

Objectives:

1. Identify 3 methods to help patients to change behavior
2. Identify 3 tasks in negotiating behavior change
3. Identify the use of MI in a brief health care setting
4. Identify 3 issues related to training healthcare professionals in motivating patients in behavior change
5. Learn 3-4 methods in training healthcare professionals in motivating behavior change

Enter the quiz questions online at PsychContinuingEd.com; the correct answers are based on the book:

Part I: Introduction:

1. T/F The text advocates the patient be encouraged to be the expert about behavior change.
2. Frequently encountered behavior focused on by practitioners for change include all of the following except :
 - a. Medication compliance
 - b. Alcohol consumption
 - c. Glucose monitoring
 - d. Relationship issues
3. T/F Research on compliance suggests lack of behavior change is the responsibility of the practitioners.
4. T/F Practitioners often receive specific training on behavior change.
5. A person ambivalent about quitting smoking is in which stage of change:
 - a. Precontemplation
 - b. Contemplation
 - c. Preparation
 - d. Maintenance
6. Factors that will effect a patient's readiness to change include:
 - a. Importance of change
 - b. Confidence of success
 - c. Neither A or B
 - d. Both A & B
7. Simple advise giving can effect behavior change in which of the following areas:
 - a. Eating
 - b. Smoking
 - c. Excessive drinking
 - d. Both B & C
8. To achieve the goals of a patient-centered approach, all but which of the following techniques may be used:

- a. Advice giving
- b. Reflective listening
- c. Open ended questions
- d. Clarifying

Part II: The Tasks

- 9. Rapport is:
 - a. Affected by patient expectations
 - b. Easy to repair
 - c. Can be assumed to exist
 - d. None of the above
- 10. Elements of the physical setting that can promote rapport includes all but:
 - a. Privacy
 - b. Introduction of all in the room
 - c. Type of furniture
 - d. Style of dress of the practitioner
- 11. T/F If the patient feels respected and care for from the beginning makes subsequent discussions easier.
- 12. The typical day strategy should include:
 - a. Taking 6 to 8 minutes
 - b. Interest by the practitioner in personal details
 - c. Description of a typical day
 - d. All of the above
- 13. Agenda setting is:
 - a. A crucial first step
 - b. Should be set on only one behavior at a time
 - c. Can be based on a chart
 - d. Both B & C
- 14. Practitioner behavior encouraged for agenda setting includes all but:
 - a. Be honest about the agenda
 - b. Providing a psychotherapy session
 - c. Being curious
 - d. Provide advice if wanted
- 15. Inquiry into a specific behavior should:
 - a. Be indirect
 - b. Confrontational
 - c. Focused on health benefits for change
 - d. None of the above
- 16. Excessive alcohol users generally have:
 - a. high importance and low confidence

- b. low importance , low confidence
 - c. low importance, high confidence
 - d. high importance, high confidence
17. T/F It is recommended to focus on action talk with all patients
18. Readiness to change:
- a. Is rigid
 - b. Can change within a single consultation
 - c. Should be pushed
 - d. None of the above
19. Emotional intensity regarding change:
- a. Varies with individuals and behavior
 - b. Can be generalized across behavior
 - c. Can be generalized across people
 - d. None of the above
20. Which type of consequences have a more powerful effect on decision making:
- a. Short term consequences
 - b. Long term consequences
 - c. Neither
 - d. Both
21. T/F It is recommended for the practitioner to argue strongly for change.
22. Ideal language to use introducing a behavior change balance sheet:
- a. Costs and benefits
 - b. Advantages and disadvantages
 - c. Likes and dislikes
 - d. Problems and consensus
23. To explore patient's concern about a behavior, the practitioner should:
- a. Listen carefully
 - b. Summarize
 - c. Provide structure
 - d. All of the above
24. To avoid violating the spirit of negotiation:
- a. Push the patient towards change
 - b. Watch for resistance
 - c. Empathize with the patient
 - d. Both B & C
25. Self efficacy:
- a. Is all-or-none
 - b. Varies across behaviors
 - c. Is self esteem

- d. None of the above
26. Strategies for exploring the importance of change include:
- a. Scaling questions
 - b. Brainstorming
 - c. Both A & B
 - d. None of the above
27. Emotional intensity:
- a. Varies across individuals and behaviors
 - b. Can be generalized
 - c. Can be concluded to be explored on a cognitive level
 - d. All of the above
28. Compliance can be enhanced by the following practitioner behavior
- a. Skillful listening
 - b. Advice giving
 - c. Careful questions
 - d. Both B & C
 - e. Both A & C
29. T/F If patients are more assertive during information exchange, outcomes can be improved.
30. The typical day strategy:
- a. Takes 30 minutes
 - b. Requires practitioners to ask closed questions
 - c. Patient is encouraged to tell a story about a day
 - d. None of the above
31. Ways to generate resistance to change include:
- a. Patronizing
 - b. Eliciting the type of information the patient wants
 - c. Direct persuasion
 - d. Both A & C
32. Resistance behavior that are categorized as denying include:
- a. Inattention, blaming and challenging
 - b. Hostility, blaming, accusing
 - c. Excusing, blaming and pessimism
 - d. All of the above
33. Three strategies to deal with resistance:
- a. Emphasize personal control, assess readiness, back –off
 - b. Confronting, assess importance, take control
 - c. Come alongside, assess confidence, emphasize personal control
 - d. None of the above
34. Reflective listening may take on the following forms except:
- a. Rephrasing
 - b. Adding new meaning
 - c. Repeating what the person has said

- d. Passive posturing

Part III: Application:

- 35. A person's motivation to change:
 - a. Will emerge independently
 - b. Are called self-motivating statements
 - c. Both A & B
 - d. None of the above
- 36. The typical day strategy:
 - a. Requires the practitioner to extract lessons
 - b. Is a process of self-articulation
 - c. Hinders understanding
 - d. Both A & B
- 37. For smokers:
 - a. Offer specific advise
 - b. Set specific goals for patients
 - c. Aid in brainstorming solutions
 - d. None of the above
- 38. Setting short term and attainable goals can include all but:
 - a. Result in a yes, but response
 - b. May improve the relationship
 - c. Promotes success
 - d. Emphasizes control
- 39. The process of monitoring resistance and readiness is crucial because:
 - a. Adjustment is a complex process
 - b. The patient has accepted the change in health status
 - c. The patient may be coming to terms with his/her health status
 - d. Both A & C
- 40. Pros and Cons strategy:
 - a. Can give the practitioner insights into patient's needs
 - b. Is used is low importance is the main problem
 - c. Is useful in bringing the decision dilemma into focus
 - d. All of the above
- 41. The typical day strategy includes all but:
 - a. Should be used if little information arises from assessing confidence
 - b. Provides a direct route into patients' physical symptoms
 - c. Won't require encouragement
 - d. Is important in patients with a mood disorder
- 42. T/F The content of goals is more important than a sense of achievement built into the next meeting.
- 43. Resistance can manifest in the following ways except:

- a. Anger
 - b. Disagreeing
 - c. Questioning
 - d. Splitting
44. T/F The key to dealing with resistance is to set boundaries.
45. When patients engage in a blaming exercise:
- a. The practitioner should engage in a discussion about blame
 - b. This diverts attention from the patient as a change agent
 - c. Is helpful to the change process
 - d. None of the above
46. T/F The approaches/techniques in this book should only be applied to patients.
47. Successful practitioner training:
- a. Requires only a workshop
 - b. Requires a simple blueprint
 - c. Should focus on the complexity of human behavior
 - d. Requires structured time for skills acquisition
48. Practitioner training should include all but:
- a. Avoiding jargon
 - b. Generalize training across settings
 - c. Introduction of a new way of thinking about patient care
 - d. Listening to descriptions of everyday work challenges
49. Aspects to be considered in developing training includes:
- a. Who are the trainers?
 - b. What is in it for the trainees?
 - c. Is the training voluntary?
 - d. All of the above
50. The following questions are helpful prior to delivering training except:
- a. How to teach these skills to the largest group possible?
 - b. Are training methods congruent with negotiating behavior change?
 - c. How do you develop confidence in trainees?
 - d. How do you reduce resistance during training?
51. T/F Training groups above 20 people should be avoided.
52. T/F Confrontation by trainees can be used to model dealing with ambivalence.
53. Ways to begin a workshop include all but the following:
- a. Introduction of the trainees with non-threatening disclosure
 - b. Setting ground rules
 - c. Suggest holding questions for the end
 - d. Small group discussion
54. Illustrating the method through demonstration has the following advantages except:
- a. Roots theory in practice
 - b. Trainees can feel that the skill is unrealistic
 - c. Requires participant interest

- d. Showing the skills
55. Arguments against a client centered behavior change model include all but the following:
- a. Patients like to be told what to do
 - b. Some patients will never change
 - c. Some behaviors are dangerous to change
 - d. Patients don't make changes even with the facts
56. T/F Behavior change discussions should be used in all situations.