exercise, do you think you could do it regularly?”

Ms. Tudor’s response:

- “When I make a decision, I stick to it. I’m a very disciplined person. I also have a pretty regular schedule; it wouldn’t be too complicated to make some time to exercise a little bit more. This medication should take care of my pain, so I have no doubt I could be more active when I decide for myself to do so.”

Confidence: High
Intervention Target
Conviction – Confidence Model

Your assessment conclusion?

Mr. Rogers

- An active 62-year-old taxi driver
- Arranged his schedule to have weekly after-school time with his grandchildren
- He has tried to quit smoking a few times in the past
- When getting a refill for his other medications, he asks the pharmacist questions about a new treatment for smoking cessation
Mr. Rogers

Medical diagnostic history:
- Used the patch for 6 weeks during his last quit attempt, but stopped because he thought he had truly quit
- As a result, he started to smoke again when out with the guys for a beer

Medication:
- Hydrochlorothiazide 12.5 mg QD
- Amlodipine 5 mg QD
- Fluticasone 250 µg/dose 2 puffs BID
- Salbutamol 200 µg/dose 2 puffs PRN

Lifestyle information:
- Smoker, 1 pack a day since age 14
- Doesn’t exercise much
- Drinks 1 cup of coffee every day and alcohol on occasion
Stage Evaluation (Intervention Goal)

What question could you ask to determine stage?
- “Before answering your question, I’d like to know, Mr. Rogers, what do you think about quitting smoking?”

Mr. Rogers’ response:
- “I just have to do this. I am fed-up with smoking and I want to take control of my life. That’s why I want to know about this new medication to see if it can help me get rid of tobacco.”

Stage: Preparation
What question could you ask to determine conviction?
- “What benefits do you expect from quitting smoking?”

Mr. Rogers’ response:
- “My breathing would be much better. I just can’t play with my son’s kids when I take them home after school on Wednesdays. If I wasn’t so short of breath, it would be much more fun for everyone.”

Conviction: High
What **question** could you ask to determine confidence?
- “Do you think you could quit smoking for good?”

Mr. Rogers’ response:
- “I’ve tried so many times now; I’m not sure I’ll ever be able to quit.”

Confidence: **Low**
Intervention Target
Conviction – Confidence Model

Your assessment conclusion?

Intervention:

Motivational Interviewing
One perceives a directive mode of communication when a patient says:

“Yes, but...”

In the “Yes, but...” syndrome the patient convinces himself/herself of the opposite
Provoke perception of their benefits (conviction)

Followed by solutions for their barriers (confidence)

with

Open-ended questions

Open-ended questions will avoid the “Yes, but…” syndrome
Intervention to Increase

Conviction
Conviction

1. Provoke EXPRESSION of THEIR PERSONAL BENEFITS:
   - “If you decide to... HOW would that benefit you?”
   Reformulate – Reinforce – Refocus on the personal and emotional benefits of this change

2. Give precise information on benefits of changing the behaviour
   (Background with empathy)
Ms. Tudor:

- **Stage: Contemplation**
  - “I understand exercising would be a good thing to do, but I’m not sure it would really change things for me.”

- **Conviction: Moderate**
  - “I would feel better and lose a few pounds.”

- **Confidence: High**
  - “I have no doubt I could be more active when I decide for myself to do so.”
Ph: “You mentioned that exercising should help you lose a few pounds. How would that benefit you?”

Ms. Tudor: “Well, I guess being lighter might not be a bad thing for my knees.”

Ph: “And what would that mean?”

Ms. Tudor: “I’d probably have less pain, need less medication, have more energy and be able to be more active.”

Ph: “What would you enjoy about being more active?”
Ms. Tudor: "My life would be so different. I’d like to have all the energy I need to finish my days at work. I love my career, but some days I can’t do all I have planned. This is bad for my personal life and my career."

Ph: "So, you would like to be more active to enjoy activities outside of work and also to increase your energy at work. These seem to be good reasons to exercise and lose those few pounds."

Ms. Tudor: "They sure are. Life is much more exciting when you have enough energy to be able to accomplish all you want."
Ph: “So, do you have an idea about how to start increasing your level of physical activity?”

Ms. Tudor: “I have friends that go out for a walk at lunch time almost every day. I could join them.”

Ph: “This sounds good to me. Do you think you could do that and we can see how you are doing when you come back for your refill next month?”

Ms. Tudor: “Great. I’ll call my friend Maria as soon as I get home. She’s the one who walks with that small group. I’ll let you know how it goes!”
There are different ways of concluding an interview to increase patient conviction:

- Offer the patient information (oral information or literature)
- Raise questions that give the patient food for thought (for example, “For our next meeting, can you consider the benefits to you of quitting smoking?”)
- Ask the patient to imagine himself or herself in 1, 5 or 10 years, and to compare the following:
  - His or her current behaviour
  - His or her desired behaviour
Intervention: Help patients become empowered to increase Confidence

Starts once the patient has a high level of conviction
(Preparation Stage)
Intervention to Increase

Confidence

Proposed sequence of questions

1. “If you really decide to... do you think you could do it?”

2. “What would prevent you from...? ”
   Barriers

3. “How do you think you can..?”
   Strategies

Build on prior success
Mr. Rogers:

- **Stage: Preparation**
  - “I just have to do this. I am fed-up with smoking. I want to take control of my life.”

- **Conviction: High**
  - “My breathing would be much better. I just can’t play with my son’s kids when I take them home after school on Wednesdays. If I wasn’t so short of breath, it would be much more fun for everyone.”

- **Confidence: Low**
  - “I’ve tried so many times now; I’m not sure I’ll ever be able to quit.”
Identifying Solutions to Barriers

Ph: “You seem to feel helpless when you think about quitting smoking for good. What would prevent you from doing it?”

Mr. Rogers: “Like I said earlier, I really feel there is nothing I can do to fight the cravings I feel from time to time. Last time, I was smoke-free for almost 2 months, but then I had a beer with the guys on a Friday evening and I just couldn’t keep myself from smoking one.”

Ph: “How do you think you could work around this?”

Mr. Rogers: “If I could really control my cravings with medication and avoid hanging out with smokers for a while, I guess that could help.”
From a practical point of view, how do you think you can avoid social activities with smokers?”

Mr. Rogers: “The easiest thing would be to change my schedule for the next few months to make sure I work on Friday nights. This is the only time they go out and I’m busy with my family on other evenings.”

Ph: “That sounds like a good plan to me. May I suggest that next time you stop smoking, you take advantage of that lesson you just learned?”

Mr. Rogers: “What do you mean?”
“It is sometimes tempting to take just one puff or just one cigarette in certain situations. What we know for sure is that 100% of those who don’t take that puff won’t start again. So once your brain is free of nicotine and you feel in control of the withdrawal symptoms, usually after 5 to 7 days, you could find a way to remind yourself this fact. Do you think that could be of some help?”

Mr. Rogers: “I’ve never thought of it that way, but it’s true. I’m going to do that.”

Ph: “What will you tell yourself in the difficult moments?”
Increasing Mr. Rogers’ Confidence

Identifying Solutions to Barriers

Mr. Rogers: “When I feel like having a cigarette or a puff, I could say something like, ‘If I take one puff, it means I’ll start smoking again. So I will not take that puff because I want to keep playing with my grandchildren for a long time.’ ”

Ph: “I think that’s a great sentence. I can tell you that the craving will pass in about 15 seconds. After a few months, the cravings will slow down and become shorter. Now, let’s talk about this medication you’ve heard about….”

Build on prior success
What does it mean for you as a professional?

What does it mean for you as a patient?
Tips for Implementation

- Add behavioural interventions to problem list

Assessment:
- Starting point (stage)
- Determine intervention goal (next stage)
- Intervention target (conviction, confidence)

Intervention: Motivational Interviewing
- Bypass the “Yes, but…” syndrome
- Motivate with conviction until preparation
- Empower with confidence (barriers, strategies)
- Outcome: negotiated agreement on action
CONCLUSION
Bibliography