



## Self-management Solutions

The room is small but warm and inviting. It's in the basement of a local community building. There is a buzz in the air and the laughter that only comes from people who are comfortable and familiar with each other. There are fourteen altogether, men and women, some in their early twenties, some well past retirement. Some with partners, most on their own; some in wheelchairs; some with walkers or canes. One of the two leaders gets their attention. The self-management group for people with chronic conditions is about to begin. This is their fifth weekly meeting – out of the six they will share together in the program. One of the two leaders, who has suffered a stroke and is wheelchair bound, greets them and goes over the day's agenda. This week's main topic: how to talk to your health provider. But first, a round robin...what was the goal you set for yourself last week and how successful have you been at accomplishing it?

"My goal was to make one complete meal by myself", said a young woman whose entire left side is paralyzed by a stroke. "I made pasta and was able to do most of it by myself, but I couldn't pit the olives". "Who pits olives anyway?" joked an older woman across the room. "Just buy them already pitted in the can!"

"I have been extremely tired lately," owned a middle-aged woman challenged with MS. "I am trying to get to sleep at a reasonable hour but somehow, I just don't seem to be getting into bed before 2:00 am!" Ideas to assist her came from all around the room, from the older man suffering from congestive heart failure, from the young man caring for his wife with chronic fatigue syndrome, from the woman whose hands are crippled with arthritis...all have experienced insomnia at some point in the course of dealing with their condition. The ideas were concrete: don't eat after 7:00 pm, try a relaxation tape at bedtime, drink a glass of warm milk – and the advice was always offered with compassion and understanding.

The two leaders alternate in guiding the conversation...keeping it on track and relevant. Turning to the topic of the day, dealing with health professionals, sharing ideas and experiences once again prevails. There are no lectures here. There is openness, encouragement and goal-setting.

The [Chronic Disease Self Management Program](#) is the concept and philosophy which Dr. Patrick McGowan of the University of Victoria's Centre for Aging introduced to B.C. – as a pilot project in 2000 and throughout the province in 2003. The program is licensed from and patterned on Stanford University's program called [Living a Healthy Life with Chronic Conditions](#), designed by Dr. Kate Lorig, a program which is now in 17 countries around the world.

With an aging population, the need for such programs is profound. As Dr. Lorig states in the program overview, "Nobody wants to have a chronic long-term illness. Unfortunately most of us will have two or more of these conditions during our lives."

Self management is a strategy to get people to engage in self-care behaviour(s). "Self-care" is defined as "the decisions and actions taken by someone who is facing a health problem in order to cop with it and improve his or her health". The program is designed to "help people with chronic illness learn a healthy way to live with the disease".

Researchers discovered that there are twelve self management tasks which are common across chronic health conditions, including such topics as: techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and how to evaluate new treatments.

In the experience of one group leader, the commonality of problems provides the bonding for the group. Carolyn Carter, a very attractive woman in her early fifties, was a busy special needs teacher when she was suddenly struck by a life-changing disease. "I assumed that because my personal experience is with stroke that I wouldn't have anything much to offer for people with diabetes or struggling with other chronic conditions. It was one of my big learning curves to realize that other people felt as I did. I realized we share a lot of the same problems. Feeling angry, depressed, frustrated. And loss – you lose so much of what you could do. And those things are hard to talk about. So it's a great opportunity to open up. When you look around and people say 'yes I feel that too'. It's a big help to us – to realize that we're not alone." Carolyn has found the experience of leadership richly rewarding and leading groups has reinforced her own self-management skills and behaviour.

It is the process in which the program is taught that makes it effective. The courses are free. Trained volunteer lay leaders meet with groups of 10 to 15 persons with chronic diseases for 2½ hours once each week for six consecutive weeks. Course participants are persons who are experiencing any type of chronic health condition; their significant others are also encouraged to attend. Classes are highly participative, mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, Canadian Edition* (created with the support of the B.C. Ministry of Health).

The conceptual basis for the program is the self-efficacy theory – the strength of belief in one's capability to do a specific task is a good predictor of motivation and behaviour. In other words, if you think you can, you probably will. Participants in the group are encouraged to set reasonable goals – ones which they believe they can achieve. "I wanted to be able to make the beautiful meals that I used to make for my family once again. So at first I just set a goal to make one simple meal a week for my family. And I had to really plan – in order to have the energy. Now I can do three and that is pretty good."

A person's self-efficacy is enhanced through performance mastery, modeling, reinterpretation of symptoms and social persuasion; all of which are incorporated into the program. Enhanced self-efficacy leads to improved behaviour, motivation, thinking patterns and emotional well-being: you simply get better with practice.

Dr. McGowan observes that, "People tend to avoid tasks and situations that they believe exceed their capabilities but readily undertake activities they judge themselves capable of performing. They develop skills to cope with the demands imposed by their chronic disease rather than dwelling on perceived deficiencies."

The program was tested and proven by Stanford in a randomized, controlled trial to study its effectiveness in terms of changes in behaviour, health status, and health service utilization. The study found significant improvement occurred in the treatment group for measurable behaviour change indicators; number of minutes of exercise per week, increased practice of cognitive symptom management, and improved communication with their physician. Additionally treatment group subjects had more positive scores for self-rated health status, including disability, social/role activity limitation, energy/fatigue, and health distress. Finally, fewer hospitalizations and fewer nights in hospital were found for the treatment group with no significant differences in physician visits.

An evaluation of the B.C. experience, conducted by Dr. McGowan, showed that four months after completing the program, participants had statistically significant improvements on 12 of 17 outcome measures.

Those results offer further encouragement for the fourteen people in the warm community centre basement who are seeking solace, solutions, and strategies for self-management.