SETTING THE STAGE FOR
BEHAVIOUR CHANGE
INSULIN PUMP EDUCATION DAY
ELIZABETH MCLAUGHLIN, PHD

March 23, 2018
Setting stage for behaviour change

- Understanding the challenge
  - Starting assumptions
- “Spirit” of motivational enhancement: creating a relationship that sets the stage for change
- Four approaches to help to support change
  - Overall strategies and specific techniques
Disclosures

- Pediatric Health Psychologist
  - First professional encounter with TIDM on residency in 2000
  - Joined IWK Pediatric Health Psychology in 2002
    - Health centre-wide consultant

- Do not
  - live with diabetes
  - have a child with diabetes
  - work in clinic setting
  - consider myself finished learning

- Part of the Behaviour Change Institute (M. Vallis, PhD)
Foundations and evidence

- Motivational interviewing
- Solution focused therapy
- Cognitive behaviour therapy
- Acceptance and commitment therapy
- Learning theory
- Behaviour family systems theory

- General chronic illness and diabetes specific
Understanding the challenge

Starting assumptions:

1. Healthy behaviour is hard
2. Living with Type 1 diabetes is hard
3. Helping people to do hard things is hard
Understanding the challenge

Starting assumptions:

1. Healthy behaviour is hard
2. Living with Type 1 diabetes is hard
3. Helping people to do hard things is hard
Raise your hand if you:

- Don’t smoke.
- Limit foods and beverages high in calories, fat, sugar or salt.
- Eat 8 servings of fruits or veggies every day.
- Get 30 minutes of physical activity per day.
- Get 7+ hrs of sleep per night.
Why is healthy behaviour so hard?

Healthy behaviour is abnormal behaviour

Goes against:

- Pleasure principle
  - Healthy behaviours often have a cost
  - Unhealthy behaviours often have a reward
- Path of least resistance
- Preference for short term over long term (true for all, but especially true children and youth)
Why is healthy behaviour so hard?

- Wanting an outcome is not the same as wanting to do what it takes to get that outcome
  - Don’t you care about your health?
  - Do you want to have complications?

- Motivation for specific behaviours fluctuates over time
  - Changing context
  - New Year’s resolutions
  - Rock bottom motivation
Adherence to pediatric chronic disease regimens

Across a variety of pediatric chronic conditions, non-adherence rates are typically about 50% and can be as high as 75% for adolescents and young adults.

Adherence to Pediatric Medical Regimens (Rapoff, 2010)
Adherence to pediatric chronic disease regimens

- Higher by parent/youth report vs. objective measures (e.g., HbA1c).
- Drops over time.
- Higher to medication regimens vs. non-medication regimens (e.g., diet, exercise, sx monitoring).
- Lower for more complex regimens.

Source: Rapoff (2010)
Understanding the challenge

Starting assumptions:

1. Healthy behaviour is hard

2. Living with Type 1 diabetes is hard

3. Helping people to do hard things is hard
Living with T1DM

- No remission, no holidays
- Complex regimen
- Uncertainty and worry (short and long term)
- Impacted upon by food, activity, illness, hormones... everything
- Not a 1:1 relationship between effort/adherence and outcome
Understanding the challenge

Starting assumptions:

1. Healthy behaviour is hard

2. Living with Type 1 diabetes is hard

3. Helping people to do hard things is hard
Helping people to do hard things is hard

- Chose vocation because we care about others’ well-being
- Often in the presence of suffering that is out of our control
- Often working with systemic challenges that are beyond our control (e.g., time)
- We can’t make people change
- Emotional responses to “non-adherence”
  - Empathy
  - Worry
  - Frustration
  - Low self-efficacy
  - Burnout
Given that...

- Healthy behaviour is hard
- Living with T1DM is hard
- Helping people to do hard things is hard

- What is the best approach?
“Spirit” of motivational enhancement

- Establish a relationship that evokes and strengthens personal motivation
  - Drawing out solutions vs imposing on
- Collaboration vs confrontation
- “I have expertise, but you are in charge”
Key behaviours that support change

- Express empathy
  - Active listening
  - Non-judgmental curiosity

- Support self-efficacy

- Decisional balance

- Role with resistance
Empathy

- Working towards an accurate understanding of the point of view of the other person
  - The more you understand someone’s situation, the more their current choices will make sense, and more appropriate solutions will follow

- Listen with non-judgmental curiosity
Active listening

- Focus on what person is saying (be present, mindful)
- Attend to verbal and non-verbal cues
- Seek to understand

“Most people do not listen with the intent to understand; they listen with the intent to reply.” Stephen Covey
Listen in order to understand

- Listen more than talk
- Ask open ended questions
- Ask for clarification
- Avoid argument and acting on the righting reflex
Listening: Benefits for the patient

- Feel heard and validated
- Stronger rapport and trust with provider
- Better communication in future encounters
Listening: Benefits for the patient

- Can realize own priorities and values
- Can often find own solutions/solve own problems
  - Value of “talking it through”
  - “I don’t know why we didn’t think of that before”
  - Builds self-efficacy for when provider is not there to give advice
  - Leads to more lasting change in the presence of ambivalence
Listening: Benefits for the provider

- Stronger rapport and trust with patient
- Better understanding of patient’s
  - point of view
  - knowledge
  - attitudes
  - priorities
  - context
  - barriers
  - motivations

It is more important to know what sort of person has a disease than to know what sort of disease a person has.

Hippocrates
Active listening

- More than assessment
- More than “just listening”
- An active part of treatment
Reflective listening

- Reflecting back what you have heard
- Summarizing what you believe they said
  - Sounds as though you are saying…
  - You are worried that…
  - So, you have two main questions…
  - You dread these appointments
Reflective listening

- Be mindful of tone (easy to sound sarcastic, confrontational, or frustrated)

- Test hypotheses
  - If you get it wrong, they will usually correct you

- Not the same as agreeing
Reflective listening

- Reflecting the ambivalence, reflecting the problem
  - “Double sided reflection”
  - On the one hand... And on the other hand...
  - You know that... And at the same time...
Why is it so hard to listen?

- We’re busy!

- We want to help
  - We want to DO something, not “just listen”
  - We have information, experience, expertise and want to put that to good use.
  - We are problem solvers by nature
    - Especially if someone gives us a problem to solve
Why is it so hard to listen?

- Perceived job demands:
  - to tell, advise, prescribe

- It’s hard to be in the presence of difficult emotions

- Especially hard to listen when
  - We perceive the patient as “resistant”
  - We have an emotional reaction to the situation
Empathy: Non-judgmental curiosity

- We all have judgment. To be empathic, can you put it aside? How does it interfere?
  - Know your personal hot spots

- Non-judgment is when we take the position that behaviour is neither good nor bad but just is
  - Consider actions and consequences
  - Like a curious visitor from outer space
Key behaviours that support change

- Express empathy
  - Active listening
  - Non-judgmental curiosity

- Support self-efficacy

- Decisional balance

- Role with resistance
Support self-efficacy

"The belief that one will succeed is the engine that inspires the efforts needed to overcome obstacles and achieve goals"...

Zulman, 1999

K. Howard
Support self-efficacy

- Often patients have tried and failed...leads to doubt about ability to make a difference
  - Help identify reasonable goals
  - Normalize life’s complexities
  - Help identify success in face of challenges

- Look for exceptions or times of success

- Strategies or strengths that helped to solve problem x may be applicable to problem y
Finding balance

- Things doing well
- Things need to add or change to improve health

- Ignoring this
- And focusing only on this

- Low self-efficacy
- Possible reactance
Finding balance

Things doing well

Things need to add or change to improve health

Ignoring this

And focusing only on this

Low self-efficacy
Possible reactance

Don’t keep moving the goal post without first acknowledging the first race was won.

A challenge when there are multiple providers?
Finding balance

Things doing well

Things need to add or change to improve health

Focusing on this

And ignoring this

Maintains self-efficacy
No path to improvement
Finding balance

Things doing well

Things need to add or change to improve health

Acknowledge this

And this... Two truths

Maintains self-efficacy
Offers path to improvement
Key behaviours that support change

- Express empathy
  - Active listening
  - Non-judgmental curiosity

- Support self-efficacy

- Decisional balance

- Role with resistance
Decisional balance

- Examine the pros and cons of the behaviour
- Explore with nonjudgmental curiosity
- Explore ambivalence
Decisional Balance

Behaviour change happens when the pros of changing outweigh the cons of the changing
## Decisional balance

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of staying the same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of changing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Decisional balance

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of staying the same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of changing</td>
<td>We love talking about this</td>
<td></td>
</tr>
</tbody>
</table>
## Decisional balance

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Of staying the same</strong></td>
<td></td>
<td><strong>And this</strong></td>
</tr>
<tr>
<td><strong>Of changing</strong></td>
<td><strong>We love talking about this</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Decisional balance

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of staying the same</td>
<td>But these are probably</td>
<td></td>
</tr>
<tr>
<td>Of changing</td>
<td></td>
<td>the most important things to understand</td>
</tr>
</tbody>
</table>
Specific Strategies to Explore Ambivalence

- Open ended questions, non-judgmental curiosity
- Simple reflections
- Double-sided reflections
- Summaries
- Look back at a time before the problem
- Look forward to a time in the future with no change (use with caution – not as a threat)
- Identify exceptions
- Change ruler: On a scale of 1-10 (not ready-ready)
  - Why weren’t you a lower number?
- Suggest an experiment
Key behaviours that support change

- Express empathy
  - Active listening
  - Non-judgmental curiosity

- Support self-efficacy

- Decisional balance

- Role with resistance
Rolling with resistance

What do we want to do when we see resistance?

- Talk about why it’s good to change
  - And sometimes lecture, shame, scare
- Become more confrontational, persuasive, controlling, directive
  - We problem solve for them (“why don’t you just set an alarm on your phone?”)
Why do we respond this way?

- We want to help
- It’s our job to give our expert opinion
- We feel passionately that it’s the right choice for them
  - Especially for certain issues
  - Especially with children and youth
So?

- It probably won’t help in the long term (if it were that easy…)

- It may even hurt
  - Damage rapport (and end the conversation)
  - Result in a someone who is more wedded to his/her beliefs (psychological reactance)
  - Lead to more frustration for HCP and for patient/family
  - These risks need to be considered

What to do instead? Roll with resistance

- Take the expectation of change off the table
- Maintain the relationship
Avoid doing harm by:

- Seeking to understand: open ended questions, reflections, a focus on patient values
  - Collaborative relationship and stronger rapport will allow you to “go further”
  - Consider reflections on what is happening in the room/in the relationship (mindful of tone)

- Supporting patient on his/her agenda items

- Assessing knowledge before giving information
  - Can you tell me what you know about x?

- Asking permission before giving information
  - Given what you are telling me, I would like to review the risks of..... Would that be ok?
Avoid doing harm by:

- Helping to highlight discrepancy between current behaviour and ultimate goals and values
- Attending to behaviours that are in line with health goal (and the impact that has had)
- Identifying and recognizing strengths, even if not directly in line with a health goal
Keeping in mind that

- You can’t make someone change
- Change doesn’t always happen in the office
- The most hopeful outcome may be that they come back for another discussion
Sounds as though this takes a lot of time…

- Subtle adjustments in clinic setting that don’t take additional time
  - Ask if they have thought of a solution to the problem
  - Ask re knowledge before giving information
  - Acknowledgement of effort
Additional considerations in pediatrics

- Need to consider multiple perspectives and agendas
- Adolescents’ need for autonomy
- Using extrinsic motivation as a tool
Summary

- Support behaviour change by:
  - Expressing empathy
    - Active listening
    - Non-judgmental curiosity
  - Supporting self-efficacy
  - Decisional balance
  - Rolling with resistance