

# SETTING THE STAGE FOR BEHAVIOUR CHANGE

INSULIN PUMP EDUCATION DAY  
ELIZABETH MCLAUGHLIN, PHD

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# 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 T1DM 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



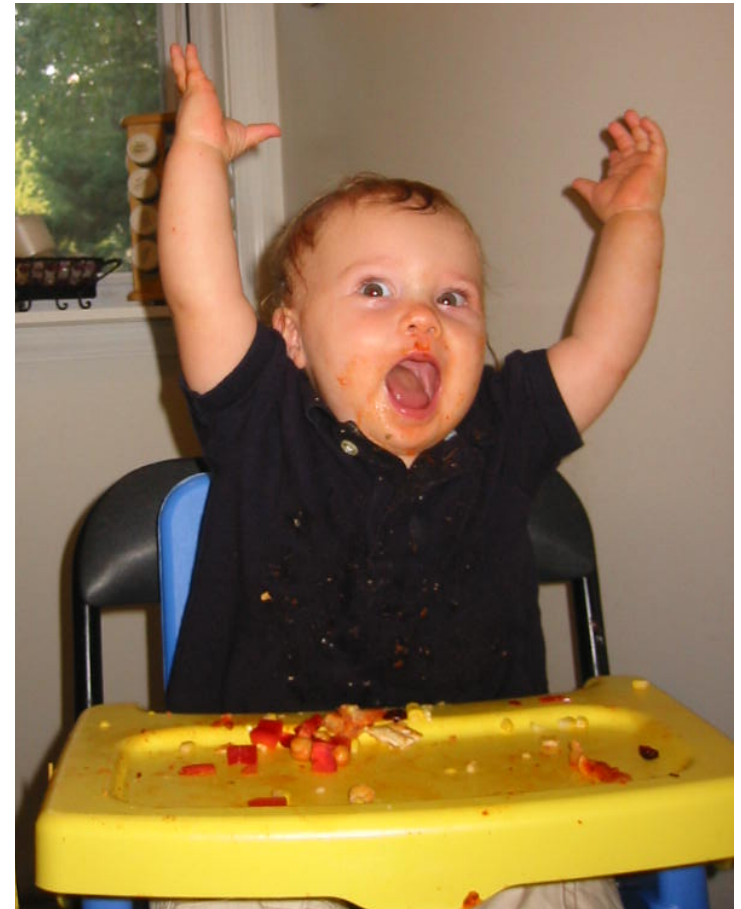
Starting assumptions:

- 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:

7

- ❑ **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

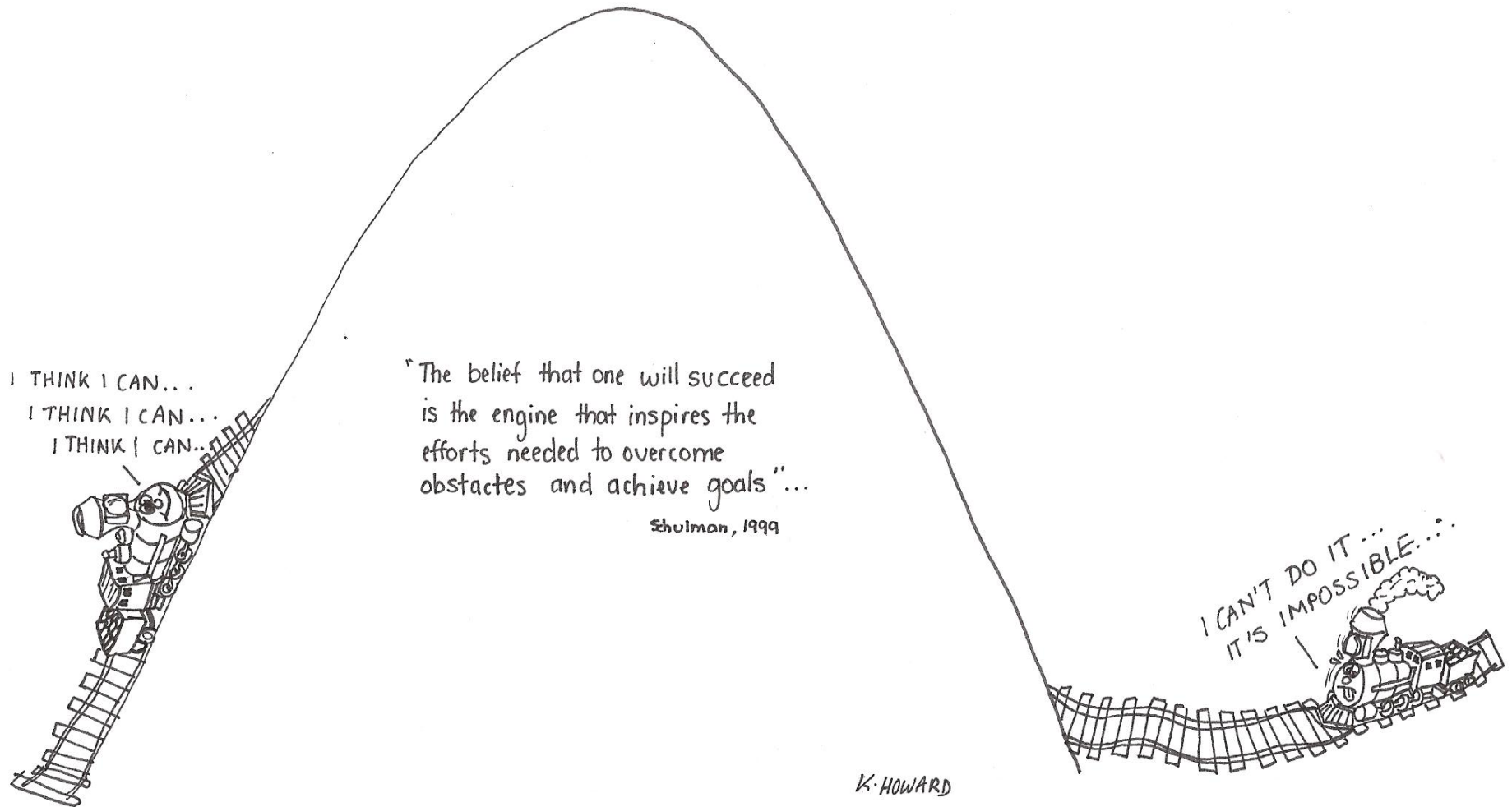
# Key behaviours that support change



- ▣ Express empathy
  - Active listening
  - Non-judgmental curiosity
- ▣ **Support self-efficacy**
- ▣ Decisional balance
- ▣ Role with resistance



# Support self-efficacy

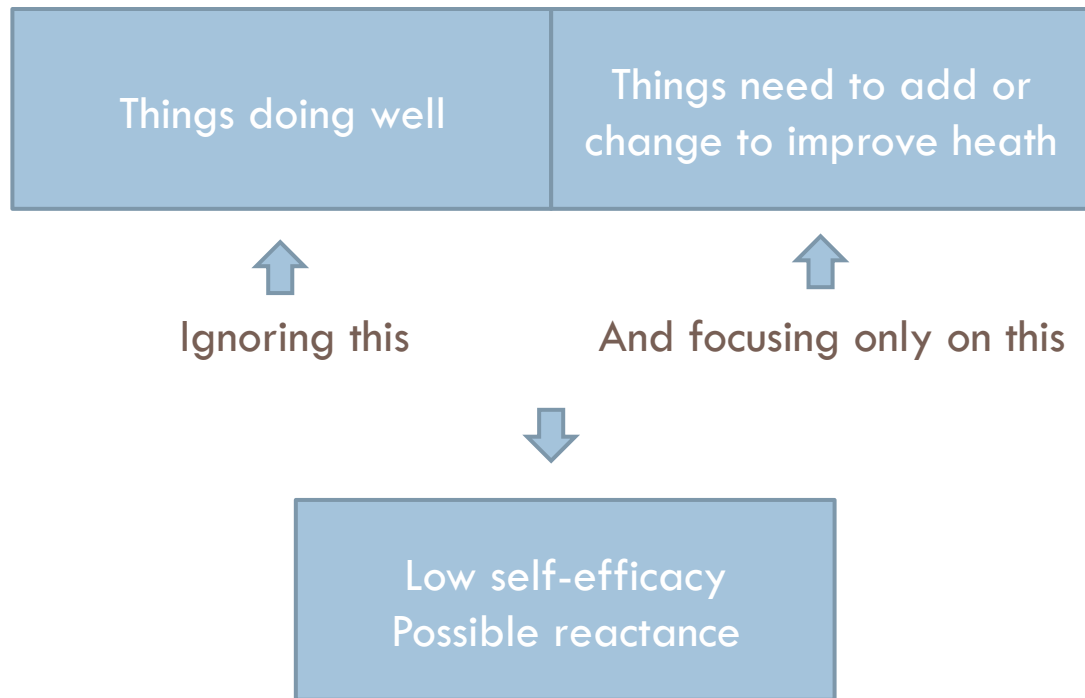


# Support self-efficacy

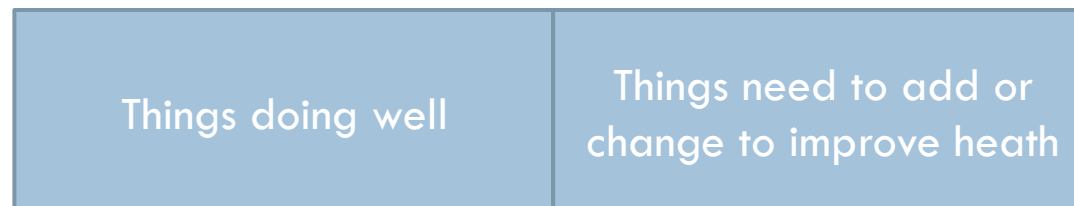


- ❑ Often patients have tried and failed...leads to doubt about ability to make a difference
  - ❑ Help identify reasonable goals
  - ❑ Normalize life's complexities
  - ❑ Help identify success in face of challenges
- ❑ Look for exceptions or times of success
- ❑ Strategies or strengths that helped to solve problem x may be applicable to problem y

# Finding balance

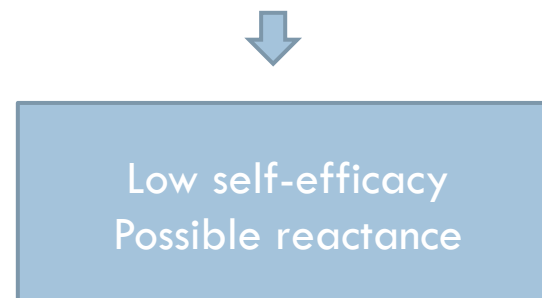


# Finding balance



↑  
Ignoring this

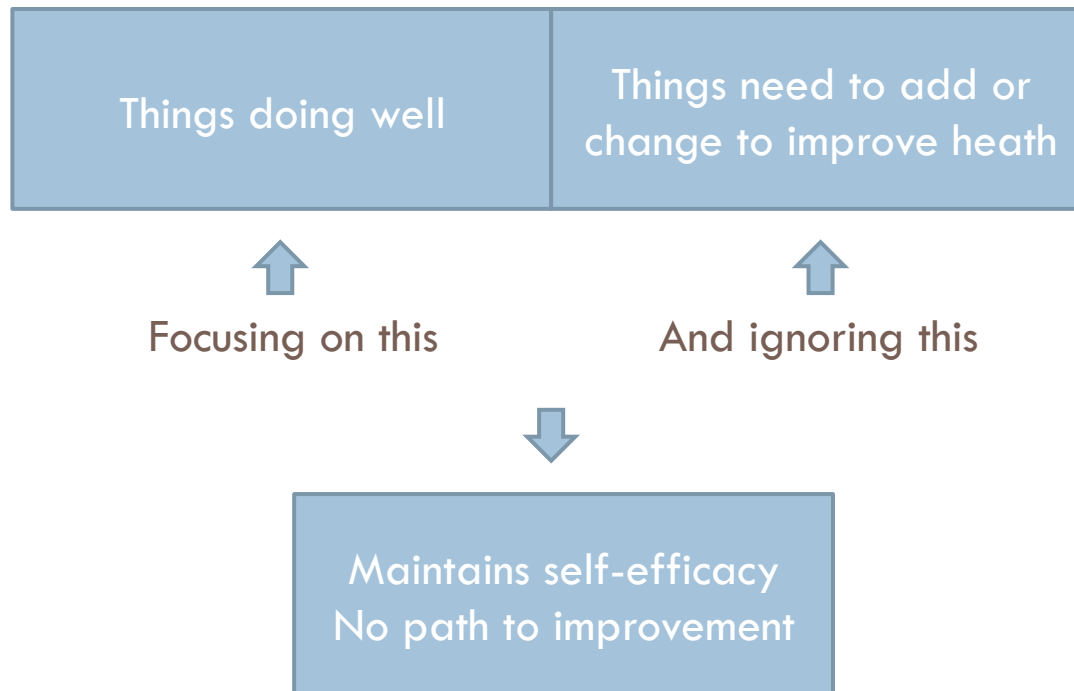
↑  
And focusing only on this



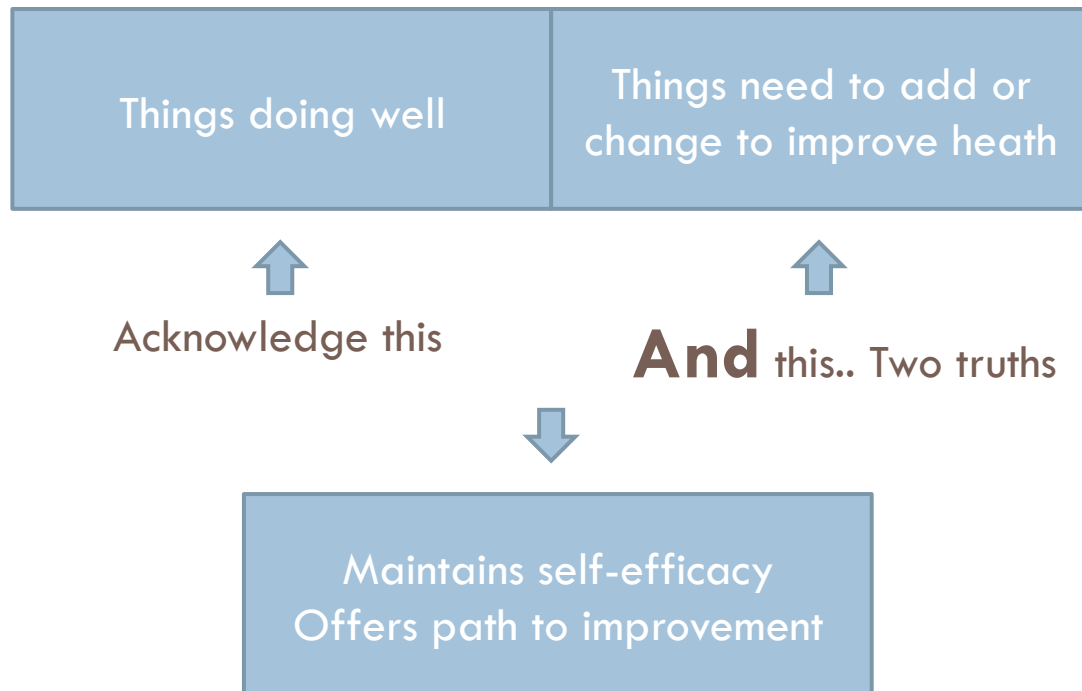
Don't keep moving the goal post without first acknowledging the first race was won.

A challenge when there are multiple providers?

# Finding balance



# Finding balance



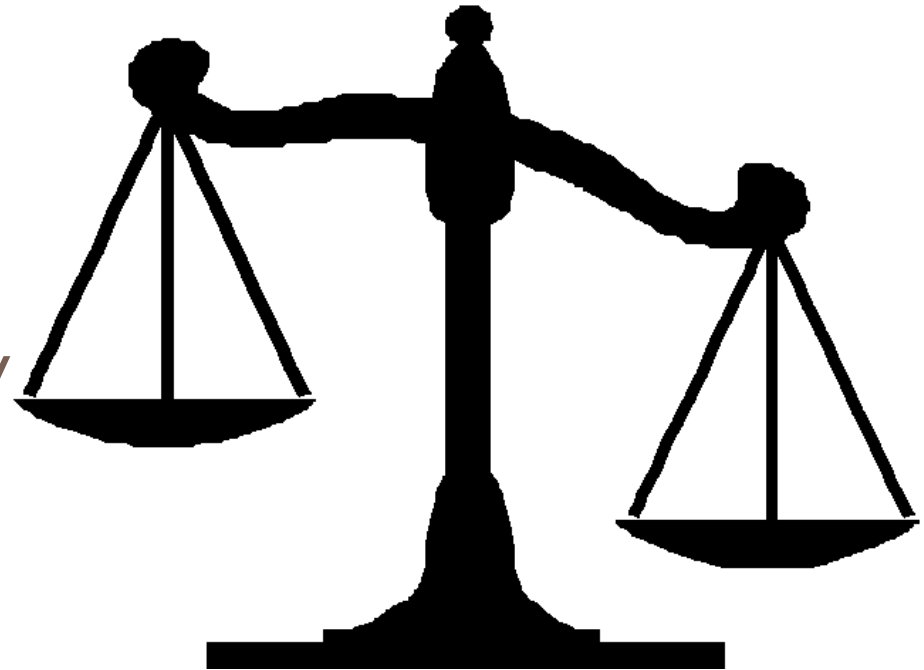
# Key behaviours that support change



- ▣ 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

	Pros	Cons
Of staying the same		
Of changing		

# Decisional balance

	Pros	Cons
Of staying the same		
Of changing	We love talking about this	

# Decisional balance

	Pros	Cons
Of staying the same		And this
Of changing	We love talking about this	

# Decisional balance

	Pros	Cons
Of staying the same	But these are probably	
Of changing		the most important things to understand

# 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
- Chorney, Warren, McLaughlin, Gillespie, Lee-Baggley, & Vallis (2016). **Back Off, Forge Ahead, or Play the Long Game: The Ethics of Working With Adolescents Who “Aren't Ready”** *Clinical Practice in Pediatric Psychology*, 4, 318-328)

# 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