

# MEET THE POWER ZONE PALS

# POWER ZONE



**MONICA** (*high conviction, high confidence*)

- 9 years old
- Excessive consumption of junk food
- Athletic – loves playing soccer

**GOAL:** Cut down on the junk food and make better choices.



**MIKE** (*high confidence, low conviction*)

- 11 years old, wheelchair-bound
- Emotional and unconscious eating
- Active in basketball

**GOAL:** To feel in control of his eating.



**JAMAL** (*high conviction, low confidence*)

- 8 years old
- Excessive TV and computer usage
- Lives with mom (single parent) who prepares meals ahead of time for him to warm up in the microwave if she's working late
- Balanced eater – just doesn't move around much

**GOAL:** Find a way to get more exercise and have fun



**ISABEL** (*low conviction, low confidence*)

- 10 years old
- Weight-loss and healthy lifestyle pessimist
- Lives with parents, one or both are overweight
- Eats OK, gets some fruits and vegetables

**GOAL:** To gain the confidence to start living healthier

## A PROVIDER'S GUIDE



AMERIGROUP  
Community Care



AMERIGROUP Community Care (AMERIGROUP)\* has created Power Zone to empower children ages 7 – 11 to make healthier food choices and become more physically active. Healthy habits developed in these formative years can have a lasting impact on children’s lives - and their health.

Based on the Transtheoretical Stages of Change model, this 6-month program is a great opportunity for you to engage your child patients more effectively. Using Motivational Interviewing (MI) counseling techniques (see page 5), your dialogue with the patient actually becomes an intervention tool. You will be able to help the child identify his or her area of health interest, thereby influencing the change process. As the program progresses, you will be able to help the child and family overcome any barriers they face toward reaching the child’s goal. The discussion of barriers will allow you to work with the family to explore strategies to overcome challenges and help the family continue moving forward.

*\*Including AMERIGROUP Community Care of South Carolina, Inc.*

## HOW THE PROGRAM WORKS

After the initial visit with you, the parents and child will receive a call from an AMERIGROUP Coach, a registered nurse trained in MI counseling. The Coach will help the child choose a personal health goal. After the initial call, the Coach will contact the family every two weeks to offer appropriate motivational support toward reaching the child's personal goal.

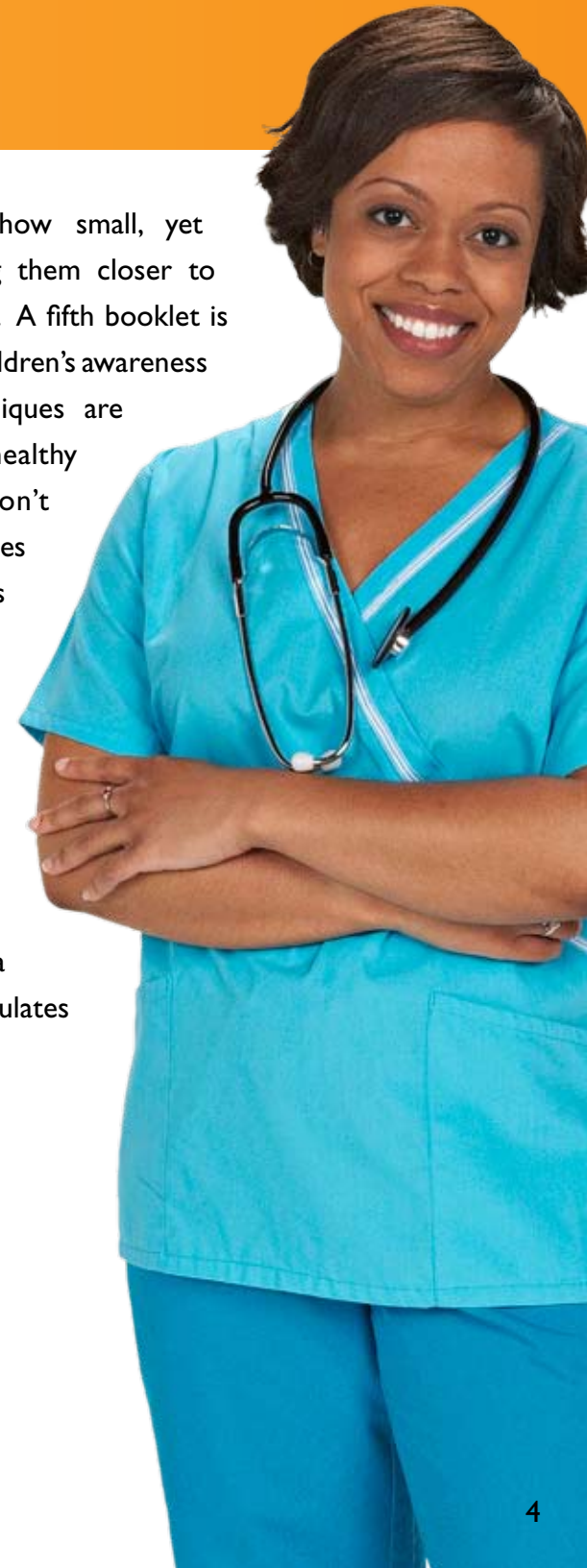
The child will see you at the 3-month and 6-month marks. These checkups will provide critical opportunities for you to assess the child's health and progress in the program, as well as provide guidance on identifying strategies to reach the child's goal. To encourage attendance for these checkups, we are offering the child incentives for participating. The family will obtain your signature on the incentive card in order to receive a gift for participating.

Each month the Coach will mail a Power Zone booklet to the child. These booklets are primarily focused on the Power Zone Pals, four friends who encourage each other to confront unhealthy habits and develop healthy ones. Each character identifies one area in which he or she needs improvement, thereby becoming a vehicle to address specific unhealthy habits like:

- Excessive consumption of junk food
- Excessive TV and computer usage
- Emotional and unconscious eating
- Self-defeating attitude toward healthier living

The booklets illustrate how small, yet healthy, changes can bring them closer to their personal health goals. A fifth booklet is activity-based and raises children's awareness of how advertising techniques are used to sell children unhealthy foods and items they don't need. A sixth booklet provides activities that educate kids about good nutrition.

Through storytelling, games and activities, these booklets serve as educational tools to promote discussion of important health issues in a fun, positive way that stimulates learning.



# KEY CONCEPTS OF MOTIVATIONAL INTERVIEWING (MI)

# FACT

80% of patients do not follow advice to change behavior.

There has long been an unexplainable disconnect when it comes to patients changing their behavior. The didactic approach of telling patients what they need to do to improve their health has not yielded high rates of compliance. That's where Motivational Interviewing (MI) can help.

The goal of MI is to help the patient resolve ambivalence, which promotes behavior change. It is an effective approach that allows patients to focus on a health topic important to them. Using specific techniques, you can gain insights that allow you to approach the identified topic from an angle that is most relevant to your patients. Ultimately, patients will set a goal that is reasonable for them.

Utilizing MI, you can determine the most appropriate and effective way of increasing the likelihood of behavior change in patients, as outlined in the Transtheoretical Stages of Change model.

## CONCEPT #1

### STAGES OF CHANGE MODEL

This model recognizes that patients move through several stages when making a behavior change. It is expected for patients to move in any direction between stages. Many patients will make several attempts before staying at the maintenance stage.

STAGE	DESCRIPTION
<b>Pre-contemplation</b>	Patient is not even considering changing his or her behavior.
<b>Contemplation</b>	Patient accepts that the current behavior is a problem. He or she is thinking about making a change but has not taken steps toward changing.
<b>Preparation</b>	Patient is taking steps to change and is in the process of making an action plan. (i.e. setting a date)
<b>Action</b>	Patient has started his or her action plan and is actively making changes.
<b>Maintenance</b>	Patient has incorporated this change in his or her life for more than 6 months.

# FACT

Only 20% of the population is in action at any time; most people are in pre-contemplation or contemplation.

# KEY CONCEPTS OF MOTIVATIONAL INTERVIEWING (MI)

## CONCEPT #2

### THE MOTIVATIONAL RULER

This technique helps assess a patient's readiness to change by asking the patient to set a SMART goal (Specific, Measurable, Achievable, Relevant, Time-bound). After the patient has set a goal, asking a series of Importance Questions and Confidence Questions will prompt the patient to identify any challenges or ambivalence in reaching that goal.

#### IMPORTANCE QUESTIONS

##### Question #1

On a scale from 1 to 10, how important is it for you to reach your goal? (e.g., walking for 30 minutes four times a week)

##### Question #2

What would it take to make your goal more important and move up 2 numbers from where you rated yourself?

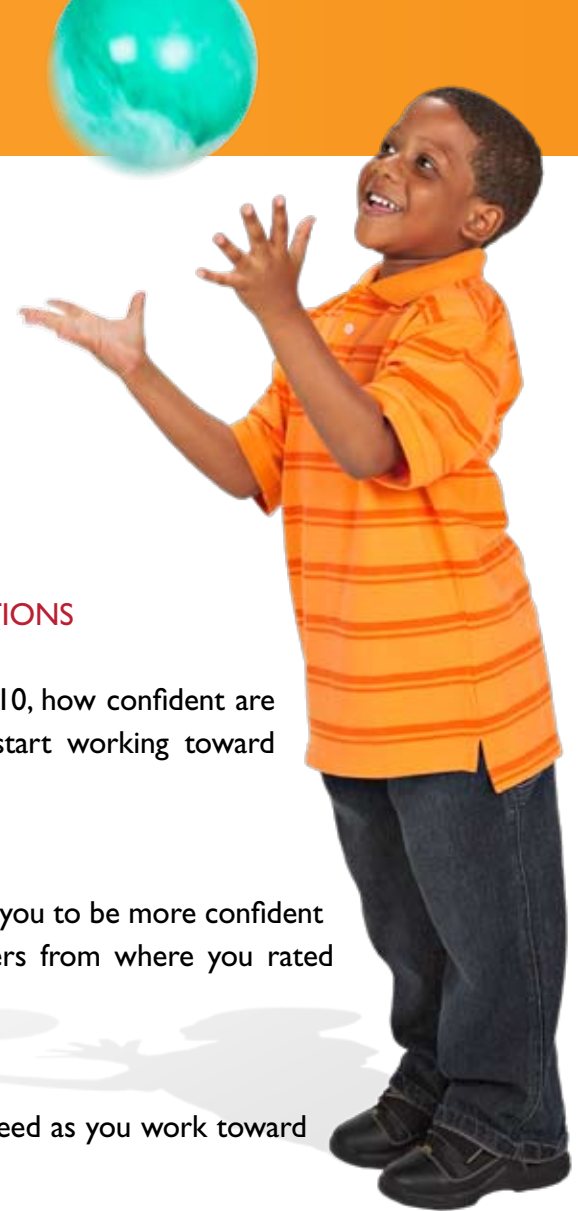
##### Question #3

What might get in your way in working toward your goal?

*Note: If patient's rating is below 5, discuss setting a different goal. If the goal is not important to the patient, he or she will not be motivated to achieve it.*

#### IMPORTANCE SCALE

1...2...3...4...5...6...7...8...9...10  
Less important More important



#### CONFIDENCE QUESTIONS

##### Question #1

On a scale from 1 to 10, how confident are you in being able to start working toward your goal?

##### Question #2

What would it take for you to be more confident and move up 2 numbers from where you rated yourself?

##### Question #3

What help might you need as you work toward your goal?

#### CONFIDENCE SCALE

1...2...3...4...5...6...7...8...9...10  
Helpless Powerful

# MOTIVATIONAL INTERVIEWING TECHNIQUES

With using MI techniques, your role is to be a change-influencer, rather than a change-maker. Focus on changing assessments into a conversation rather than a series of direct close-ended questions that provide only facts instead of the circumstances around the facts.

## OPEN-ENDED QUESTIONS

Use questions that start with “what” and how.” Questions that begin with “why” can be perceived as judgmental.

## REFLECTIVE LISTENING

Reflect on what the patient says using an empathetic tone. Avoid giving advice or sharing your own personal examples. It is recommended that you have at least three reflections for every open-ended question you ask. This can be done by restating the last sentence to a patient. Ensure that your reflection is a statement, not a question. Give a lengthy 5-second pause to allow the patient to continue sharing his or her story.

Reflect on statements that appear to contrast one another. For example, “On one hand you like to eat cake before bed, on the other hand you hope to lose 5 pounds in the next week.” Pause and let the patient respond.

## ENVISIONING

Help the patient envision what his or her life could look like in 6 months or a year with or without the change in place. Encourage the patient to provide specific details—e.g., what is he or she able to do? How does he or she feel?

## REFERENCES

- 1 Institute for Healthcare Communication. *Choices and Changes: Clinician Influence and Patient Action*. New Haven, CT; 2005.
- 2 Prochaska, J.O. *Systems of Psychotherapy: A Transtheoretical Analysis*. Homewood, IL: Dorsey Press; 1979.
3. Miller, W.R. & Rollnick, S. *Motivational Interviewing*. New York: Guilford Press; 2002.

