

Applying self-management to promote sustainable behaviour change in your clients

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Introduction

The health care systems in this country are experiencing a confluence of events and circumstances in provision of health care. With the baby boomer bulge in population demographics and associated growth in chronic and complex care needs; the recognition that our acute, curative, clinical model of health care has serious limitations in meeting these emerging needs; the growing weight of evidence for exercise interventions as best practice in chronic and complex care; and finally, Federal Government recognition of Accredited Exercise Physiologists under Medicare, as an Allied Health Professional; the time has come for Exercise Physiologists (EPs) to make a significant contribution in the area of Chronic and Complex Care. This paper suggests, with self-management as the key, the EP practitioner is ideally placed to adopt a collaborative partnership approach with clients, supporting them in the development of sustainable, health-promoting attitudes and behaviours.

Exercise-focused, evidence-based initiatives and outcomes (Funnell & Anderson 2004, Bauman et al. 2003, DiLoreto et al. 2003), have demonstrated that self-management is the key to the success in chronic and complex states and conditions. With self-management, the focus is on communication, partnerships and choices. The central features of health care based on self-management are; the client and their role, the practitioner-client interaction, shared goal setting, written management plans and regular follow-up (Bauman 2003). Exercise intervention with a focus on self-management, is seen as the vehicle for self-empowerment in the client's development of health promoting attitudes and behaviours (Funnell 1991). With self-management as the approach, the relationship between EP practitioner and client is one of collaborative reflection, planning and action where clients are supported in discovering and developing their 'inherent capacity to be responsible for their own health and wellbeing' (Funnell & Anderson 2004). The role of client is that of expert and decision-maker in their own lives and that of the practitioner, as expert in the discipline knowledge required to inform decisions, action and progress, in pursuit of the client's goals.

Scaffolding for Self-Management

Every client brings with them, a unique life story with values, strengths, challenges, interests, aspirations and expectations. Any or all of these may be impacting on the person's identity and their subsequent capacity to create health-promoting options and make health-promoting lifestyle and behaviour choices. It is suggested (Grant and Greene 2003) that what we might do to achieve a sustainable shift in attitudes and behaviours, is to consciously change the automatic negative thoughts (ANTs) that keep us stuck in self-limiting patterns of thinking and action, to self-enabling Performance Enhancing Thoughts (PETs). But before practitioner and client can do this – they need to have a shared understanding about what those thoughts and related patterns of behaviour might be and initially, what choices the client might consider in achieving a positive shift. This paper proposes that it is the information generated in this type of dialogue, which can be used by the EP/client partnership to build an individualised *scaffold for positive change*. **Scaffolding** is not a structure for permanent support but a temporary framework used to support people and their construction in the process of construction or repair.

An EP Toolkit for Scaffolding Client Self-Management

The client's individual scaffold can be a uniquely-shaped, just-in-time and continually-evolving support structure that builds on the client's successive achievements over time. There are a range of resources, tools and strategies that might be used to build a scaffold. The scaffold is used to support both client and practitioner in developing shared understanding, clarity and certainty around client skills, competencies, expectations and aspirations. With this type of information made explicit, the collaborative partnership can co-create the client's **scaffold** for self-management.

A Toolkit for client self-management, enables the practitioner to avoid the traps of an expert-dependency-oriented approach, signalled by: a 'question and answer' interactions; the 'expert trap'; the 'labelling' trap; the 'premature focus' trap; or the 'blaming trap'. Above all, if the practitioner finds themselves arguing for change in the client – with the client, it is time for a shift to the partnership approach focused on client self-management (Miller & Rollnick 2002).

This paper proposes that with an EP Toolkit for client self-management, the partnership could:

- Identify and meet the client's needs as they emerge;
- Continually upgrade expectations and activities so that they conform to the client's growing confidence and competence;
- Match information, activities and expectations with the client's growing self-efficacy reflected in changing internal standards (Bandura 1986) that underpin their newly appearing health-promoting attitudes;
- Regularly stop, review, recognise, celebrate and affirm client's achievements to support continuing engagement in health-promoting behaviours; and
- Engage in reflective conversations which firstly, enable the client to describe and appreciate their emerging identity as an active person and secondly, to understand the changing relationships that are supporting and promoting this new chapter in their personal life story.

Resources, tools and strategies that exemplify the type of approaches that could be included in an EP Toolkit include:

- ✚ Compatibility Communication System (CCS) www.ccscorporation.com.au
- ✚ The Decisional Balance Sheet (Miller & Rollnick 2002:16)
- ✚ Interactive Strategies based on - Change Talk, OARS (Miller & Rollnick 2002: 22-23 & 65-72) and Stages of Change (in Grant & Greene 2003:45,180-181)
- ✚ Importance and Confidence Scales (Miller & Rollnick 2002: 53)
- ✚ Goal Attainment Scale (Australian Youth Foundation & Colin Sharp 1996: 38-39)
- ✚ Pain Self-Management Checklist (Nicholas et al. 2000:12-13)
- ✚ Home Program: Activities, Attention, Self-reflection, Self-evaluation based on self-reflective influences for Self-efficacy (Bandura 1986: 350-355)
- ✚ Action Learning Cycle & three key questions (TAFE NSW Staff Training Development Bureau 1997:3)

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