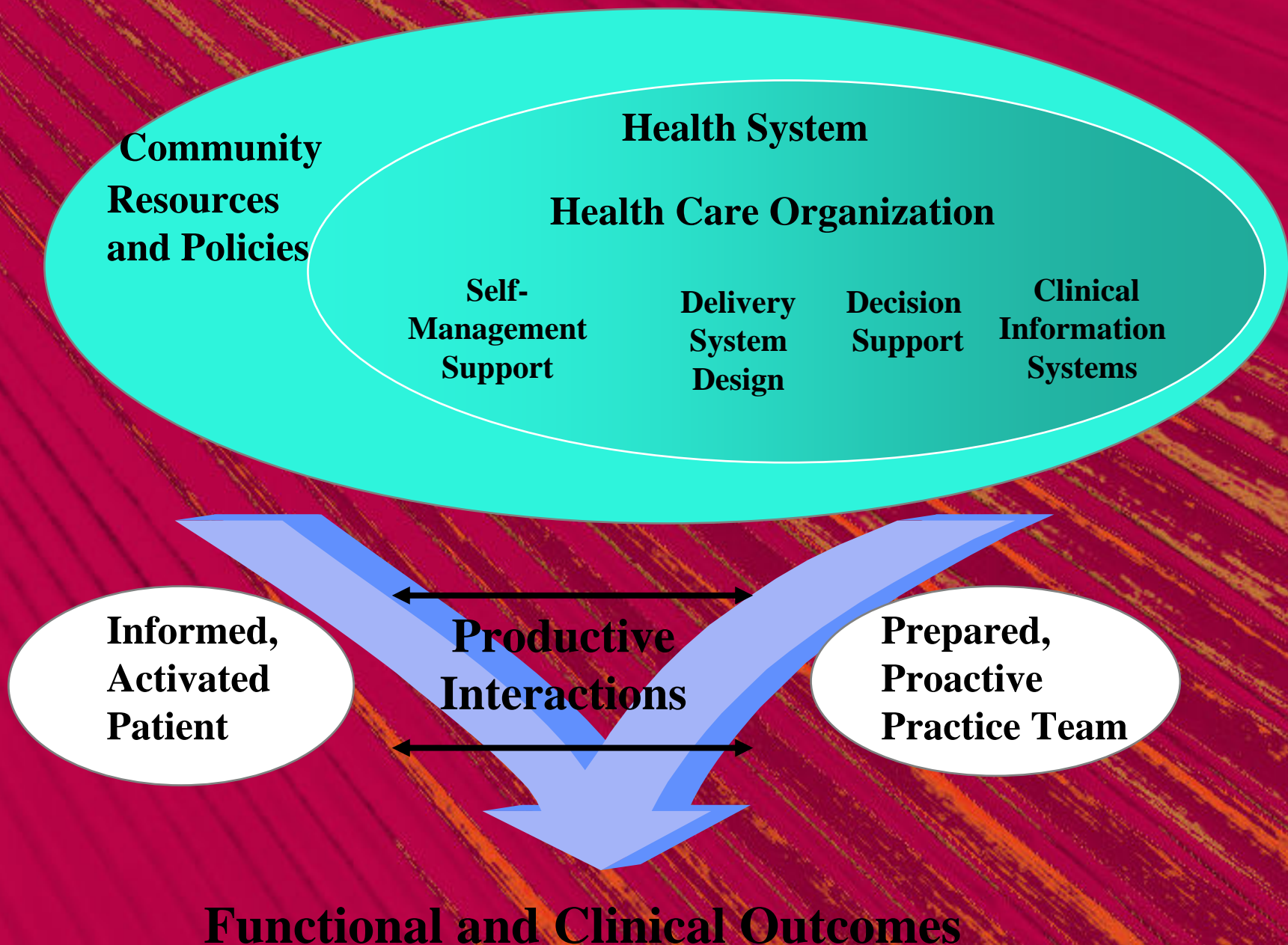# Nephrology Days 2007 Vancouver, BC Motivating Behavioural Change

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Major Points

- How important is motivation anyway?
- How does theory inform us?
- Behavior is complex and multifaceted, therefore...
- Self-Management Support Strategies have potential

Chronic Care Model

Community Resources and Policies

Health System

Health Care Organization

Self-Management Support

Delivery System Design

Decision Support

Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team

Functional and Clinical Outcomes

Definition of Self-Management

The tasks that individuals must undertake to live well with one or more chronic conditions. These tasks include having the confidence to deal with medical management, role management and emotional management of their conditions.

Report of a Summit. The 1st Annual Crossing the Quality Chasm Summit. September 2004

What is self-management support?

- *Self-management support* is what health caregivers do to assist and encourage patients to become good self-managers.

- Institute of Medicine definition:

  "the systematic provision of education and supportive interventions to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support."

  IOM. Priority Areas for National Action: Transforming Health Care Quality.

  Washington DC: National Academies Press, 2003, p 52.

Considerations

- Clinicians are present for only a fraction of the patient's life

- Nearly all outcomes are mediated through the person's behaviour

Does motivation lead to behavior change? (the paradigm)

Motivation → Cause & Effect → **Behaviour**

Definition of Paradigm

Thomas Kuhn defined a paradigm as ….

"A worldview that is essentially an interrelated collection of beliefs shared by scientists (for our purposes, health care professionals), i.e., a set of agreements about how problems are to be understood."

Paradigm…

Kuhn recognized that the way problems are defined, in part, determines the nature of the strategies designed to solve them.

Anderson, R.M., & Funnell, M.M. (2004). Patient empowerment: reflections on the challenge of fostering the adoption of a new paradigm. Patient Education and Counseling.

The right paradigm?? (e.g., non-compliance)

25 Years of Research focusing on the "problem of noncompliance / non-adherence"

Has failed to solve the problem!

Medline – 1450 citations in diabetes

Assumptions re: noncompliance

1. **noncompliance is a valid and useful construct for understanding behaviour**

2. **patient is the source of the problem, and**

3. **the <u>solution</u> to noncompliance is for the patient to defer to the expertise of the HCP's and follow the recommendations they have given him to change his behaviour**

Are we socialized to the wrong paradigm?

- **used for the treatment of acute illness…**
- **where the <u>patient</u> should surrender varying amounts of control to HCP's to get their expertise and technology, and**
- **where HCP's take responsibility for solving patient's problems**
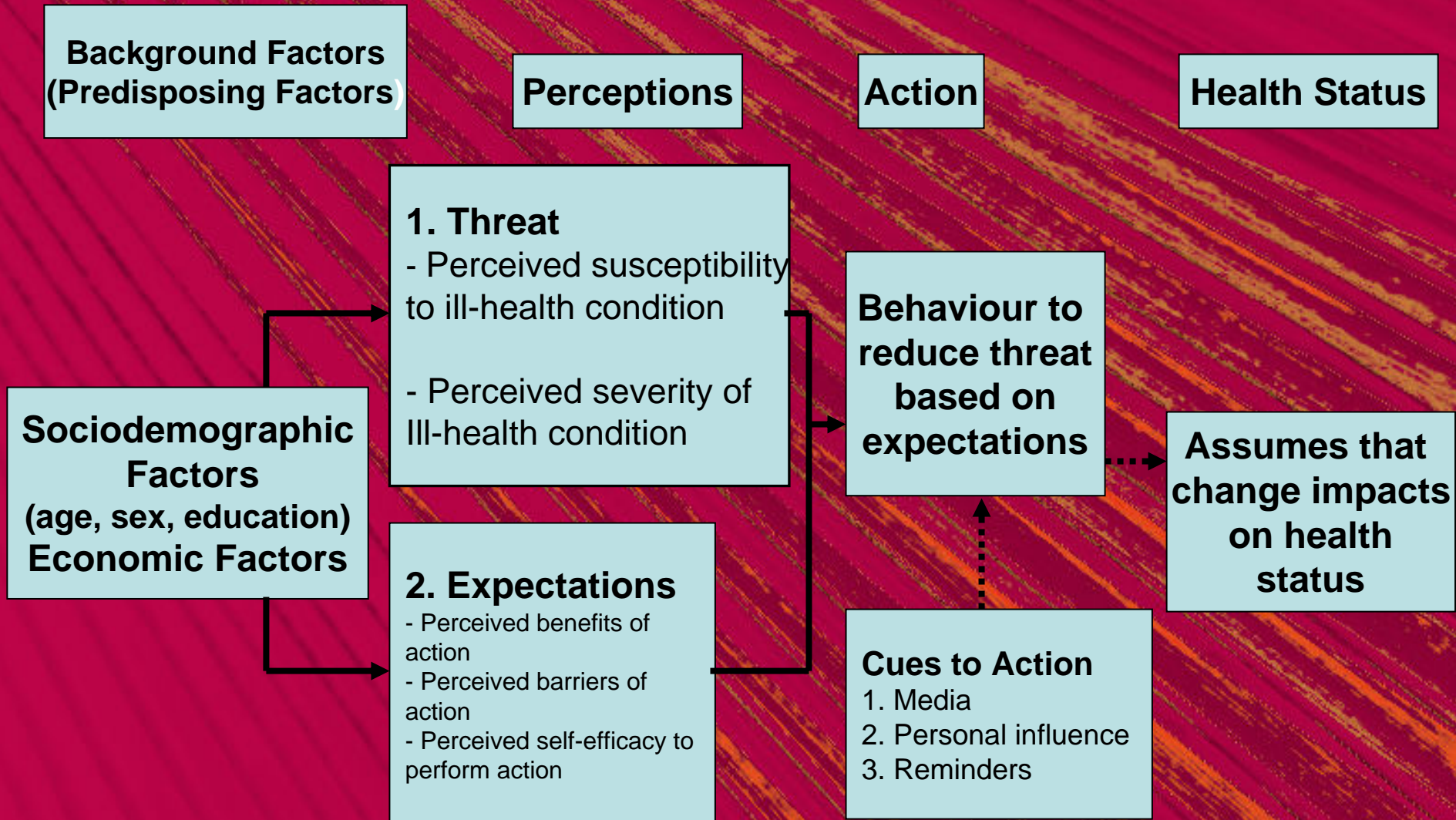
Does theory inform us?

Theories of Reasoned Action and Planned Behavior
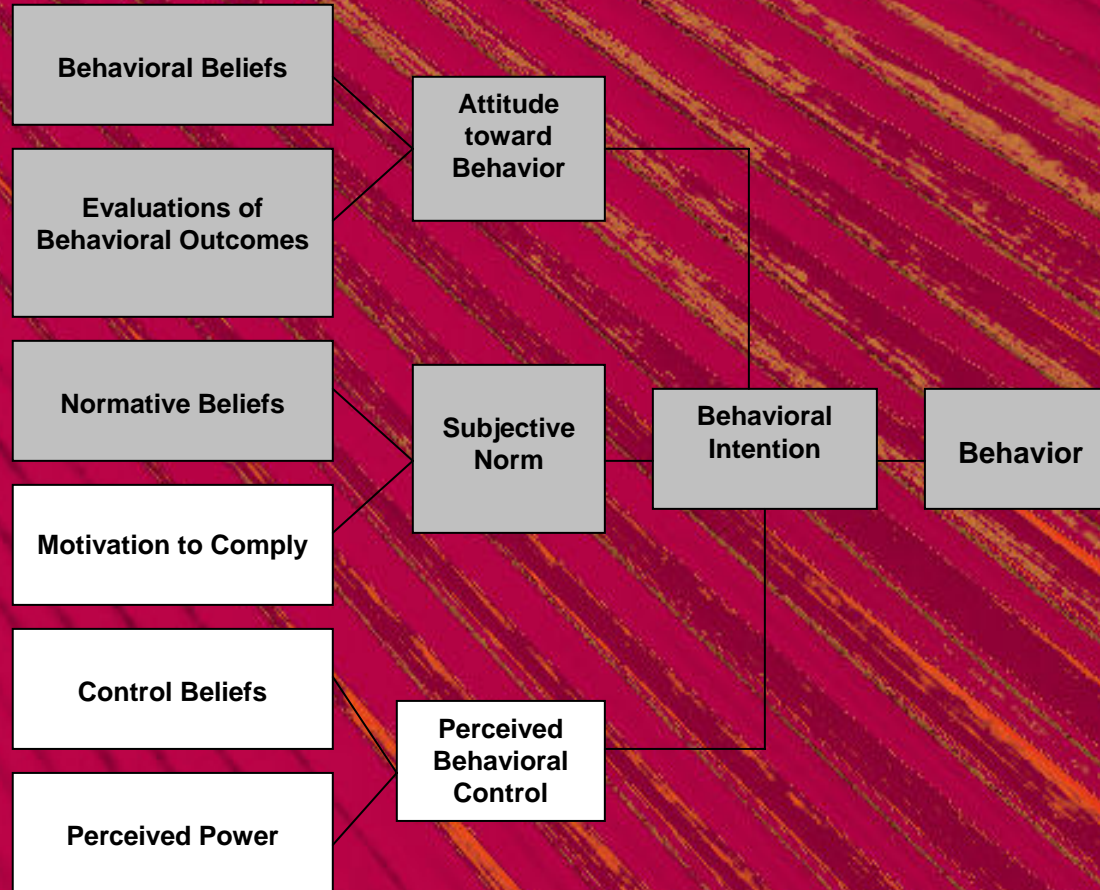
SOCIAL LEARNING THEORY

INFLUENCES UPON EXPLANATORY VARIABLES	EXPLANATORY VARIABLES	OUTCOMES
Direct experience Modeling	Behavioural Capability *(having the skills necessary for the performance of the desired behaviour)*	**Acquisition and Maintenance of New Behaviours**
Performance Accomplishments **Vicarious Persuasion** **Verbal Persuasion** **Emotional Arousal**	**Efficacy Expectations** ***(beliefs regarding one's ability to successfully carry out a course of action to perform a behaviour)***	
Direct Reward Vicarious Reward Self-Management	Outcome Expectations *(belief that peforming a behaviour will have desired effects or consequences)*	

Health Belief Model

**Background Factors
(Predisposing Factors)**

Perceptions

Action

Health Status

**Sociodemographic Factors
(age, sex, education)
Economic Factors**

1. Threat
- Perceived susceptibility to ill-health condition

- Perceived severity of Ill-health condition

2. Expectations
- Perceived benefits of action
- Perceived barriers of action
- Perceived self-efficacy to perform action

Behaviour to reduce threat based on expectations

Cues to Action
1. Media
2. Personal influence
3. Reminders

Assumes that change impacts on health status

Stages of Change Theory

Pre-contemplation	Has no intention to take action within the next 6 months
Contemplation	Intends to take action within the next 6 months
Preparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction.
Maintenance	Has changed overt behavior for less than 6 months.
Action	Has changed overt behavior for more than 6 months.
Termination	No longer succumb to temptation and have total self-efficacy.

Status of SOC Theory

- Littlell, J. & Girvin, H. (2002). Stages of Change: A Critique. *Behavior Modification*, Vol. 26 No 2 April, 223-273

- Adams, J. & White, M. (2004). Why don't stage-based activity promotion interventions work? *Health Education.* Vol. 20, no. 2, 237-243.

- West, R. (2005). Time for a change: putting the Transtheoretical (Stages of Change) Model to rest. *Addiction*.100, 1036-1039

- Brug, J., Connor, M., Harre, Niki, Kremers, S., McKellor, S. & Whitlaw, S. (2005). The Transtheoretical Model of Stages of Change: A critique. *Health Education.* Vol. 20 no. 2, 244-258.
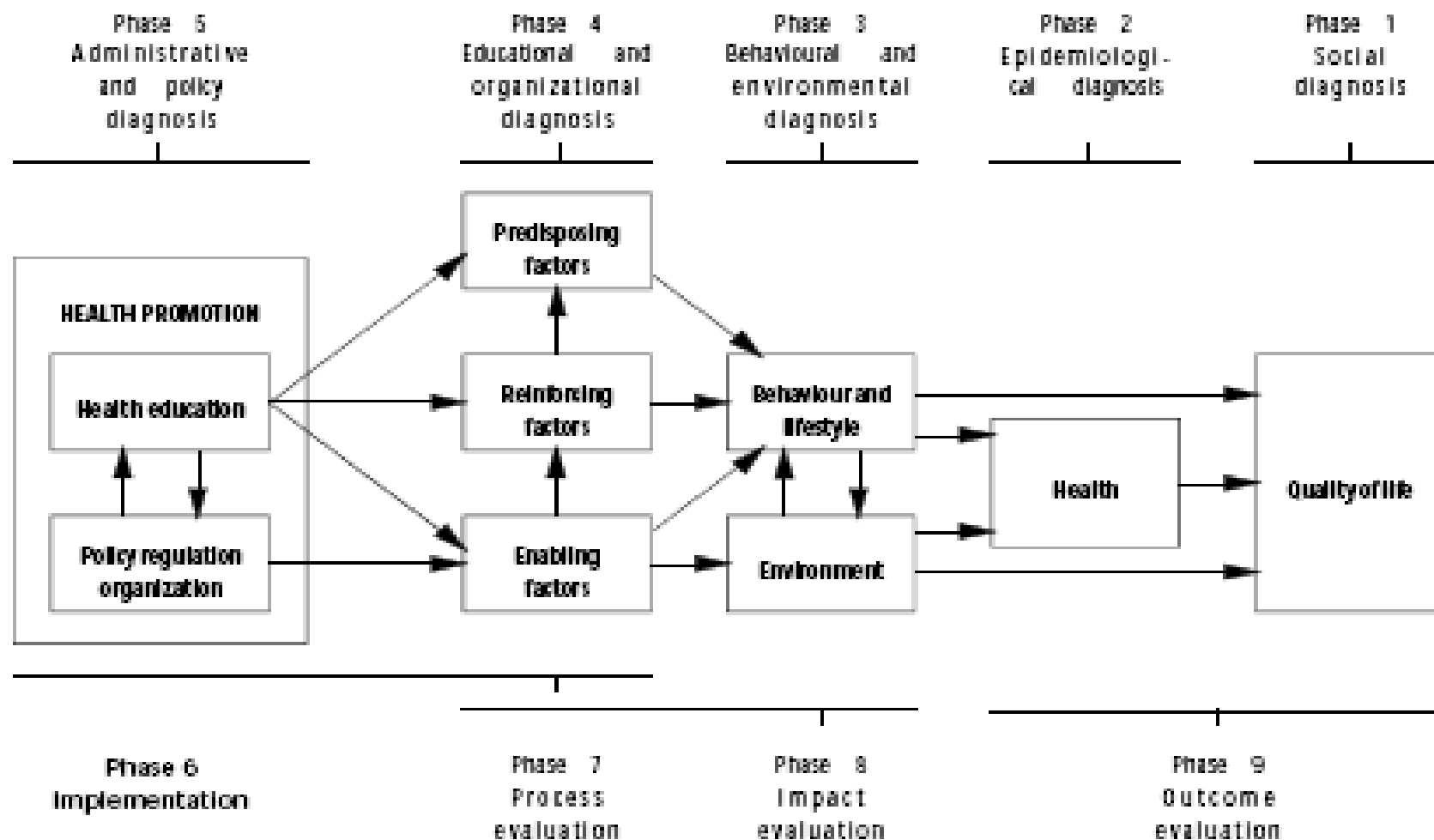
Motivational Models??

Readiness to Change Model

Readiness = importance x confidence

Motivational Models

- What's the evidence?
- Training, implementation & continuous Integrity
- Is motivation enough?

PRECEDE / PROCEED model diagram

A call from Russ…

- **53 yr. old male, single**
- **Owner operator trucker – always on the road**
- **Never concerned with the ways he was eating**
- **Overweight**
- **Recently diagnosed with Type 2 diabetes**
- **Said Education Centre was judgmental and made him feel like a "Loser"**
- **Was "gung ho" but now feels depressed**
- **Can't get it together to lose weight (i.e., on the road)**
- **Doc told him about CDSMP but doesn't want to go to a "whiner group"**
- **Is motivated!**
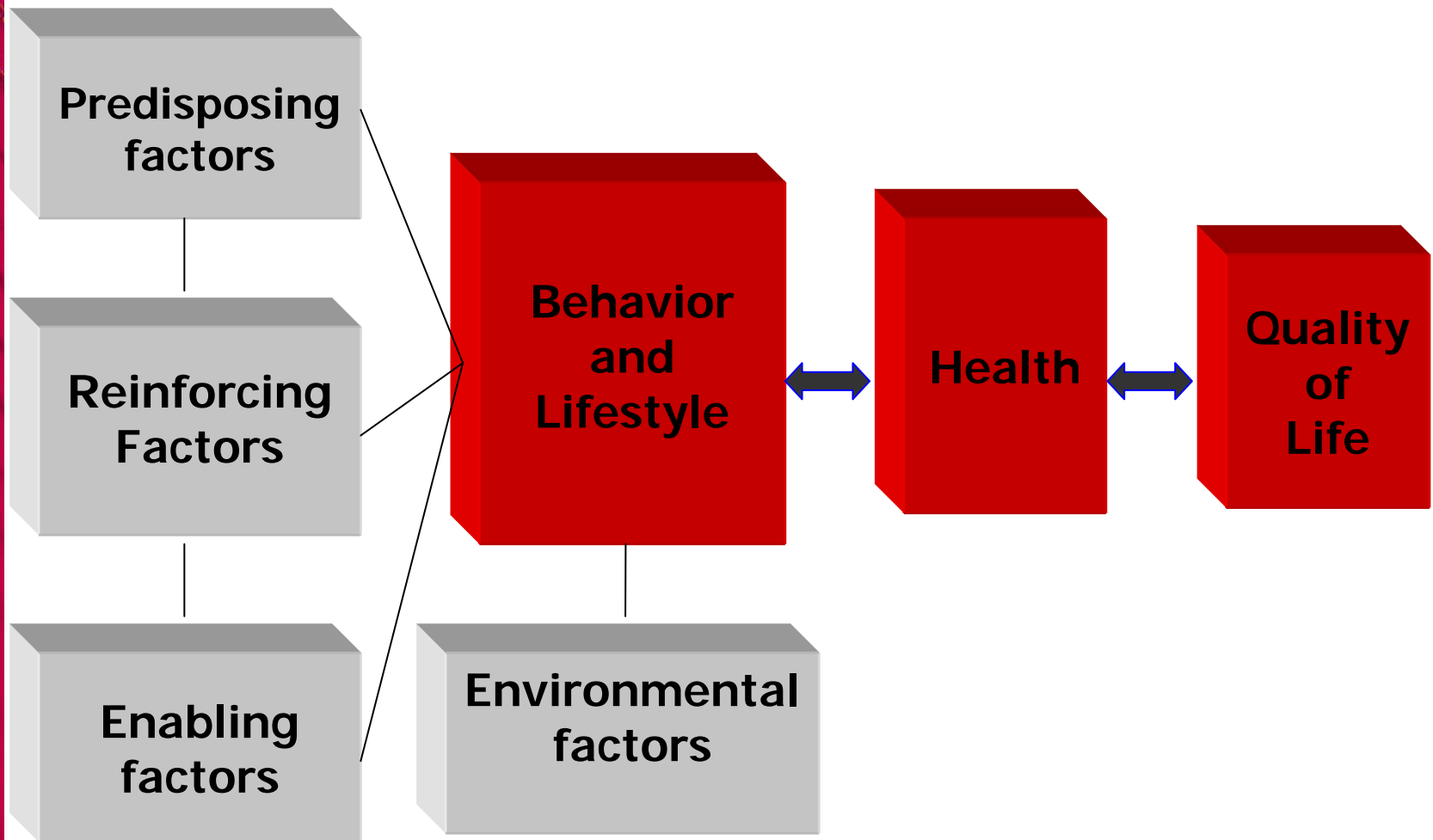
Predisposing Factors

- Knowledge
- Beliefs
- Attitudes
- Values
- Motivation
- Confidence
- Self-efficacy

Reinforcing Factors

- Family
- Peers
- Being alone
- Employers
- Comforting
- Relieves stress

Enabling Factors

- Health-related skills
- Accessibility to information
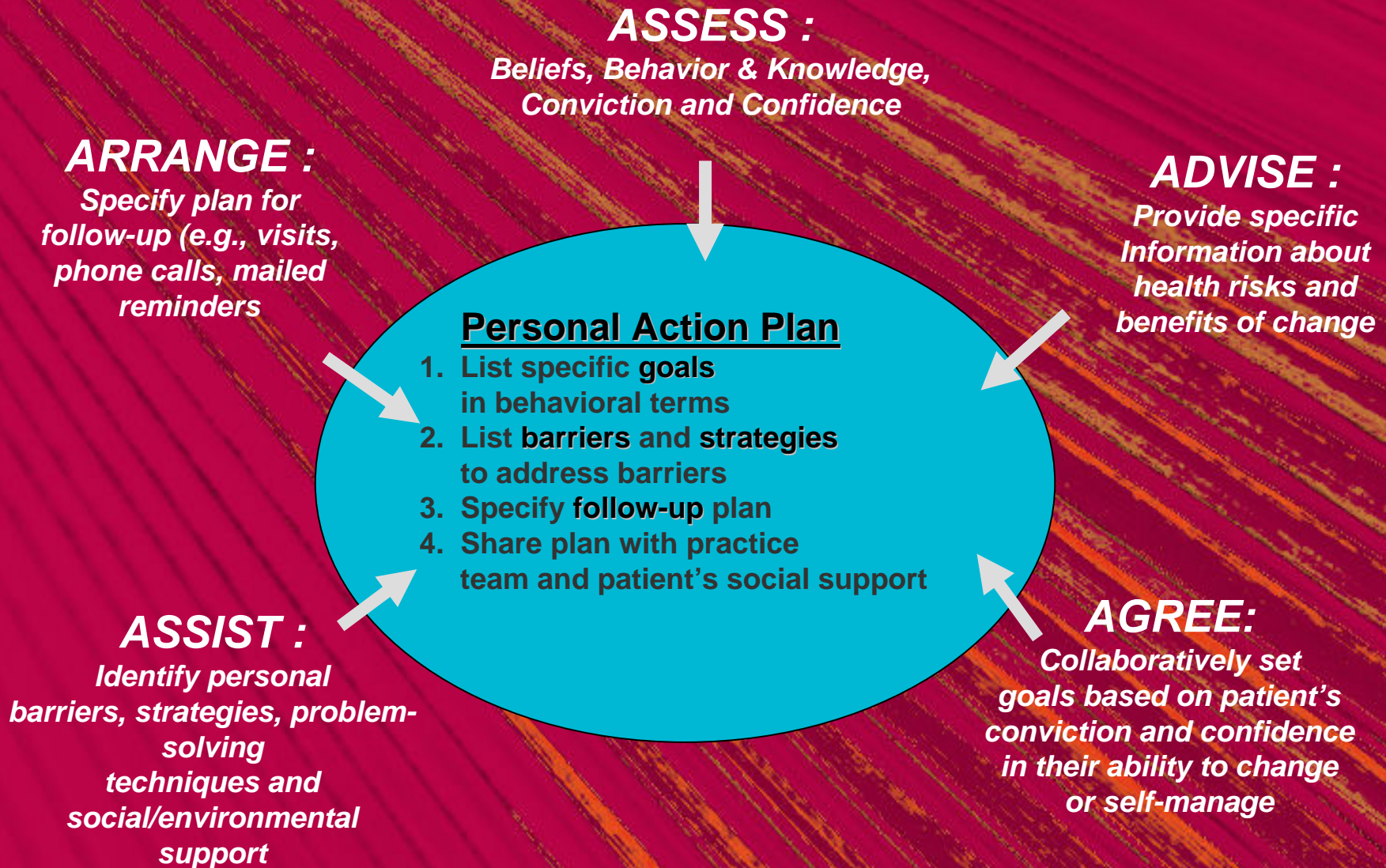- Accessibility of health resources

Environmental Factors

- Northern truck route
- Shift work
- Food safety (no cooler in truck)
- Difficulty accessing restaurants with truck
- Availability of healthy food in Northern communities

Self-Management Support Strategies

➢ **Assessment** (Health Risk Appraisals, Readiness to Change)

➢ **Communication / Interaction Style** (Establishing a Rapport, Ask-Tell-Ask, Closing the Loop)

➢ **Providing Information**

➢ **Teaching Skills** (medical-related, problem-solving)

➢ **Behavioral Techniques**

(Goal, Action Plan & Follow-up)

➢ **Linking Client to Community Resources**

➢ **Planned Visits**

➢ **Motivational Interviewing**

5 As of Self-Management Support

ASSESS :
Beliefs, Behavior & Knowledge, Conviction and Confidence

ARRANGE :
Specify plan for follow-up (e.g., visits, phone calls, mailed reminders

ADVISE :
Provide specific Information about health risks and benefits of change

Personal Action Plan

1. **List specific goals** in behavioral terms
2. **List barriers and strategies** to address barriers
3. **Specify follow-up plan**
4. **Share plan with practice** team and patient's social support

ASSIST :
Identify personal barriers, strategies, problem-solving techniques and social/environmental support

AGREE:
Collaboratively set goals based on patient's conviction and confidence in their ability to change or self-manage

Adapted from Glasgow RE, et al (2002) *Ann Beh Med 24(2):80-87*

Use any of the techniques Whenever you have an opportunity!

ADVISE
- Ask – Tell – Ask
- Closing the Loop

AGREE
- Ask "Is there anything you want to do this week?(use circles sheet)
GOAL → ACTION PLAN → FOLLOW UP
Get Client to make an **ACTION PLAN**

ASSESS
- Open-ended questions (establish rapport)
- Establish the Agenda (use circles)
- Use HRA (if you have computer)
- Assess "Readiness for Change"

ARRANGE
- Follow-up the ACTION PLAN
(If client had trouble completing the Action Plan, then Problem Solve and make a new ACTION PLAN)

ASSIST
- Review GOAL & ACTION PLAN
- Teach PROBLEM SOLVING
- Teach Self-Monitoring Skills
- Use MI
- Inform re: community resources

SELF-MANAGEMENT GOAL
- Both people are EXPERTS
- Two-way information exchange
- Both state preferences
- Consensus to decide treatment
- Collaborative relationship

MAKING ACTION PLANS
1. Client wants to do it
2. Reasonable
3. behavior specific
4. Specific
5. Confidence Level of 7+

**Community CDSMP Program
Toll free line 1-866-902-3767
www.coag.uvic.ca/cdsmp**

Definition of SELF MANAGEMENT
What people do every day such as deciding what to eat, whether to exercise, if they will monitor their health, take their medications, etc. Everyone self manages but are they making decisions that improve health behaviours.

Self-management Support is what health caregivers do to assist & encourage people to become good self-managers.

PROBLEM-SOLVING STEPS
1. Client identifies the problem (just 1)
2. Client lists ideas that could solve it (you can help)
3. Client selects 1 idea to try → ACTION PLAN
4. Assess Results → If not working, try another idea; utilize other resources &/or accept that the problem may not be solvable now.

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Self-Management Support Strategy	PRECEDE - PROCEED Type of Factor
- Establish Rapport	Predisposing & Reinforcing
- Ask-Tell-Ask	Predisposing & Reinforcing
- Closing the Loop	Predisposing & Reinforcing
- Establish Agenda	Predisposing & Reinforcing
- Readiness to Change	Predisposing
- Providing Information	Predisposing and Enabling

Self-Management Support Strategy	PRECEDE - PROCEED Type of Factor
- Teaching Skills	Predisposing & Enabling
- Goal and Action Plan	Predisposing, Enabling & - Reinforcing
- Follow-up	Reinforcing
- Problem-solving	Enabling & Reinforcing
- Links to resources	Enabling & Environmental
- Planned Visits	Environmental

1St Principle

Behavior is complex and multi-causative

and therefore

interventions to modify behavior

must be multi-faceted as well.

2nd Principle

Behavior change – either of individuals or of systems – does not take place in a vacuum but rather in a complex web of interconnecting social, economic, and technical influences.

Motivation isn't enough!

When patients see the possibility of real improvement in their lives, they can accomplish health goals they wouldn't even try if they were less motivated. <u>But motivation is not enough</u>. They also need self-confidence and certain skills that we can model and teach.

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