

Meeting People “Where They Are”

Case Managers Empower and Motivate Clients to Pursue Their Health Goals

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ABSTRACT

Purpose: The purpose of this discussion is to explore the role of the case manager to empower and motivate clients, especially those who appear “stuck” or resistant to change. Drawing upon the experiences of case managers across many different practice settings, the article addresses how case managers can tap into the individual’s underlying and sometimes deep-seated desires in order to foster buy-in for making even small steps toward achieving their health goals. The article also addresses how motivational interviewing can be an effective tool used by case managers to uncover blocks and barriers that prevent clients from making changes in their health or lifestyle habits.

Primary Practice Settings: This discussion applies to case management practices and work settings across the full continuum of health care.

Implications for Case Management Practice: The implication for case managers is deeper understanding of the importance of motivation to help clients make positive steps toward achieving their health goals. This understanding is especially important in advocating for clients who appear to be unmotivated or ambivalent, but who are actually “stuck” in engrained behaviors and habits because of a variety of factors, including past failures. Without judgment and by establishing rapport, case managers can tap into clients’ desires, to help them make incremental progress toward their health goals.

Key words: advocacy, care coordination, case management, education, empowerment, motivation, motivational interviewing, patient-centered, self-care

As health and human services professionals who are responsible for coordinating the overall care, services, and resources delivered to meet the needs of the patient (Case Management Body of Knowledge, 2016), professional case managers practice holistically. They take a patient-centered approach focused on the individual and his/her needs and health goals. One important facet of this approach is “meeting people where they are”—that is, within the context of their current life and health status. Without judgment or bias, case managers accept that people have different reactions to the onset of a disease or the flare-up of a chronic condition. Some are eager to make changes in their health habits and lifestyle (such as weight loss, smoking cessation, and/or embracing a regime of follow-up and self-care); others appear to be more reluctant and even feel that they are unable to change (Agency for Healthcare Research and Quality [AHRQ], 2014). Yet, by “meeting people where they are,” case managers can more effectively advocate for people

receiving case management services. (These individuals are referred to as clients, and may also be known as patients in settings such as acute care and primary care.) Drawing upon their experience as advocates and their expertise in health and human services, case managers can tap into each person’s underlying and sometimes deep-seated desires. This helps foster buy-in for making even the smallest steps toward the individual’s overall health goals.

Taking a holistic approach is especially important when case managers are trying to engage individuals who exhibit ambivalence and appear “stuck” in engrained health/lifestyle habits. Despite behaviors that might indicate otherwise, this group is not without

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motivation. Rather, as researcher Judith Hibbard, PhD, found, their motivation is “muted,” which can happen “when patients feel overwhelmed, when they experience multiple failures in trying to manage, and when they feel that what is being asked of them is beyond their capabilities” (Hibbard, 2016, p. 9). Hibbard further emphasizes the role of the case manager to bridge from past failures to new attempts to make positive change in pursuit of the individual’s health goals.

As this article discusses, case managers, particularly those who have demonstrated their competence by attaining board certification, can draw upon the case management process that provides for continual assessment, monitoring of outcomes, and identification of goals (Jensen & Mottern, 2016). Integral to the case management process are communication skills, such as motivational interviewing and reflective listening, which further enhance the case manager’s effectiveness. With their expertise and skills, case managers can help clients, who appear passive about their own health, to become proactive in pursuit of their desired goals.

WHEN MOTIVATION IS “MUTED”

Motivation has long been understood to be an important factor in the effectiveness of care and treatment (AHRQ, 2014). This is based on the belief that greater engagement equates directly to greater compliance with physician orders, keeping follow-up appointments, and engaging in therapy or other ongoing treatments, as well as interventions to lower risk factors, such as smoking cessation, weight loss, and other health changes. A recent study, for example, sought to gauge the impact of greater motivation among individuals with rheumatoid arthritis. As the study noted, individuals with the disease tend to be more sedentary compared with the general population, which increases their risk of cardiovascular disease and may result in premature death, partly due to the chronic inflammatory rheumatic disease itself and other risk factors. According to the study, a combination of text messages and individual coun-

seling sessions helped reduce daily sitting time and contributed to improved outcomes (European League Against Rheumatism, 2016).

In other health areas, such as recovery from alcohol abuse and alcohol dependency, motivation is recognized as playing an important role in people’s decision to change or to stay the same. As researchers DiClemente and colleagues observe in their frequently-cited research: “Motivation, a key element in treatment and recovery, influences a patient’s progression through the stages of change—from considering change, to making the decision to change, to following the planned action into sustained recovery” (DiClemente, Bellino, & Neavins, 1999, p. 91). Motivation can also be influenced positively when the individual is supported by empathic and nonjudgmental counseling (Connors, DiClemente, Velasquez, & Donovan, 2013). In virtually any diagnosis pertaining to physical and/or mental health, motivation is a deciding factor in how well individuals comply with treatment and medication regimens as prescribed or recommended by providers and adopt positive, proactive behaviors.

Equally understood is the variation of motivation among individuals, which Hibbard categorizes in four levels:

- Level 1—patients appear passive and seem overwhelmed with managing their health.
- Level 2—patients may lack knowledge and confidence for managing their health.
- Level 3—patients appear to start taking some action, but may still lack confidence and skills to support their behaviors.
- Level 4—patients have adopted many of the behaviors to support their health, but may not be able to maintain them in the face of life stressors.

To identify where individuals are along this continuum, Hibbard’s research uses “patient activation measures” (PAM), which tallies a score between 0 and 100 to help identify where people are from low activation (level 1) to high activation (level 4). Whether by using PAM scores or other assessments, the objective is to identify the individual’s current level of engagement in order to tailor interventions for greater effectiveness (Hibbard, 2016).

No two individuals are alike. They react differently to a life-altering diagnosis, such as a serious disease, a severe injury, or a chronic condition, that requires ongoing treatment and care management. They also differ in their ability to engage in treatment and make changes in their health and lifestyle habits to reduce risks. For example, a physician might recommend that the person stop smoking, lose weight, begin or increase exercising, or moderate alcohol consumption. Despite the seriousness of the health

condition and the potential that proactive, positive change could be beneficial, an individual might seem disengaged. However, another person with the same diagnosis may readily accept the treatment plan and need for intervention, exhibiting a great deal of engagement. The contrast might lead to the conclusion that the former is unmotivated whereas the latter is highly motivated. Researchers, however, suggest a different view, that both are motivated at least to some degree. The question, Hibbard suggests, then becomes how to “unmute” people’s motivation, to find a way to create buy-in that encourages the individual to make even small steps in pursuit of health goals. In virtually all people, there is a desire to have some control over what happens to them. Often, activating this motivation means tapping into people’s priorities, particularly what they want to realize or experience in their lives. Sometimes deeply buried, these desires become opportunities to turn up the volume on the muted motivation.

Although many clinicians acknowledge the importance of motivation, encouraging individuals to make positive changes in their health habits and behaviors remains a significant challenge, especially for providers. Limited patient contact time is an acknowledged issue in health care today (Teeter & Kavookjian, 2014); yet helping patients improve adherence is important to improving patient outcomes (Petrova et al., 2015). Busy practices and heavy caseloads may not be conducive to the kinds of interactions that can help individuals whose motivation is “muted” become more engaged in self-care. For these individuals, it is often not very motivating to receive a list of instructions about medications, therapy/treatment, and lifestyle changes. This may be further complicated within the often fragmented health care system in which individuals with complex health issues are usually seen by numerous physicians, specialists, and other clinicians. Furthermore, it can be challenging to ensure that all parties collaborate on the care plan and work together to teach and motivate their

patients without overwhelming them. Professional case managers can make a vital difference, thanks to their patient-centered, individualized approach.

MOTIVATIONAL INTERVIEW—UNCOVERING WHAT THE PERSON WANTS

Motivational interviewing is a patient-centered communication skill (Petrova et al., 2015). It is a highly effective technique of gathering information and obtaining insights about a client’s situation, including social, financial, emotional, and health status. Supportive and empathic, this style of communication helps clients move toward desirable and successful change (Tahan & Sminkey, 2012). Motivational interviewing can help resolve clients’ ambivalence and increase their confidence in making a change in their health behaviors (AHRQ, 2014). The technical definition of motivational interviewing is “a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick, 2012, p. 29). The case manager may also find the layperson’s definition of motivational interviewing to be helpful: “a collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller & Rollnick, 2012, p. 29). The objective in motivational interviewing is not just to gather information, but to understand the full picture of the person’s current state. This includes his/her goals and desires, current obstacles and challenges, and what is or has been holding them back from making changes.

The AHRQ observes that motivational interviewing has gained in familiarity and popularity among health care professionals, particularly as a means to activate and empower patients: “Anecdotal success stories by clinicians are now being joined by peer-reviewed evidence demonstrating the feasibility and utility of [motivational interviewing] strategies as part of the overall primary care encounter” (AHRQ, 2014, p. 1). In addition, Rubak, Sandbaek, Lauritzen, and Christensen (2005) conducted a systematic review and meta-analysis and found “80% of studies that were reviewed demonstrated positive motivational interviewing facilitated behavior change compared with traditional advice-giving” (Witt et al., 2013, p. 1268). Motivational interviewing has been used not only with adults but also with pediatric patients with positive and encouraging results (Gayes & Steele, 2014). Motivational interviewing has been extended to promote health and prevent disease in other areas (Petrova et al., 2015), including

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improving medication adherence (Palacio et al., 2016; Petrova et al., 2015; Teeter & Kavookijan, 2014). Motivational interviewing has been used for patients with modifiable cardiovascular risk factors (Gianos, Schoenthaler, Mushailov, Fisher, & Berger, 2015), anxiety disorders (Randall & McNeil, 2016), cancer (Spencer & Wheeler, 2016), epilepsy (Shingleton & Palfai, 2016), heart failure (Masterson Creber et al., 2016), and overweight or obesity issues (Pollak et al., 2016; Shingleton & Palfai, 2016).

Motivational interviewing is an important tool for case managers because it is a client-centric style of counseling (Slagle & Gray, 2007, p. 330). As Tahan and Sminkey state: “By listening and conversing, a professional case manager seeks to identify those opportunities to change behaviors, as well as pinpoint those times or circumstances when the client has deviated from a particular regime, plan, or set goal. An individual cannot move to the next level of self-care or change unless those barriers, including lack of knowledge or social/cultural factors, are first identified and addressed in a nonjudgmental way and with the client’s agreement” (Tahan & Sminkey, 2012, pp. 170–171). Through motivational interviewing, case managers can establish collaborative, respectful, and trusting relationships with patients and their support systems as an effective case management plan of care is designed and implemented. It is not a one-time event, but takes into account progress made and outcomes achieved, as well as setbacks and barriers. Emphasis is always on building rapport so that the individual is more likely to share information freely and without reservation, because he/she does not experience judgment from the case manager. When clients feel safe they are more likely to be truthful about where they are in managing their health, whether that means admitting to how much they smoke or drink, or explaining past failures with weight loss or exercise.

As part of motivational interviewing, case managers may demonstrate understanding and active listening by reflecting and summarizing what the person has said (Tahan & Sminkey, 2012). When people feel heard, they are more likely to engage in the process. This is one way that client engagement can be supported by case managers who, under the principles of ethical practice (Commission for Case Manager Certification, 2015), are required to promote autonomy through education and empowerment of their clients. People who have a better understanding of their conditions and their choices are more likely to be engaged and make informed decisions, such as to adopt new health habits.

One context for decision making is shared decision making. The AHRQ defines shared decision making as “when a health care provider and a patient

work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider’s knowledge and experience, and the patient’s values and preferences” (AHRQ, 2016, p. 2). However, mental health issues can be a barrier to engagement. A basic depression screening may be administered as part of the case management assessment, or the individual may be referred for further evaluation by a psychotherapist or other professional. A social worker can help with psychosocial aspects, including the dynamic within the support system or among designated care givers.

THE QUESTION THAT CAN MAKE A BIG DIFFERENCE

For some people, recommendations such as to lose weight, stop smoking, begin exercising, or engage in other new behaviors echo with past failures. They may be thinking to themselves “why try now,” because they fear another failure, which would be more than they can tolerate. A case manager who understands where these individuals are coming from can be the difference between having to endure another failure and experiencing a small victory for the first time.

Sometimes, it comes down to a seemingly simple question: *How can I help you?* When individuals have been diagnosed with a serious illness or a chronic condition, or when a loved one has had a dramatic change in health status, encountering a case manager who is willing to listen can be a tremendous help. When clients and their support systems are feeling overwhelmed, the case manager’s query of “what would you like me to help you with?” opens the door to communicating about desires and goals. Instead of being told what to do, they are being asked what they want and need.

This approach is often well received when individuals are dealing with losses, such as no longer being able to engage in a favorite activity because of a catastrophic accident, a change in independence due to the onset of a serious illness, or the death of a loved one. In these types of situations, needing to make a change in lifestyle or health habits can be an unwelcome reminder of how different life has become.

In cases involving catastrophic injuries requiring a long recovery and rehabilitation, the complete return to a favorite activity may be too overwhelming as the primary goal. Rather, smaller milestones can help the client tap into what matters most at each moment. For severely injured people, resuming a favorite activity such as walking a dog might be so distant as to seem impossible; however, getting strong enough to have their pets brought in to visit them in rehabilitation could be a highly motivating, near-term goal. As Hibbard observes: “The approach, based

on behavioral activation theory, is to encourage the patient to act, and the theory is that motivation will follow action. Research confirms this approach and shows that encouraging even a small behavior results in greater motivation” (Hibbard, 2016, p. 10).

Evaluating and measuring quality and outcomes is an essential activity of case management (Tahan, Watson, & Sminkey, 2016). As part of measuring outcomes, acknowledging incremental progress can help reinforce larger objectives. If the goal is healthier eating, then 1 day without high-fat fast food is a change in the right direction.

By acknowledging incremental progress, the case manager helps facilitate the client’s transition from one state to another: from ambivalence, fear, or anxiety to a state of readiness and willingness to change, and demonstrated ability to achieve the desired change (Tahan & Sminkey, 2012).

CONCLUSION

Case managers, who take a patient-centered approach, understand that no two people are alike when it comes to addressing and managing their health. Some may be highly motivated and activated to make positive changes; others may be more reluctant; some may appear to be passive to the point of seeming completely unmotivated. Even among these latter individuals, there is likely some degree of motivation, although it may be “muted”—that is, the intensity may be decreased because the person feels overwhelmed or confused, or because previous attempts at making change resulted in less than desirable results, or no positive results at all.

Case managers play an important role in helping empower and motivate their clients to take charge of their health and make informed decisions. By suspending judgment and eliminating bias (such as where they think the person “should” be in terms of making progress or reducing health risks), case managers take a holistic approach to “meet people where they are.” Although they are informed by evidence-based practice, case managers see each person as an individual—not as a diagnosis or an episode of care. No matter how incremental the progress—whether it is one cigarette not smoked, 1 day of healthier eating, or one step taken from the bed to the walker—small victories are what fuels the fire of motivation. As case managers know, finding the “win” moves people in the desired direction of their goals toward healthier and more empowered lives.

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Patrice V. Sminkey, RN, was the CEO of the CCMC, the first and oldest nationally accredited organization that certifies case managers. To date, more than 60,000 individuals have achieved board certification as Certified Case Managers (CCM).

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In Memoriam



Patrice V. Sminkey, RN
(July 23, 1963-
September 22, 2016)

Patrice V. Sminkey, CEO of the Commission for Case Manager Certification (CCMC), died suddenly on September 22, 2016, as this issue was going to press.

Since joining the Commission in 2010, Patrice infused the organization with energy and a keen focus on the mission to advocate for professional case manager excellence. Her efforts operationally and relationally were the foundation for significant growth in the number of board-certified case managers, as well as development of robust education and professional development tools to support an informed, relevant, and expanding case manager workforce. This article, of which she was a coauthor, is an example of her dedication to champion case management thought leadership and continuing education.

Perhaps, her greatest gift was her innate understanding of the value of building relationships and partnering with like-minded leaders. The Commission's partnerships and collaboration efforts will long stand as testimony to her leadership and strength of character.

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