

Appendix D

Identify Change Talk:

Below is a script between a nurse and his patient. The patient is a 50 year old woman admitted to the hospital with abdominal pain and vomiting blood. You notice an elevated GGT value on the serum chemistry and suspect that drinking is involved. You have seen her before. She may feel defensive if she were confronted about a potential problem with drinking. You're interested in helping to prevent this from reoccurring again. You just completed your assessment

Nurse: Well, you've had quite a shock, but I hope you are at least getting a rest here.

Patient: Yes, thank you, I am feeling a little better. I don't get much rest at home- just rushing around in the car, go, go, go, like I'm on a mission, looking after the kids, the job, the food, you name it.

Nurse: You do a lot, and you get a lot done.

Patient: Funny that you should say that. That's right, they call me supermom, and at work, I am the one who has to sort things out when it all goes crazy with stress and arguments about who's going to do this and that, and how we'll meet a deadline.

Nurse: I did want to ask you a little about your lifestyle. I'm not sure, but I wonder if there might be a connection here with what's going on in your stomach. Could we talk for a few minutes about this?

Patient: No, that's OK. Superwoman has landed in trouble. Why? What are you thinking?

Nurse: I'm not sure. Diet, alcohol, running around too much? I'm not sure. You'll be the best judge of this, but it sounds like you lead a pretty hectic life.

Patient: Hectic is not the work.

Nurse: You must enjoy living in the fast lane.

Patient: I do like getting things done. It's kind of a buzz, zooming from one thing to the next.

Nurse: Do you ever move over into the slow lane?

Patient: It's hard-it's no joke, there's so much to do, I just don't relax.

Nurse: What things do you do to take care of yourself?

Patient: At night when the kids are in bed, sometimes I watch movies and open a bottle of wine. That's my time. The only time I get, really.

Nurse: That helps you slow down, maybe relax a little at night.

Patient: And sometimes on weekends I go out with my friends and we have a few drinks.

Nurse: drinking is a way you relax. Tell me, what do you know about how alcohol can affect the stomach?

Patient: It can make you hungry like an appetizer. Do you think that's what's causing this? Is that what you're saying?

Nurse: It might be part of what's happening. I noticed on your blood tests that one value was up in the abnormal range, a liver function test that is often elevated by alcohol.

Patient: Oh great! The one thing I do for myself, and you want to take it away.

Nurse: I don't want to jump to conclusions, and in any case, it's your choice what to do. I can't decide that for you.

Patient: I just want a normal life. I want my stomach to stop hurting, and I want to get out of here.

Nurse: You've had a pretty rough ride lately. And I want those things for you too- a life that works for you and doesn't put you back here in the hospital.

Patient: How what about the blood test you mentioned? That scares me a little.

Nurse: It's one that often goes up when a person is drinking more than the body can handle. You're pretty slim, which means that a little alcohol goes a long way. Also women don't break down alcohol in the liver as well as men do.

Patient: So are telling me I need to cut back?

Nurse: It's up to you , but it seems like that's what your body is telling you. Also, a stressful life can be hard on the stomach, and adding alcohol on top of that can cause problems.

Patient: How does that work?

Nurse: Alcohol itself irritates the gullet and stomach lining. Have you ever drink straight liquor and felt the burn?

Patient: Sure

Nurse: That burning is alcohol's effect. It also releases stomach acid, which is why it can increase your appetite, and that can add to the problem if your stomach is already weak from stress, and you can wind up with ulcers. What are you thinking at this point?

Patient: I don't want an ulcer. Do you think that's what I have?

Nurse: It could be. There are tests that can look into this. If it is, what do you think you will do?

Patient: I assume you'll have some medicine for me to take. But I guess I also need to cut down my drinking, even if I don't have an ulcer.

Nurse: How hard would that be for you?

Patient: Not hard, really. I'd just have to find another way to relax.

Nurse: So you could cut down your drinking if you decided to. Even quit drinking?

Patient: I'm not sure.

Nurse: So why would you want to cut down or quit?

Patient: For my health! It sounds like I might be eating a hole in my stomach, and my liver is getting abnormal. I think it is time.

Nurse: Seems like it to me, too. What is your plan?

Patient: I can just not keep any alcohol in the house to tempt me. I think that's what I'll probably do.

(Rollnick, Miller, & Butler, 2008, p. 121-125)