



WorkRx Group, Ltd
Connecting Health & Productivity

The Motivation Paradox: Work, Disability, and Being Stuck *

*A business strategy for solving
Chronic health and productivity predicaments*

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Introduction: *Employees who appear to be unmotivated to manage the impact of an injury or illness continually confound employers of all types and sizes. This special group of employees, while small, exerts a meaningful and measurable impact in the work place. These individuals generally fall into one of three categories: those who intentionally set out on a path to deceive and defraud; those who tend to exaggerate symptoms which delays their return to a productive life; and those who are, quite simply, “stuck” – those caught in the Motivation Paradox. This paper defines the paradox, describes how it emerges, and explores its impact. A business strategy is offered that, when applied in a timely manner can prevent and solve complex, chronic health and productivity predicaments. Several case studies illustrate the varying types and degree of employee and employer “stuckness.”*

* Presentation by Kenneth Mitchell, Ph.D. at Society for Human Resource Managers.
Hawaii Chapter, July 21, 2009, Honolulu, HI

Motivated Little or Motivated Not. The onset of an injury, illness or chronic disease can disrupt one's job, a career and life in general. Yet, even in situations where a catastrophic impairment or loss occurs, the disruption is usually temporary. Individuals who have experienced a heart attack return to an active life and challenging careers. Cancer survivors celebrate with family and coworkers as they continue to perform at high levels at work and at play. Individuals who experience a disabling depression are able to seek treatment and resume fully engaged, productive lives.

No matter how minor or severe the impairment, there are individuals who have difficulty adapting to the various physical and emotional demands that a health crisis brings. Moving beyond the injury or illness seems to be difficult, if not impossible. The observed disability or subjective impact of the medical condition is greater than the observed level of impairment or objective loss. These folks confound employers, coworkers, health care providers, friends and family.

When an employee fails to return to productivity in a timely manner, employers often look for a quick, simple explanation, e.g. this person is simply not motivated. A more negative conclusion may be made that the individual is intentionally faking an illness or injury in an attempt to receive financial support. Here in lies the rub.

The Motivation Paradox suggests that, contrary to the notion that some ill or injured people are unmotivated, in fact, they are stuck. Stuck because they:

- Don't know how to solve their health and productivity predicament
- Are fearful of moving forward, or
- Are paralyzed by ambivalence and resistance to leave the status quo.

This lack of expected movement can be reinforced by well-constructed barriers, rationalizations and faulty thinking. Correspondingly, this point in time may be misinterpreted by employers as low interest, no motivation or, in rare cases, a disability scam.

Deception, Exaggeration or Just Stuck By whatever name it is called, disability deception, fraud or malingering is an intentional effort to create a false belief to gain an advantage or avoid a task, activity or responsibility by pretending, making up or creating fraudulent illness or symptoms. Research indicates that fraudulent claims occur in an estimated range of 1% to 5% of workers' compensation and short term disability claims^(1, 2).

Attempts to deceive employers are perpetuated by individuals who are clearly looking for quick personal gain, possibly retribution or some other manner of taking advantage of the employer. This person's scam typically has clear gaps and inconsistencies in behavior. Defining these gaps has shown to be difficult, laden with potential bias⁽³⁾. Offering a clear set of return to work expectations coupled with accurate and objective assessment of the individual's functional capacity with a demonstrated commitment to employ timely and fair, legal action appears to create a reliable strategy for dealing with fraud.

Yet, if an employer comes to believe that all or a large segment of its work force's injured or impaired employees are involved in some form of deception, then a costly battle of the disability adversaries begins. The immediate assumption of an adversarial position invites the employer to become unnecessarily entwined in an unproductive relationship with the impaired employee, the healthcare and insurance partners. Such entanglement creates a complex, self-perpetuating, unsolvable health and productivity predicament. The ability to separate real fraud from those employees caught in the Motivation Paradox is to the mutual benefit for all involved.

Symptom exaggeration, a more commonly reported event than disability deception, is often misrepresented as fraudulent, behavior as well⁽⁴⁾. Twenty percent (20%) to thirty percent (30%) of medical and disability claims with certain impairment types, e.g. fibromyalgia, chronic pain, mild head injury were reported to experience symptom exaggeration. Symptom exaggeration is most likely an unintentional enhancement of the impact of a real injury, illness or medical symptoms. It is not fraud or faking. In its mildest form it offers a distraction, at its most serious end, may represent a serious behavioral health problem.

Symptom exaggeration can be a poorly learned adaptive response, an ineffective coping style, the product of misaligned rewards and reinforcements, or a prominent feature of a

co-morbid condition, such as depression. Depression as been shown to be a significant barrier to continued productivity ^(5, 6, 7).

Symptom exaggeration is characterized by real impairment with disproportionately high subjective disability. Secondary gains are present, but usually include benefits other than money. For example, the exaggerated symptoms may serve to:

- Reduce anxiety
- Support a dependent relationship
- Exempt a person from expected social roles, such as spouse, parent or worker
- Reward a highly choreographed dysfunctional relationship in a family or workplace

Symptom exaggeration can be fueled by a high level of comfort with the status quo highlighted by vacillating feelings of ambivalence and resistance to change. While the resistance may be strong, it will typically be a more benign type than observed with a person engaging in disability fraud. Resistance may be more related to habit, fear or avoidance of higher levels of anxiety generated by change. When confronted with the discrepancies, the individual will most likely agree, but will have little to no insight.

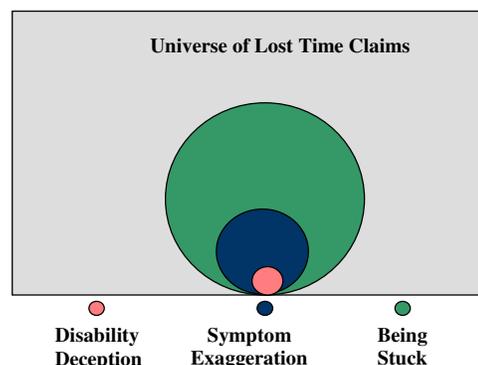
Being stuck appears to be the most common reason a person recovering from injury or illness is unable to move forward ^(8, 9 10, 11). The individual has real impairment and real disability that limits or disrupts work capacity. Being stuck is unintentional with little to no monetary gain involved. More often than not, the person who is stuck is financially struggling.

A person who is stuck responds to recognition and empathy. The individual is clearly ambivalent about moving from the status quo but will express an interest in changing. Resistance may be exhibited, but a type that can be discussed and eventually modified.

In most cases, the person is spinning his/her wheels due to faulty thinking and is unable to solve the current predicament. The faulty thinking can be heard, understood and modified. The person is looking for traction.

Figure 1 illustrates a hypothetical relationship of disability deception, symptom exaggeration, and being stuck within a universe of individuals with lost time claims.

Figure 1 A Proportional Illustration



The Nature of Motivation In dealing with day-to-day health and productivity predicaments motivation is defined as a product of interconnected factors that come together at a specific point in time ⁽¹²⁾. Motivation is a function of the real and perceived:

- Value of the desired task
- Probability of achieving a successful outcome, and
- Cost of engaging, succeeding or failing in the desired task.

Figure 2 illustrates this relationship. Simply stated, the higher the value associated with the task, the greater the probability for participation in that task, i.e., increased motivation. Impaired workers will exhibit a greater tendency to return to work if they believe this to be a positive and worthwhile action.

Figure 2

$$\text{Motivation} \propto \frac{V \times P(Os)}{C}$$

The probability of achieving the task represents a personal assessment by the individual of the chances of completing the task. This is influenced by the

V= Value of desired task
P (Os) = Probability of achieving a successful outcome
C= Cost of engaging in the desired activity

type of thinking the individual is engaged in. Unfortunately, the individual may be participating in faulty thinking, such as making premature conclusions with inaccurate or incomplete information. The employee may over-generalize the impact of the injury or illness, deciding this is the worst possible event that could ever happen. The individual may have concluded that there is no middle ground, it is an all-or-nothing conclusion, such as, "I cannot go back to my previous job, and I am unable to do any other job with any other employer. It is the old job or nothing."

Once again, faulty thinking may lead to an inaccurate assessment of the cost of participating or not participating in the desired task. The real or perceived costs may be determined to be:

- Too much effort to change!
- I will fail!
- I will lose money!
- It will hurt!
- Returning to work will kill me!

Just Stuck! It is mutually beneficial for the employer, healthcare professionals, health coaches, disability managers and claims professionals to understand the reasons why an individual becomes and remains stuck. This requires a different point of view, as well as a different set of skills in managing the “less-than-motivated” individual. The development of the appropriate management skills applied within a different relationship can lead to a timely resolution of the health and productivity predicaments.

Solving the motivation paradox is embedded in the tenets and skills of Motivational Interviewing. Motivation Interviewing (MI) is described as a gentle form of counseling that effectively changes health behaviors related to managing chronic health conditions ⁽¹³⁾.

Motivational Interviewing focuses on creating a productive conversation and eventual relationship centering on the individual's ambivalence and resistance to change. The MI process is portrayed as more "guiding than directing, dancing rather than wrestling, and listening more than telling" ⁽¹⁴⁾.

The spirit of Motivational Interviewing is based on the theme of "collaboration, evoking feelings and honoring patient autonomy." The specific strategies focus on

1. Recognizing the professional's natural inclination to correct or solve the patient's predicament.
2. Understanding the individual's reasons for not changing or moving forward, i.e. dealing with the ambivalence and resistance that are in play.
3. Asking questions in an open, candid fashion that invite sharing and insight versus closed and defensive responses.
4. Listening to how and what the individual is or is not sharing.
5. Empowering/reinforcing the individual to solve the predicament he or she is currently in.

Building a Human Resource Business Strategy - Getting Unstuck: There are competing interests between the individual who looks to be unmotivated and the employer, healthcare provider or insurance carrier. When these competing interests collide, taking an adversarial position often becomes the standard operating procedure, i.e. protect and defend. The adversarial approach offers a well defined risk management strategy that provides a highly visible response that something is being done by someone to prevent loss. It is important to remember that adversaries, by definition, do not trust

each other. Adversaries dig in, defend, resist and often attack. An adversary wins at the other's expense. Adversaries only solve one side of a multifaceted problem - theirs!

Developing the skills that move beyond the adversarial relationship to one of problem-solving can lead to desirable changes for the employer and employee. Human resource and occupational health professionals, employee assistance counselors, disability managers, health coaches and claims specialists are at the epicenter of assisting the person to become unstuck. The interest and ability to create a relationship that invites insight for all parties can lead to measurable changes and mutual success.

Committing Time! An accurate understanding of a person's "stuckness" can only be achieved through a commitment by the various stakeholders to engage in a purposeful conversation that builds a problem solving relationship. The principles in developing this relationship are summarized in

Figure # 3.

Figure # 3 Principles of Getting Unstuck

- **Move from an adversary to problem solver**
- **Recognize the nature and scope of being stuck**
- **Create opportunities for continuous engagement**
- **Reinforce incremental change**

The individual is accountable for solving his/her health and

productivity predicament. The employer, healthcare or insurance professionals are accountable for not getting stuck in the inevitable unproductive wrestling match that commonly occurs. They become guides, not adversaries.

The recognition and validation of the employee's current status is transformational. Acknowledging the nature of person's ambivalence with the status quo, offers both empathy, as well as a different point of view for the individual to consider and evaluate. This expanded point of view can be critical in that many individuals with a disability claim become isolated with limited objective points of view. This recognition creates opportunities to redefine and calibrate future possibilities.

Continuous engagement, e.g., more than one 10 minute conversation once a month with the claims professional or medical provider, reduces isolation, reinforces accountability and creates consistency and accuracy of information. Correspondingly, continuous engagement invites the opportunity to reward incremental success. Time invested in continuous engagement appears to reduce back-sliding and pays off with changes in the status quo of the individual. ⁽¹⁴⁾

Creating incremental change offers a greater likelihood of success through the application of skills needed at the subsequent steps. Anticipated and calibrated transitions provide support; reinforce small steps that can lead to longer term changes.

A Claims Administration Strategy: Building Claimant Connections: A leading employee benefits and disability insurer recently applied the theory of Motivational interviewing through a program titled Building Claimant Connections (BCC). The insurer sought to develop a closer relationship with those individuals who were on long term disability, (LTD) i.e., off work for greater than 6 months. These individuals had well-defined, medically validated impairments interfering with their capacity to maintain productive work. The BCC Program prepared disability claims specialists to assist claimants in making expressed changes in the claimant's current status. During the 12 month demonstration project, 60 claimants with a mean age of 48 had the following general impairment types: 25% behavioral health, 50% musculoskeletal and 25% cardiovascular. Gender was divided equally among the cases. All claimants had been on long term disability for at least one year and more than likely would be on disability until retirement age (age 65). In all cases, the individuals expressed an interest in work, but were unable to move forward. They were stuck.

The BCC program was developed and applied across three key themes:

- **Theme #1: Listen** The program introduced an interviewing style that moved beyond "claims data gathering." The goal was to gain a better understanding of the claimant's interests and priorities in addition to traditional claims data. This required the disability claims professional to meet by phone with the claimant multiple times (average 4 times for an estimated 20 to 30 minutes each call). The specific intent was to discuss real or potential change, not claims issues. The focus was on moving forward towards the claimant's personally defined goals.
- **Theme #2: Understand** The program encouraged the development of a relationship that invited the claimant to understand how s/he became stuck while focusing on solutions to getting unstuck. Moving forward did not necessarily mean a return to work, but simply the exploration of change towards greater independence.
- **Theme #3: Create a Plan B** With the claimant's Plan A disrupted by the injury, illness or chronic disease; the development of a Plan B was in order. Plan B was developed as a work prescription. A work prescription (WorkRx) is a coupling of the medical treatment with the emerging work capacity into an incremental path to an achievable level of productivity.

When injury or illness detours the person from his/her original path, disability benefits may become a permanent alternate life path if no other options appear to be available. Before coming to this conclusion, the BCC helped the claimant explore all the options, financial and vocational, both in the short and long term. The BCC program prepared the claims professional to support the claimant's interest in creating a different, more achievable Plan B.

Developing the Skills - Figure 4 presents the format and content for the skills development segment of the program. The BCC program applied the basic tenets of Motivational Interviewing. Through purposeful and directed interviewing, the claims

Figure 4 BCC Skills Development Formant & Content

Program 1 (Two - 90 minute sessions)

- Understanding the impact of injury, illness and chronic disease on productivity
- Developing effective interviewing skills that calibrate motivation to change

Program 2 (Two - 90 minute sessions)

- Developing skills dealing with ambivalence and resistance
- Developing skills to create a change plan to improve performance, stay at work, return to work or reduce high risk health behaviors

Program 3 (Three 2 hour sessions)

- Case mentoring sessions reviewing selected cases and developing return to work or change plan

professionals learned to gather information that provided insight into how the individuals were adapting and coping with the injury or illness. The discussion recognized how the employee became stuck during his/her injury or illness experience. The interview format took an open and collaborative, rather than adversarial position in relation to the employee's current status and future change.

Building Claimant Connections Outcomes The one year BCC demonstration included ten (10) long term disability claim specialists working with 60 claimants off work between 8 to 18 months. The expected return to work rate for such a cohort is estimated at < 10%. The actual return to work was 10% (6 claimants) with the first six months of the program with another 40% (24 claimants) demonstrating changes in their current thinking and preparation for a return to work. The participating claims professionals also found that obtaining better information through the new interviewing strategies led to timely identification of claimants (50%, 30 claimants) reported no value or low probability of changing. This allowed the claims professionals to better manage those claims in the long term.

Following the one year demonstration it was determined by the senior management of claims organization to expand the BCC education program to all long term disability claims specialists and incorporate the material into the new hire program. The 10 month training program roll out (completed June, 2009) introduced an estimated 500 long term disability claims specialists to this process. The reported quantitative outcomes included positive changes to:

- Customer client satisfaction
- Claim status

The qualitative outcomes (self report by disability claims specialists) were:

- Increased capacity to deal with complex cases
- Greater insight to claimant issues
- More accurate information gathering leading to more efficient claim management
- Developed partnerships with claimants
- Listened more – talked less
- Increased job satisfaction with application of skills to other parts of life

The following two case examples illustrate several BCC common themes.

BCC Claim Example 1: A 48 year old woman with fibromyalgia was out of work for almost two years. Due to the claimant's up and down days of pain and depression, the disability claims professional struggled to have productive conversations around return to work. After completing the BCC training, the claims professional began directing the conversation toward positive aspects of the claimant's situation, focusing on the clear ambivalence and resistance to what she *could* do, instead of what she could not do. Within two months she had returned to work with a new employer full time with no vocational assistance. The change in focus allowed her to move beyond the status quo.

Expanded Use of BCC Claims professionals have also utilized these skills with segments of claims that may not immediately come to mind when one thinks of claimants who are stuck. Claimants who have returned to work part time, but have not increased their schedules or are experiencing job related performance problems once back to work may also show signs of being stuck. Claims professionals have identified these claimants and are utilizing interviewing strategies to gauge the ambivalence and resistance to increased work schedules or solving the emerging employee relations issue.

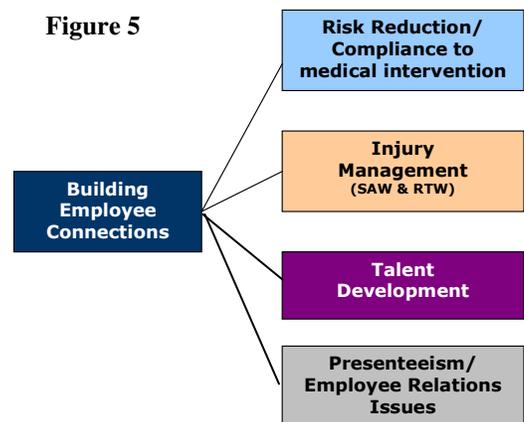
As the skills included in the BCC training become more embedded in the language of the company, claims professionals continue to find ways to utilize the approach to benefit claimants and assist them in creating positive changes in their personal lives.

An Employer Business Strategy: Building Employee Connections (BEC) The Building Claimant Connections program produced a companion corporate based model – Building Employee Connections (BEC). Through an innovative partnership between the insurance carrier and one of its large long term disability group customers, a version of the skills development program was implemented. The intent was to respond to those employees who were having difficulty solving health and productivity predicaments. This included employees off work for extended short term disability or Workers’ Compensation claims, as well as those individuals at work with health-related performance issues and/or chronic/intermittent absenteeism.

The participating corporate customer is a midwestern based healthcare network made up of five hospitals and a primary care physicians’ network. The health system has 7,000 employees with an internal Employee Health & Employee Assistance Function. Twelve Employee Health & EAP professionals were prepared in the Building Employee Connections program. Ninety-six employees with either a workers’ compensation claim, short term disability or work performance problem related to a health problem were served during the first six months of the program (January – August, 2009).

Figure 5 illustrates the applications of the Building Employee Connections. The BEC program was designed to:

- Support employees who are having difficulty complying with risk reduction programs.
- Support employees who have incurred an injury or acute illness and are having difficulty managing the event.
- Support the development of new talent by creating unique skills in problem solving.
- Actively resolve emerging employee relations issues generated by health related problems.



Outcomes are currently being evaluated. Initial reports suggest that an early critical outcome of the program was realized by having the employee health and the EAP professional participate in the same education experience applying the same principles with common cases. This resulted in a common vocabulary, greater understanding of the other team member's role and improved collaboration on all cases going forward.

Next BEC steps include:

1. Ongoing booster sessions to support the continued application of the approach
2. A special supervisor/manager education series
3. A physicians continuing medical education (CME) program related to “the unmotivated patient.”

Being Stuck – BEC Case Study For illustration purposes, the following case study represents an amalgam of real health and productivity predicaments that fit the Motivation Paradox for the BEC. The individual clearly was ambivalent, resistant and stuck. The motivational paradox strategies are provided.

Case Study Poor Performance A 42 year old accounting manager was often confused at work during and following chemotherapy treatments. The employer had made schedule adjustments on the job following the employee’s cancer surgery and a limited short term disability period. The employee continued to make errors in her work. She became recognized as a high risk for costly errors and deemed to be unmotivated or unwilling to learn new skills or change jobs. The employer wanted to know when this would end.

Motivation Paradox Discussion

Ambivalence – Employee saw herself as a competent, long term good employee; performance feedback suggested otherwise. She was confused. She did not want to be fired, but was not confident she could learn new skills with the subtle, but real memory and attention deficits generated by the chemotherapy.

Resistance – Employee was unwilling to change jobs. Changing jobs meant separating from her loyal friends who supported her during the cancer treatment.

Change Plan – Employer, employee and oncologist objectively evaluated and discussed impact of chemo brain, i.e., impact of chemotherapy on productivity, work and specifically cognitive functions. A back up plan was designed to identify and correct mistakes. Expected improvement occurred when current chemotherapy was changed and eventually concluded.

A Corporate Health and Productivity Strategy Managing the Motivation Paradox, while not a stand-alone strategy, should be considered an emerging best practice by employers. It is a single tool that appears to work best when incorporated as part of the employer’s overall health and productivity strategy.

A possible down side of applying this strategy is that it takes time. It takes time to develop a relationship that gets an employee, claimant or patient unstuck. This is not a “buddy” relationship, but a problem solving connection. It is not time wasted. It is time invested that saves time and money later in the claims or treatment process. Being stuck is the greatest waste of time for all involved.

The following health and productivity prescription illustrates the integration and coordination of the various elements in such a business strategy. The prescription can be portioned across four general areas of action. They are:

1. Benefit Design and Product Alignments
2. Health & Productivity Program Development
3. Management Education
4. Medical and Insurance Vendor Coordination

At the heart of the motivation relationship (value and costs) are the incentives and disincentives embedded in the benefit and compensation programs offered by employers. Benefit programs matter, they make a difference on all things health and productivity.

Figure 6 outlines key connections and incentives that need to be aligned to support continued productivity while protecting the economic stability of the employee. A series of innovative research illustrates the nature and scope of the impact of benefit design, incentives and employee health care utilization ⁽¹⁵⁾.

The dramatic move to employer use of voluntary benefits suggests the future of dealing with employee choices and motivation to return to work will be embedded in the respective benefit plan design.

Figure 6 Benefit Design and Incentive Alignments

- Connect family medical leave, short term, and long term disability claims administration.
- Reduce the potential for disengagement by either the employee or the supervisors.
- Coordinate with safety/wellness incentives.
- Link workers compensation, disease management, and employee assistance utilization.

Guiding the employee through the health and productivity maze increases the likelihood that an individual will not get stuck.

Figure 7 offers a set of well defined steps for stay at work or return to work program that

creates clear pathways. Creating a work prescription links the health care treatment with the job demand and corporate practices. Pathways offer direction while reducing the chances of going in the ditch.

Figure 7 Health & Productivity Program Development

- Create stay-at-work, as well as return-to-work pathways. Such pathways define how a person can stay at work or return to work with impairments.
- Require a work prescription (Work Rx) rather than restrictions and limitations as part of a work decision. The work prescription connects the employee's medical treatment with the job demands and emerging worker capacities.
- Review and adjust the work prescription at appropriate increments.

Ignorance is not bliss. Ignorance of best practices invites the employer and impaired employee to become stuck. Figure 8 outlines key education steps to prepare senior management and day to day

managers to be effective partners. The education programs focuses on the influence of personal agendas,

bias and misinformation that guide both the employer and employee's efforts to maintain and protect productivity.

Figure 8 Management Education

- Owners, senior management (CEO/COO/SVP HR) on developing a health and productivity vision
- Human resource and benefits managers on best practices
- Operations /line management on return to work steps
- Provide specific skill development training for managing employees who are stuck.

It is critical for the employer to coordinate the work of its health and productivity partners. Figure 9 highlights key coordination points creating a cohesive response reducing the potential

gaps an injured or ill employee may fall into.

"Mind the Gap" has practical value for

vendor coordination. Employees become lost, stuck in the "gaps"

Figure 9 Medical and Insurance Vendor Coordination

- Share data highlight patterns, trends and connections
- Create mutual goals and expectations.
- Educate physicians on Work Rx expectations.
- Reward coordination.
- Align Building Employee Connections skills with disability/workers' compensation vendor claims management.

Summary The Motivation Paradox is not an excuse, apology or rationalization for individuals who file fraudulent claims. Nor is it a cure-all for employees who have difficulty coping with the impact of an injury or illness.

It describes a common reality for individuals who are stuck in a health and productivity maze. It offers the foundation to acquire a proven set of skills within a corporate strategy that helps prevent and solve complex health and productivity predicaments.

The essence of this strategy is to differentiate between those employees who are stuck and interested in change from those who may be comfortable with their current status.

Finally, employers have the opportunity to reduce the growing cost of lost time and presenteeism generated by those employees who are unable to solve their personal health and productivity predicament.

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